



# The Core

Entry-Level Analysis Project Report

# The Core: Entry-Level Analysis Project Report

**©2013 Coalition of National Massage Therapy Organizations:** Alliance for Massage Therapy Education, American Massage Therapy Association, Associated Bodywork & Massage Professionals, Inc., Commission on Massage Therapy Accreditation, Federation of State Massage Therapy Boards, Massage Therapy Foundation, and National Certification Board for Therapeutic Massage & Bodywork, Inc. ALL RIGHTS RESERVED. *The Core: Entry-Level Analysis Project Report* was co-authored by Pat Archer, Clint Chandler, Rick Garbowski, Tom Lochhaas, Jim O'Hara, Cynthia Ribeiro, and Anne Williams.

Printed and published in the United States of America

The Coalition of National Massage Therapy Organizations encourages wide readership of this report and its companion document: *The Core: Entry-Level Massage Education Blueprint*, and hereby grants permission to use, copy, and distribute these materials for educational purposes only, provided a copyright notice is affixed in the form furnished above.

December 18, 2013

## **Statement of Coalition of National Massage Therapy Organizations**

*“We believe that the efforts of work group members have resulted in an extraordinary, ground-breaking body of work. Their Blueprint, and the underlying process described in the report, gains strength from its intellectual integrity and independence.”*

The “Coalition of National Massage Therapy Organizations” comprises seven organizations listed at the end of this statement. Our organizations play different roles, each contributing to the betterment of the massage therapy profession while also educating the public about benefits of professional massage therapy. We share a national focus: each of the seven organizations has members or constituents throughout the United States. Each of us seeks a thriving massage therapy profession that enhances the health and well-being of clients throughout the United States. We also share a desire to help our profession beyond serving each organization’s self-interest.

Our Coalition initially convened in 2011 to identify and address opportunities to advance the massage therapy profession. Two senior leaders from each organization participated in that initial meeting and three subsequent meetings.

### **Consistency and Portability**

In a healthy profession, effective improvement requires candor in acknowledging current imperfections. When our group of organizations initially assembled, we began by naming and prioritizing profession challenges that required attention. Emerging at the top of the list were two concerns:

- inconsistent quality, depth and focus of entry-level massage therapy education; and
- lack of licensure portability (professional mobility).

Why these two? Numerous participants referenced observed knowledge and skill deficits among many recent school graduates and expressed concern that a resulting potential increase in inconsistent quality massage experiences could dull public enthusiasm for seeking massage therapy. Uncertainty about education quality and how to evaluate transcripts from unfamiliar schools, combined with inconsistent entry-level examinations utilized by different states, impairs state massage board confidence about approving licenses for practitioners moving to a new residence state.

### **Identifying Entry-Level Skills and Knowledge**

A preliminary proposal advanced at that meeting was refined by participating organizations over the following six months. The objective: identify and gain agreement on what should be core elements of entry-level massage therapy instructional programs – the

knowledge and skills an entrant to the profession should possess to be ready to work safely and competently with clients.

The proposal recommended formation of a seven-person work group composed of massage content experts and two individuals holding credentials in education and instructional design. Each Coalition member had an opportunity to recommend participants and to listen and offer comments during the March 2012 selection process. The aim was to bring together a group possessing objectivity and judgment alongside specific classroom instruction, curriculum development, instructional design, and assessment expertise. A clear instruction to the group was to approach their work with impartiality and integrity, to arrive at sound, research-informed conclusions unconstrained by precedent or political acceptability.

The project was initially estimated to require slightly over one year. As it evolved, participants quickly realized that more time would be required to do the job thoroughly. In the end, it proved to be a 21-month endeavor.

It is our belief that the resulting work product, combined with engagement and courage by leaders throughout the profession, can assist substantially over the next several years in alleviating both entry-level education quality and professional mobility concerns.

The project was titled *Entry-Level Analysis Project (ELAP)*. If that title fails to sing, it does accurately identify the project focus. The ELAP process illuminated some predictable strengths in massage education, but also some wide-ranging knowledge and skill gaps. We can't be certain how these skill gaps formed, but we can speculate that educational programs leave out certain subjects, address others in inadequate depth, fail to reinforce particular desirable behaviors, or dilute essential learning with too much focus on other topics.

With such gaps and inconsistencies, exacerbated by frequently vague state education requirements and equally vague education content descriptions on school transcripts, further compounded by diverse profession entry testing options, it is no wonder that some state licensing boards are cautious about licensure portability.

Such education inconsistency frankly also causes some other health care professions to look at massage therapy with a skeptical eye, and to be hesitant about referring patients to massage therapists. Getting to a place where every newly trained massage therapist has completed education in agreed-upon core knowledge and skill development, thereby being positioned to be able to reliably deliver a quality basic massage, can potentially increase confidence among other health care providers. Our profession thrives when primary care

providers recognize the power of evidence-informed massage therapy for the treatment of pain, stress, and other common problems.

### **The ELAP Work Group**

*The Core: Entry-Level Massage Education Blueprint* is the product of the seven work group members – Pat Archer, Clint Chandler, Rick Garbowski, Tom Lochhaas, Jim O’Hara, Cynthia Ribeiro, and Anne Williams. While other individuals potentially could also have been constructive work group contributors, we are confident the final group of seven chosen individuals has superbly represented the interests of the massage profession.

The work group was asked to consider a multitude of previously completed massage and bodywork studies and reports, but to aim at constructing from the ground up what they believe should be the fundamental building blocks within every entry-level massage therapy instructional program. Existing studies did contain useful nuggets, however, what is known about learning and delivery means has changed in the interim and, equally important, the kinds of learners populating massage classrooms have changed.

Work group members also reached out to all interested members of the profession for input. They commissioned fresh research to learn practitioner, instructor and employer perspectives. Then, about two-thirds of the way through the project, they provided an opportunity for public comment about which learning objectives and activities should be embraced within core education. That public commentary significantly informed the final product. Where the work group judgment differed from majority perspectives, the work group has clearly articulated those differences and provided a compelling rationale for their choices in the *Project Report* document.

Integrating all this input into the group’s work proved a massive undertaking.

### **Coalition Support**

The group’s work was funded by several of the Coalition organizations, but the work group worked independently and arrived at its conclusions independently, with no steering from Coalition organizations. The final report contains a highly comprehensive, detailed education blueprint that provides guidance on essential knowledge and skill components and the depth to which they should be taught. With so much detail, opportunities for divergent views certainly arise. Representatives from our seven organizations indeed may differ on several particulars. As such, neither the Coalition nor its constituent organizations, endorse every specific recommended sub-topic, activity, or proposed weighting in the report.

Those differences aside, we all heartily support the message of *The Core: Entry-Level Massage Education Blueprint* and its companion document *The Core: Entry-Level Analysis Project Report*. We believe the work group processes have been thorough, inclusive, intellectually honest, and defensible. Their instructional design approaches are solidly grounded. Their development of a tailored, innovative learning taxonomy is potentially an important gift to vocational education.

The work group agreed to clear parameters to guide their work. Following initial Coalition guidance, they put aside attachment to any particular philosophies or products to focus on outputs that reflected data findings, feedback from the profession, and the best interests of massage clients.

The Coalition specifically supports important work group choices to include in basic instruction for all massage therapists not only assessment protocols, but also the development of skills necessary to “choose appropriate massage and bodywork application methods to benefit [each] client’s unique health picture.”

The Coalition also commends the work group for its inclusive bridging approach, in response to profession feedback on the initial draft, to long-standing profession differences about techniques, approaches and language with reference to application methods. Rather than choose between Western and Eastern approaches and vocabulary, or among diverse styles and forms, the work group usefully has organized its recommended content around approaching “application methods and techniques based on ways in which the hands and other anatomical tools ... manipulate ... soft tissue structures.”

We believe that the efforts of work group members have resulted in an extraordinary, ground-breaking body of work. Their *Blueprint*, and the underlying process described in the report, gains strength from its intellectual integrity and independence.

### **Core Outcomes and Instructional Hours Recommendations**

One key focus of the project is to recommend the minimum number of instructional hours schools and proficient educators need to prepare their students for entry into the profession. Instead of attaching a relatively arbitrary number of hours to subjects and topics, the work group approached this task by using data and feedback to define core content first – differentiating foundational learning from advanced theory and practice. It was only in the final month of its endeavors, when the blueprint was complete, that the work group tabulated hours for subjects, topics, and sub-topics by translating learning objectives into recognizable classroom learning experiences as a means to determine timeframes.

That said, the work group's eventual recommendation that approximately 625 classroom hours of capable instruction would be required for students to acquire just core skills and abilities is invigorating. For context, a majority of states with massage regulation (28 of the 45 states including D.C.) now require 500 total education hours; another 7 require between 570 and 600 hours, and 10 require more than 625 hours. Still, the typical distance to be bridged may not be so daunting: a 2012 survey of massage programs revealed that average program length was 697 hours.

The hour estimate is what it is – an honest, objective best estimate by seven instructional design and curriculum experts who thoroughly examined the profession's body of past work in this realm. The elements making up *The Core* were built piece by piece. The 625 hour total represents simply the summing of the instructional hours associated with each of the pieces.

*We encourage interested parties to focus less upon the total hours and more on recommended subject matter and subtopics.* Indeed, many massage therapy instructional programs already provide more than 625 total education hours. The Coalition recommends that, in addition to meeting the total education hours mandated by individual states, every massage school curriculum include *Core* report recommended subjects, topics and weighting.

This report will require each of the constituent organizations to assess our perspectives on the subject of appropriate education hours. What we do clearly agree upon is that the work group endeavors represent real progress in that its findings are based upon substantive assessment. That is far superior to arbitrary bases and biases that all too frequently have animated past decisions by licensing boards, cities, accrediting bodies, professional associations and others.

### **Education Costs: Career Impacts**

One other constituency – prospective massage school students – will be impacted should *The Core* gain the breadth of influence we seek. As previously noted, most states now require a minimum of 500 hours of massage instruction to qualify for a license. Adoption of *The Core* would entail a 25% increase in minimum required instructional hours, which will likely translate into more tuition dollars for students.

It is important to note that today 40% - 50% of massage school graduates exit the field within 24 months after graduation. Many factors contribute to this result, including unrealistic expectations about the physical demands of massage work, compensation realities, and evolving life circumstances for 20-somethings. Implementing *The Core* won't cause all attrition from the field to cease, but, by providing a sound knowledge and skill

foundation, a more functional curriculum should materially help to lessen the proportion of massage school graduates having to write off the cost of their massage education just a year or two out from graduation. We believe that use of *The Core* has the potential to lengthen and strengthen the careers of new massage school graduates; that is a cost benefit that will outweigh any increase in tuition from a 500-hour program.

### **The Importance of Diversity**

It is vital to understand what *The Core* is **not** – it is not a complete massage school curriculum. The contents of this report are seen as the core – the foundational knowledge and skills every beginning massage therapist should possess – that should be *part* of every entry-level massage instructional program, but not the *entirety*. The massage and bodywork profession benefits from diversity in program points of emphasis and features. Diversity and innovation are profession strengths. While we believe that a student completing an instructional program containing just the recommended core elements would be ready to begin practice, we encourage individual schools to add program elements that reflect each school's expertise and philosophy, or to provide greater instructional depth in selected subject areas.

Indeed, the recommended hours allocated to the practice of essential massage and bodywork application methods are independent of any specific modality. The work group listened to profession feedback that insisted that one form of hands-on work is not superior to others. Instead, the defining feature of massage and bodywork is therapeutic, structured touch, regardless of the system through which it is applied. This is a significant departure from previous thinking in our profession, one that builds on valuable diversity and exploration in education.

### **What's Next?**

The Coalition believes use of *The Core* will elevate instruction, because it presents clear learning objectives and guidelines. Relatively inexperienced instructors will especially benefit from an improved road map. However, it is important to understand that the ELAP blueprint and the hours allocated to topics define *minimum* classroom hours. The blueprint places an emphasis on practical, real-world learning appropriate for adult education. It assumes that teachers are competent, that learners have average learning ability, that only the defined content is taught, and that class time is well structured and used efficiently.

Clearly, with these caveats, instructor training needs greater focus. Next steps in our profession should focus on helping massage content experts transition into classrooms with effective strategies to support adult learning.



Our desire is that *The Core: Entry-Level Massage Education Blueprint* will have a positive, transforming impact on the massage therapy profession. Our organizations do not have the power to force the re-modeling of massage therapy instructional programs, but we believe that a movement toward adopting the ELAP standards would be beneficial for both massage therapists and massage therapy consumers.

We aspire to have this report influence several profession audiences:

- the Federation of State Massage Therapy Boards, which can use *The Core* as it builds guidelines for a model practice act;
- state licensing boards, which can use *The Core* in setting education requirements for licensees;
- the Alliance for Massage Therapy Education, which can refer to *The Core* in creating teacher-training standards and curricula;
- the National Certification Board for Therapeutic Massage & Bodywork, which can use *The Core* as it identifies beginning vs. advanced knowledge and skills for its Board Certification credential;
- professional membership organizations, which can use *The Core* in shaping membership criteria;
- the Commission on Massage Therapy Accreditation, which can use *the Core* in evaluating massage and bodywork curricula for programmatic accreditation;
- other accrediting organizations, which can use *The Core* in shaping their accreditation criteria;
- school owners, administrators and faculty, who can use *The Core* to strengthen or validate curricula and to adopt consistent learning outcomes;
- and, potential massage therapy students, as they consider where to enroll.

*The Core* may also influence publishers and writers in the development of new textbooks and teaching materials; continuing education providers who can develop offerings that build onto *Core* principles; employers, who will be able to rely on graduates of programs that use *The Core* to have dependable skills; health care providers, who want to make referrals to consistently well-educated massage therapists, and finally the end-users: massage therapy consumers, who will more reliably be able to get the therapeutic massage they are looking for.

The single most powerful lever for change would be a decision by every state massage therapy licensing board to require license applicants to have completed an education program that includes *The Core*. Pragmatically, such a requirement could neither be retroactive nor immediate. Time would be required for schools to implement the new recommendations, for teaching materials to be developed and for creation of a method to identify which programs have implemented *The Core*.

The heavy lifting – identifying and prioritizing the key needed knowledge and skills – is done. However, *The Core* relies upon other stakeholders in the profession to take important next steps.

Experience matters. Committed massage therapy professionals develop advanced skills from working with diverse clients, but this is only possible with a good start in the profession – and that requires a fundamentally sound core education. *The Core* provides a persuasive, comprehensive road map, available for all to use: a gift to the profession. Let us individually and collectively seize this profession improvement opportunity.

Coalition of National Massage Therapy Organizations:

- Alliance for Massage Therapy Education
- American Massage Therapy Association
- Associated Bodywork & Massage Professionals
- Commission on Massage Therapy Accreditation
- Federation of State Massage Therapy Boards
- Massage Therapy Foundation
- National Certification Board for Therapeutic Massage & Bodywork

# The Core: Entry-Level Analysis Project Report

## Table of Contents

1. [Abstract](#)
2. [Background](#)
  - a. Identified Issues
  - b. Identified Goals and Benefits
3. [Processes and Methods](#)
  - a. Determination of Project Outputs
  - b. Selection of Project Parameters to Guide Project Work
  - c. Formulate Analysis Questions and Methods
  - d. Develop and Administer Massage Stakeholder Surveys
  - e. Analyze Past Projects, Related Documents, and Other Information Sources
  - f. Analyze Survey Data and Determine the Influence of Findings on Entry-Level Curriculum
  - g. Choose Instructional Design Methods and Train Work Group Members
  - h. Draft the Initial Entry-Level Massage Education Blueprint
  - i. Seek Feedback from Profession Stakeholders
  - j. Keep the Profession Informed on Project Events
  - k. Analyze Feedback from Stakeholders and Plan Revision of the Education Blueprint
  - l. Finalize the Blueprint, Tabulate Hours, Publish Results
4. [Results](#)
5. [Conclusions](#)
6. [References](#)
7. [Acknowledgements](#)
8. [Appendix A: Biographies of the ELAP Work Group](#)
9. [Appendix B: ELAP Massage Profession Analysis Summary](#)
  - a. Introduction
  - b. ELAP Education Survey of Professional Therapists 2012
  - c. ELAP Employer Survey 2012
  - d. ELAP Educator Survey 2012
  - e. FSMTB Job Task Analysis Survey 2012
  - f. NCBTMB Job Task Analysis 2012
  - g. Commission on Massage Therapy Accreditation Curriculum Standards
  - h. Massage Therapy Body of Knowledge Project and Analysis by the Alliance for Massage Therapy Education 2010
  - i. Consumer Reports 2011-2012
  - j. AMTA and ABMP Liability Claim Data
  - k. Disciplinary Actions of State Massage Therapy Boards 2012
10. [Appendix C: Hours Rationale](#)
  - a. [Massage Theory and Principles](#)
  - b. [Massage Professional Practices](#)
  - c. [The Therapeutic Relationship](#)
  - d. [Anatomy, Physiology and Pathology](#)
  - e. [Assessment and Documentation](#)
  - f. [Massage and Bodywork Application](#)
  - g. [Palpation and Movement](#)
  - h. [Adapting Sessions for Clients](#)
  - i. [Career Development](#)

## Abstract

What is entry-level massage therapy education? How many hours of education are necessary for learners to obtain the basic knowledge and skills needed to enter the massage profession and build a viable practice or work successfully as an employee? Many regulatory agencies have settled on a 500-hour benchmark, but how they and the massage profession arrived at this number is unclear. Additionally, a variety of subjects, topics, and sub-topics are taught within or excluded from 500-hour and longer curriculums based on the philosophical undergirding of each training program. Other factors that have influenced the current benchmarks include the number of hours needed to obtain federal student aid and a belief that 500 hours is insufficient to accomplish desired instructional goals; these have caused many institutions to set their program length at 650–900 training hours.

As a result of these and other diverse decisions and influences, massage education in the United States can be characterized as inconsistent, leading to problematic consequences—notably, employers having difficulty finding qualified applicants, uncertain clients confused about what to expect from their massage sessions, too many massage school graduates who experience short, unsuccessful careers, and many geographically mobile therapists whose career development is stymied by barriers to credential portability.

The Entry-Level Analysis Project (ELAP) is a research project initiated by the Coalition of National Massage Therapy Organizations to address the issues listed above. The primary objectives of this project are to define the knowledge and skill components of entry-level education and recommend the minimum number of hours schools should teach to prepare graduates for safe and competent practice in the massage profession.

The project work group collected and analyzed survey data and information from massage profession projects and documents to make an informed recommendation of core content and training hours. They used accepted and successful instructional design methods to create a first draft blueprint of education that was then revised based on feedback from the profession. The detailed educational blueprint was used to tabulate hours based on stated objectives for each sub-topic, leading to topic, subject, and curriculum totals and an informed recommendation of a minimum of 625 training hours.

The final education recommendations of the ELAP work group are outlined in detail in the accompanying document titled *The Core: Entry-Level Massage Education Blueprint* (the Blueprint). This final report provides background on the project, its methods, events, results, and conclusions.

## Background

On September 13-14, 2011, representatives of the seven primary national professional organizations for massage gathered for a summit in St. Louis, Missouri. This group, now known as The Coalition of National Massage Therapy Organizations (the Coalition), was comprised of representatives from:

- Alliance for Massage Therapy Education (AFMTE)
- American Massage Therapy Association (AMTA)
- Associated Bodywork & Massage Professionals (ABMP)
- The Commission on Massage Therapy Accreditation (COMTA)
- The Federation of State Massage Therapy Boards (FSMTB)
- The Massage Therapy Foundation (MTF)
- The National Certification Board for Therapeutic Massage & Bodywork (NCBTMB)

The purposes of the meeting were (1) to identify the most significant challenges and limitations currently existing in the field and (2) to begin a process for developing and implementing solutions to enable the profession to improve.

## Identified Issues

Inconsistency is a key factor in the challenges the massage profession faces. Front and center is inconsistent quality, depth, and focus of entry-level massage therapy education. Scope of practice descriptions and licensing requirements also vary widely state to state, along with a range of required methods and education hours. Some states have no regulation, others require 500 hours, others 600 hours, and so on up to 1000 hours.

The specific knowledge and skill components schools include in their curricula also vary based on the philosophy and traditions of each particular training program. Some focus on preparing graduates to work in the spa field, while others focus on orthopedic assessment and clinical massage. Some embrace Eastern approaches, while others teach energetic systems, and so on. Adding to the confusion are the numerous trademarked forms of massage, some using specialized language to describe techniques that may have been defined differently in earlier systems, as well as inconsistent terminology and different names being used for very similar styles for marketing purposes.

As most massage instructors are content experts not explicitly trained as teachers, and as there are no national standards for massage teachers, variations in teaching quality may exacerbate problems caused by these irregularities in curriculum and instructional design.

## Varying Expectations and Practices

While overall public regard for massage is high, many clients express uncertainty about what to expect from a massage. Some say that they did not receive the massage they asked a therapist to provide. Others note that one therapist's Swedish massage, for example, feels very different from another therapist's Swedish massage or that the therapist failed to work at the depth of pressure and specificity requested.

Employers similarly voice challenges with their massage employees, reporting that they experience significant challenges with therapists' ability to communicate with clients, their professionalism and ethics, and the critical thinking skills necessary to create a session plan, reach agreement with the client, and then deliver that plan via the massage.

Finally, professional therapists often experience short, unsuccessful careers or find they involuntarily need to work part time outside the massage profession to support themselves financially. Barriers to credential portability stymie many geographically mobile therapists, causing additional unnecessary attrition from the profession.

### **Identified Goals and Benefits**

Coalition participants agreed that to have persuasive impact it was essential to move beyond arbitrary pronouncements about education to a thorough, thoughtful examination of what should comprise core entry-level massage education. They responded positively to a preliminary proposal to develop an evidence-informed education model that precisely defines the knowledge and skill components necessary for safe and competent practice and assigns minimum training hours to the defined content. Such a project could be an important first step for addressing the identified inconsistencies in the massage profession.

The Coalition also agreed that massage schools would gain from a blueprint of essential subjects, topics, and sub-topics and appropriate training hours on which to base their foundational curriculum. Conceptually, additional knowledge and skill components could be added based on the school's own unique philosophy and goals for graduates.

Utilizing Coalition feedback, the initial proposal was refined and presented for discussion and formal adoption at a subsequent Coalition meeting in Chicago. The adopted project was titled "Entry-Level Analysis Project" or ELAP, as it came to be known. The Coalition was convinced that an established education blueprint, built on solid instructional design, would also encourage effective teaching methods and proper educational scaffolding in the classroom and support teachers in the delivery of meaningful educational experiences.

In addition, Coalition participants expressed the belief that therapists graduating from training programs with a nationally recognized core curriculum would have a reliable foundation on which to base their entry-level practice or employment. Specialization in a range of massage forms, or for work with special populations or professional growth, could more readily be developed following a sturdy foundation in key knowledge and skills. Greater consistency among therapists would also encourage clients to trust massage as a reliable tool for relaxation, condition management, pain relief, and injury recovery. Such consistency is also important for those conducting research in the benefits of massage therapy.

The Coalition saw potential for multiple benefits that could flow from a well-executed work plan to develop an entry-level education blueprint. The organizations accrediting massage programs would gain a consensus view from the massage profession of the core education components to factor into their accreditation expectations for program approval. Project outputs could inform regulatory bodies about essential knowledge and skill components, which, if broadly adopted, would help ensure greater consistency and safety in the massages provided to clients. The Federation of State Massage Therapy Boards (FSMTB) would have a more informed basis for the education component in its development of a Model Practice Act. Adoption of consistent core education requirements by multiple states would

increase regulators' confidence and encourage the long-sought portability of credentials for massage professionals. A broadly accepted educational core would allow for a more accurate differentiation of the additional knowledge and skills expected to qualify for specialty certification and advanced credentialing.

Overall, the Coalition determined that the purposes of the Entry-Level Analysis Project (ELAP) are to increase the consistency of entry-level massage education in order to encourage uniformity in licensing requirements, scope of practice, and portability of credentials and to improve the experiences of massage stakeholders (professional therapists, clients, employers, other health care providers, massage educators, and learners) to ensure a thriving and evolving profession.

Coalition participants clearly understood that, to have credibility, the project contemplated would need to attract the involvement and energies of a respected cross-section of leaders in curriculum development and instructional design. The Coalition then moved to the next step of establishing a work group designed to, and charged with, carry out the processes to reach these articulated goals.

## Processes and Methods

In March 2012, members of the Coalition nominated individuals for the ELAP work group. Leaders viewed the complete list of nominees and indicated via email or phone conversations those nominees they felt might not be a good fit for the project, who were then removed from the candidate list. Leaders provided input for a set of interview questions that were standardized and used in open phone interviews to select the final group of nominees.

The ELAP work group consists of Pat Archer, Clint Chandler, Rick Garbowski, Cynthia Ribeiro, and Anne Williams. Two instructional designers, Tom Lochhaas and Jim O'Hara, were contracted to provide guidance to the group regarding learning taxonomies, curriculum blueprinting, and instructional design issues. Work group biographies are provided in Appendix A.

FSMTB psychometrician, Donna Surges Tatum, Ph.D., provided psychometric support to the group related to the development of viable data-gathering surveys and the interpretation and application of project data. Dave French, AMTA's survey expert, and Scott Richards, ABMP's data expert, provided support during the ELAP feedback surveys' development, implementation, and data analysis through work on the first draft of the Blueprint. For a chronological summary of project events and work completed, see Table 1.

**Table 1: Overview of ELAP Events**

Date	ELAP Event
March 2012	<b>ELAP project adopted by the Coalition</b> <ul style="list-style-type: none"><li>Suggested changes to the project description reconciled</li></ul>
April 2012	<b>Work group selected</b> <ul style="list-style-type: none"><li>Coalition members nominated possible participants for the work group</li><li>Open phone interviews April 10-11</li><li>Confirmation of final work group April 16</li></ul>

<b>May – June 2012</b>	<b>Development of ELAP stakeholder surveys</b> <ul style="list-style-type: none"> <li>• <b>Work group meeting May 3-4, Chicago, Illinois</b></li> <li>• <b>Consultation with psychometrician Donna Surges Tatum</b></li> <li>• <b>Analysis questions identified</b></li> <li>• <b>Finalized surveys placed in survey instruments</b></li> </ul>
<b>July 2012</b>	<b>Administration of ELAP surveys</b> <ul style="list-style-type: none"> <li>• 2650 professional therapists completed the ELAP survey attached to the FSMTB JTA survey</li> <li>• 211 employers of massage therapists completed the ELAP employer survey</li> <li>• 16 employers participated in phone interviews to add qualitative data to survey findings</li> <li>• 429 massage educators completed the ELAP educator survey</li> </ul> <b>Development of the Instructional Design Model</b> <ul style="list-style-type: none"> <li>• Tom Lochhaas, Jim O'Hara, and Anne Williams developed the ELAP Learning Taxonomy</li> <li>• Final education blueprint model chosen</li> <li>• Training materials developed to give guidance on instructional design elements of the Blueprint</li> </ul>
<b>August 2012</b>	<b>Data Analysis</b> <ul style="list-style-type: none"> <li>• Massage profession projects, documents, and other information sources analyzed and results written up by work group members</li> <li>• ELAP Professional Therapist Survey analyzed and the results written up for the work group by Donna Surges Tatum</li> <li>• ELAP Employer Survey and phone calls analyzed and the results written up for the work group by Dave French</li> <li>• ELAP Educator Survey analyzed and the results written up for the work group by Scott Richards and Les Sweeney</li> </ul> <b>Work Group Meeting August 23-25, Las Vegas, Nevada</b> <ul style="list-style-type: none"> <li>• Data findings reviewed</li> <li>• Implications of data to entry-level curriculum knowledge and skill components written up to inform Blueprint first draft</li> <li>• Work group trained in instructional design elements of the Blueprint</li> <li>• Outline of Blueprint first draft completed</li> </ul>
<b>September 2012 – April 2013</b>	<b>First Draft of the Blueprint Completed</b> <ul style="list-style-type: none"> <li>• Rough drafts of the 9 subject areas completed</li> <li>• Review of first draft subject areas by 1-3 other work group members</li> <li>• Revisions of the first draft based on review</li> <li>• Instructional design check and edits to the first draft by Tom Lochhaas</li> <li>• Introduction to the Blueprint completed</li> </ul> <b>Presentation of the ELAP Project at the Coalition meeting, December 6<sup>th</sup>, Englewood, CO.</b> <b>Presentation of the ELAP Project at the AMTA School Summit, February 7<sup>th</sup>, Chicago, IL.</b> <b>Presentation of the ELAP Project at the ABMP School Issues Forum, April 11<sup>th</sup>, Annapolis, MD.</b>
<b>April – May 2013</b>	<b>ELAP Website Materials Created</b> <ul style="list-style-type: none"> <li>• ELAP website copy written</li> <li>• ELAP website designed</li> <li>• Five on-demand webinars created to explain aspects of the ELAP project in 15-20 minute segments and loaded to the website</li> </ul>
<b>May 2013</b>	<b>Blueprint Feedback Surveys Created</b> <ul style="list-style-type: none"> <li>• General project survey written</li> <li>• Blueprint topics entered into survey instrument as 42 unique survey segments</li> </ul>



<b>Presentation of the ELAP Project at the American Massage Conference May 18, in Atlanta, GA.</b>	
<b>June – August 2013</b>	<p><b>Feedback from Stakeholders</b></p> <ul style="list-style-type: none"> <li>Coalition members send between 1-4 e-blasts to constituents alerting them to the opportunity to give feedback on the first draft of the Blueprint</li> <li>Massage profession stakeholders provide feedback on the first draft of the Blueprint</li> <li>ELAP work group members complete a separate set of matching surveys to act as a control to stakeholder surveys</li> </ul> <p><b>Presentation of the ELAP Project at the World Massage Conference June 3, Online</b></p> <p><b>Presentation of the ELAP Project at the AFMTE Conference July 19, St. Charles, MO.</b></p>
<b>September 2013</b>	<p><b>Analysis of Stakeholder Feedback</b></p> <ul style="list-style-type: none"> <li>Work group members analyzed the results of 43 unique survey segments</li> <li>Tom Lochhaas analyzed and wrote up the results of the General Project survey for the work group</li> </ul> <p><b>Work Group Meeting September 6-8, Golden, Colorado</b></p> <ul style="list-style-type: none"> <li>Plan revision of the Blueprint based on stakeholder feedback</li> <li>First draft of Abilities blueprint completed</li> <li>First draft of Affective Domain learning objectives completed</li> <li>First draft of Interpersonal Domain learning objectives completed</li> </ul> <p><b>Presentation of the ELAP Project at the American Massage Conference September 13, San Diego, CA.</b></p> <p><b>Presentation of the ELAP Project at the AMTA National Convention September 26, Fort Worth, TX.</b></p>
<b>September – November 2013</b>	<p><b>Blueprint Revised</b></p> <ul style="list-style-type: none"> <li>Subjects and topics revised based on stakeholder feedback</li> <li>Introduction to the Blueprint finalized</li> <li>Blueprint edited</li> <li>Learning objectives translated into learning experiences for hours tabulation</li> </ul> <p><b>Presentation of the ELAP Project at the FSMTB Annual Meeting October 11, Baltimore, MD.</b></p>
<b>November 2013</b>	<p><b>Tabulate Hours Based on the Final Blueprint</b></p> <ul style="list-style-type: none"> <li>Work group members independently tabulate hours based on the final blueprint and defined learning experiences</li> <li>Conference call to reconcile hours differences to final consensus, November 13-14</li> </ul> <p><b>Write Final Project Report</b></p> <ul style="list-style-type: none"> <li>Project report drafted</li> <li>Project report revised based on work group feedback</li> <li>Editing and design of the final project report completed</li> </ul>
<b>December 2013</b>	<p><b>Publish Final Project and Blueprint</b></p> <ul style="list-style-type: none"> <li>Findings shared with the Coalition December 2</li> <li>Work group members represent project at Coalition meeting December 11</li> </ul> <p><b>ELAP Website Updates</b></p> <ul style="list-style-type: none"> <li>ELAP website revised to reflect final project outputs</li> <li>Informational webinars created</li> <li>Project Report and Blueprint released to the public December 16.</li> </ul>

## **Determination of Project Outputs**

An education blueprint is a document developed through an instructional design process that helps teachers plan how to move a learner from point A to point B effectively. In the case of the ELAP, point A is a person (here called a learner) with a desire to become a massage therapist who enrolls in a massage school. Point B is a safe and competent massage therapist ready to enter the profession. The education blueprint precisely defines knowledge and skill components necessary for safe and competent practice, sequences learning objectives at progressively complex levels to reflect how learners learn, and suggests learning experiences to support the learner's acquisition of knowledge and skills. Once learning experiences are determined, content experts can accurately predict how much time is needed to teach an average learner the defined content.

The ELAP work group elected to produce an education blueprint based on a standard, successful blueprinting model, along with this final report, as the project's outputs.

## **Selection of Project Parameters to Guide Project Work**

The ELAP work group agreed to the following parameters throughout the process of developing the Blueprint and project report.

- Put aside all personal thoughts related to the massage profession (e.g., personal textbook content, personal school curriculum, personal philosophies of massage work, personal opinions about massage, etc.) to focus on outputs that reflect the best interests of massage stakeholders.
- Use data to inform work group thinking, decisions, and outcomes.
- Use modern instructional design methods to develop education outputs.
- Identify any knowledge and skill gaps that exist in the massage profession and rectify those gaps through effective instructional design in education outputs.
- Strive to define each component of what a person must know and be able to do to work safely and competently in the massage profession.
- Focus on relevant, real-world foundational content rather than knowledge and skill components involving unnecessary detail, advanced work, or specialized methods for only a particular career type.
- Ensure the opportunity for stakeholders to provide feedback on each knowledge and skill component outlined in education outputs and "vote out" any they view as beyond entry-level or unnecessary.
- Demonstrate responsiveness to substantive feedback by revising education outputs to reflect the desires of massage stakeholders.
- When work group decisions are in opposition to stakeholder feedback, acknowledge discrepancies and provide a compelling rationale for work group choices.
- Use a defensible method to tabulate minimum hours of education based on final determinations of education outputs.
- Produce outputs in a format that is useful for the Federation of State Massage Therapy Boards when developing a Model Practice Act.

- Produce outputs in a format that is useful for the massage profession to enhance the consistency of entry-level massage education.
- Produce outputs in a format that provides a point of reference for future projects that define advanced work.

## **Formulate Analysis Questions and Methods**

In order to write learning objectives and outcomes for the first draft of the Blueprint, the work group needed data to drive its thinking and choices of essential knowledge and skill components for entry-level education. With support from the instructional designers and psychometrician, the group identified the following analysis questions and used these methods to obtain data:

- Identify Consumers' Attitudes Towards Massage
  - Questions: How do consumers feel about the safety and competence of the massages they receive? Do their attitudes towards massage reflect effective learning at the entry level? If yes, which knowledge and skill components are important to maintain consumers' positive attitudes and sense of safety and competence? If no, what knowledge and skill gaps exist? Which knowledge and skill components could fill existing gaps and improve consumers' attitudes towards massage?
  - Methods: AMTA and ABMP conduct biannual independent survey processes to identify consumer attitudes and trends related to massage use. Analyze the results from the most recent surveys related to ELAP questions.
- Identify Employers' Attitudes Towards Massage Employees
  - Questions: How do employers feel about the safety and competence of massage employees? Do their attitudes towards their massage employees reflect effective learning at the entry level? If yes, which knowledge and skill components are important to maintain employers' positive attitudes? If no, what knowledge and skill gaps exist? Which knowledge and skill components could fill existing gaps and improve employers' attitudes towards massage therapist employees?
  - Methods: Identify critical questions for employers of massage therapists, develop a survey tool appropriate to those issues, and then conduct a survey of employers to determine their attitudes towards their massage employees in relationship to ELAP analysis questions. Because franchise clinics are the largest employer of massage therapists and would thus comprise the majority of survey respondents, use phone interviews to collect additional qualitative data from other types of massage therapist employers (e.g., spa directors, chair massage business owners, chiropractors, etc.) to ensure a broad employer perspective.
- Identify the Knowledge and Skill Components Valued by Professional Therapists
  - Questions: Which knowledge and skill components gained through entry-level education do professional therapists view as important and useful for a safe, competent practice? Which

- knowledge and skill components do professional therapists view as unimportant or less than useful? How often do professional therapists work on clients from special populations, clients with diagnosed pathologies, or clients with specific soft-tissue injuries? Do professional therapists desire specific knowledge and skill components that they did not obtain in their entry-level education? If yes, what specifically, and is that content appropriate for entry-level education?
- Methods: Identify the relevant questions for professional therapists, create a survey for appropriate statistical analysis, and then conduct the survey to determine the attitudes of professional therapists towards knowledge and skill components that are important and useful. In addition to an education survey of professional therapists, carefully review the findings of the FSMTB and NCBTMB Job Task Analysis Surveys of 2012 to identify the knowledge and skills professional therapists need to practice safely and competently.
  - Identify Knowledge and Skill Gaps that Decrease the Safety and Competence of Professional Therapists
    - Questions: How prepared do professional therapists feel when a client with special needs related to age, fitness, condition, a pathology, or an injury requests massage? What do professionals do when they do not feel prepared to meet a client's particular needs? Why do clients sue massage therapists? Do trends in liability claims indicate knowledge and skill gaps related to work with specific special populations, specific pathologies, or specific injuries, or when using particular massage forms and styles? What knowledge and skills do professional therapists need to reduce risks related to liability claim trends? Why are actions brought against therapists by regulatory agencies or professional associations? Do trends in disciplinary actions at the state level indicate knowledge and skill gaps related to ethics, laws, communication, or behavior? If yes, what knowledge and skill components do entry-level therapists need to reduce the risk of disciplinary action?
    - Methods: Ask questions related to preparedness to work with clients with special needs in the professional therapist survey. Analyze liability claim data from AMTA and ABMP to determine whether trends indicate knowledge and skill gaps. Analyze the websites of each state board of massage to identify disciplinary trends indicating knowledge and skill gaps. Review relevant data sources such as the National Institutes for Health website to identify health conditions and pathologies massage therapists are most likely to encounter in their massage practice.
  - Identify the Knowledge and Skills Valued by Massage Educators and Reflected in Current Curricula in Entry-Level Education
    - Questions: Which knowledge and skill components are commonly taught in entry-level education? What subjects, topics, and sub-topics do educators value to help their learners develop knowledge and skills to practice safely and competently? What massage forms and styles, assessment methods, and documentation methods do educators value? Which special populations, pathologies, and soft-tissue injuries are addressed by current entry-level curricula? Which work environments do educators deem most important for their graduates' job placement? What challenges do educators face with learners? Do curriculum

deficiencies become apparent when data indicating knowledge and skill gaps are compared to current curriculum content?

- Methods: Identify critical questions for massage educators, develop a survey appropriate to those issues, and then survey educators about the knowledge and skill components they teach in their entry-level curriculum. Ask specific questions to determine the subjects, topics, sub-topics, massage forms and styles, assessment and documentation methods, special populations, pathologies, and soft-tissue injuries they deem most important as educational content for safe and competent practice. Query any perceived areas of curriculum weakness or lack of preparedness experienced by graduates when entering specific work environments. Analyze the findings of the Massage Therapy Body of Knowledge project, COMTA's Curriculum Standards, and established textbooks for insight into valued knowledge and skill components and current entry-level curricula.

### **Develop and Administer Massage Stakeholder Surveys**

The work group met in May 2012 to collaborate with psychometrician, Donna Surges Tatum, and instructional designers, Tom Lochhaas and Jim O'Hara, to draft the ELAP Education Survey of Professional Therapists, the ELAP Survey of Employers, and the ELAP Survey of Educators. The work group finalized these three surveys, which were subsequently administered to appropriate profession stakeholders. The ELAP Education Survey of Professional Therapists was distributed as an attachment to the 2012 FSMTB Job Task Analysis survey. The ELAP educator and employer surveys were distributed through contact lists provided by AFMTE, AMTA, ABMP, COMTA, and NCBTMB. AMTA survey expert Dave French organized 10 phone calls to different employers hiring massage therapists in different work environments (e.g., spa, chiropractic clinic, hospital, cruise ship, etc.) to ensure that qualitative data from a range of work environments provided insight to the ELAP work group; work group member Clint Chandler conducted 6 more phone interviews with employers to gather additional qualitative data.

### **Analyze Past Projects, Related Documents, and Other Information Sources**

While the ELAP surveys were being administered, the work group began reviewing massage profession documents, projects, and other information sources from the comprehensive groundwork already accomplished in the field. Group members reviewed these documents for additional data:

- FSMTB Job Task Analysis Results 2012
- NCBTMB Job Task Analysis Results 2012
- COMTA curriculum standards
- The Massage Therapy Body of Knowledge (MTBOK) project
- The analysis of the MTBOK project by the AFMTE (2010)
- The top ten most common pathological conditions experienced by Americans as compiled by the National Institutes of Health
- The top ten most common pathological conditions experienced by American baby boomers as compiled by the Mayo Clinic
- The top five disciplinary actions of massage therapists on State Board of Massage websites
- AMTA Massage Profession Research Report 2011
- AMTA Consumer Survey Fact Sheet 2012

- ABMP Massage Client Survey 2011
- AMTA Liability Claim Data 2007-2011
- ABMP Liability Claim Data 2000-2011
- ABMP School Operations Survey 2011
- ABMP School Enrollment Survey 2011

The group analyzed each document and project for general or specific recommendations for content to include in or exclude from entry-level curriculum as well as a relative weighting of the importance of different subjects and topics for safe, competent practice. Work group members used a systematic analysis process to review each document, project, or information source and write a report for other work group members. Work group members reported their findings and shared their written documentation at a meeting in late August 2012, with the group discussing and identifying the relevance for the educational blueprint.

### **Analyze Survey Data and Determine the Influence of Findings on Entry-Level Curriculum**

The group reviewed the findings from the data analysis phase of the project. The goal was to identify any knowledge and skill gaps illuminated by the data and to outline the subjects, topics, and sub-topics appropriate for inclusion in entry-level curriculum. See the ELAP Data Analysis Summary in Appendix B for a detailed discussion of findings and their significance for entry-level curriculum.

### **Choose Instructional Design Methods and Train Work Group Members**

The instructional designers and Anne Williams worked together to choose instructional design tools and models most appropriate for developing the blueprint. The three developed a learning taxonomy and education blueprint format and prepared materials for training the other work group members in writing effective learning outcomes, objectives, and education blueprint components. Tom Lochhaas and Anne Williams trained the group in instructional design related to development of the Blueprint. A detailed discussion of the instructional design used to formulate the Blueprint is included in the Introduction to that document.

### **Draft the Initial Entry-Level Massage Education Blueprint**

Over a period of 8 months, the ELAP work group compiled the first draft of the Blueprint. Each work group member was assigned one or more of the nine subject areas determined from previous data findings. The work group members agreed to reference no fewer than five textbooks and regularly review the data related to their subjects while writing learning objectives and learning outcomes for their subject areas. Each work group member's completed first draft of a subject was sent to a second work group member for detailed feedback and comment, and then returned to the original work group member for revision. Anne Williams checked the instructional sequencing and phrasing of learning objectives in second drafts, which then underwent instructional design review and editing by Tom Lochhaas. Some subject blueprints were sent to COMTA and the AFMTE for early review (as requested by these organizations). Subjects and topics underwent substantial revision, additional review, and more revision, before being released as a first draft for stakeholder feedback.

## Seek Feedback from Profession Stakeholders

The work group adopted an online survey method to obtain feedback from the profession on the first draft of the Blueprint. The group created a website ([www.elapmassage.org](http://www.elapmassage.org)) to share information about the ELAP goals, the findings from data analysis and their influence on the first draft of the Blueprint, and the instructional design methods used to structure the Blueprint. Visitors could read information or watch 15-20 minute informational webinars on all aspects of the project.

Website visitors were able to navigate directly to the pages where they could give feedback on the Blueprint if desired. A general survey asked questions about the scope of the project, its goals, and the usability of its outputs and gathered general open-ended comments.

Feedback was solicited in each of the nine subject areas of the Blueprint. Visitors clicked on a subject area to view the topics that made up that subject. Selecting a topic took them to a survey where the learning objectives for that topic were listed according to their sub-topics, learning domain (cognitive or psychomotor), and levels (levels 1-3 in the ELAP Learning Taxonomy). Participants were asked to rate each learning objective as one of the following:

- **Entry Level:** An item you believe should be taught in massage training programs that prepare people to enter the field of massage and practice safely and competently.
- **Exceeds Entry-Level:** An item you believe should be taught only in advanced training programs or in continuing education. The item exceeds knowledge and skill you think necessary for safe and competent massage practice.
- **Unnecessary:** An item you believe is redundant, superfluous, or pointless. It may not exceed entry-level but it is not necessary for safe and competent practice.
- **Unknown:** An item that refers to content you don't recognize, haven't learned, don't teach, don't offer at your school, don't use in your massage practice, or haven't experienced.

Participants were also asked to provide examples of additional learning objectives if they believed that content was missing in a topic area. Open comment boxes at the end of each section encouraged participants to share their views about the topic area or provide any other comments they deemed appropriate.

Each of the seven groups comprising the Coalition of National Massage Therapy Organizations sent one to four e-blasts to their email list of constituents alerting the profession to this opportunity to provide feedback on the Blueprint. At the same time that the profession was providing feedback, each work group member completed a separate set of matching surveys independently from other work group members. The goal was to view the learning objectives from the unique perspective of the web survey format and to compare work group views with other professionals' views.

## Keep the Profession Informed on Project Events

Throughout 2013, work group members presented the ELAP project at professional events. The presentations described the project goals, process, and findings from the data and the impact of those findings on the developing Blueprint. Event participants asked questions, developed their understanding of project components, and shared their views. As the project evolved, so did the presentations to

include the feedback gathered on the working draft of the blueprint and the group's plans for revision. Members of the ELAP work group presented the project at these events:

- Coalition of National Massage Therapy Organizations meeting, December 6, 2013
- The AMTA School Summit, February 7-9, 2013
- The ABMP School Issues Forum, April 11-13, 2013
- The American Massage Conference Spring Event, May 17-19, 2013
- The World Massage Conference Spring Event, June 2-3, 2013
- The Alliance for Massage Therapy Education Conference, July 18-20, 2013
- The American Massage Conference Fall Event, September 13-15, 2013
- The AMTA National Convention, September 26-29, 2013
- The Federation of State Massage Therapy Boards Annual Meeting, October 10-12, 2013

### **Analyze Feedback from Stakeholders and Plan Revision of the Education Blueprint**

The feedback-gathering phase of the project closed in late August 2013. Responses to each survey section ranged from 491 respondents on the general project survey section to 13 respondents on one specific topic, The Spine and Thorax, within the subject Palpation and Movement. Overall, 2,880 unique participants responded to the survey.

The website's directions for giving survey feedback asked participants to choose the subject that most interested them and to complete all of the topic survey sections for that subject and then go on to additional subjects as desired. The work group was interested to find out which subjects were of greatest interest to the profession, acknowledging also that because of the size of the project (approximately 700 survey pages), many participants would not have time to give feedback on the entire Blueprint.

To analyze the data, work group members received 43 PDF documents (averaging 75 pages each) tabulating the results of each of the feedback survey sections, to review before meeting to discuss them.

The work group met again in Golden, Colorado to discuss the feedback and plan the revision of the Blueprint. For each subject, the group read the feedback, identified trends related to each learning objective, compared the professionals' feedback to the work group feedback and earlier data analysis, and planned appropriate revisions of topics. This process required three full days of review.

In almost all cases, the predominant views of the profession were aligned with the predominant views of the work group. Some topics or subjects required minor revision, while others required significant change. Revisions included:

- Deleting selected learning objectives from sub-topics.
- Rewriting learning objectives that lacked clarity or appropriate phrasing.
- Changing the order of learning objectives to suggest a more logical flow of learning.
- Moving objectives from one section of the Blueprint to another.
- Adding learning objectives for missing content to some sub-topics as suggested by respondents.
- Relabeling or renaming some sub-topics, topics, or subjects.
- Elimination of learning objectives in level 2 for some sub-topics.



- Elimination of learning objectives in level 3 for some sub-topics.
- The entire elimination of particular sub-topics.

### **Notable Feedback and Changes from the First Draft to the Final Draft of the Blueprint**

Every subject in the Blueprint was revised based on feedback. The following notable changes were made from the first draft to the final draft of the blueprint:

**Massage Theory and Principles:** Learning objectives in level 3 of the sub-topic titled *Research Literacy* were eliminated. Feedback suggested that a basic understanding of research literacy is important for entry-level practice but that the problem-solving scenarios suggested by the higher-level learning objectives in the first draft were unnecessary for safe and competent practice.

**Massage Professional Practices:** Learning objectives in level 3 were eliminated in the topic of Personal Health, Body Mechanics, and Self-Care. Feedback suggested that some of the higher-level activities suggested by the learning objectives in the first draft were beyond entry level and presented too much nutritional and fitness-oriented information.

**The Therapeutic Relationship:** The sub-topic titled *Factors that Influence Therapeutic Relationships* in the topic *The Relationship of Therapist and Client* was eliminated based on feedback. This sub-topic had included learning related to psychological defenses exhibited by clients including suppression, denial, projection, deflection, displacement, resistance, armoring, and the bodymind split. Both cognitive (knowledge) and psychomotor (skills) objectives addressing language and behaviors to respond to clients' psychological defenses were deemed beyond entry level by respondents. The concepts related to transference and countertransference were moved into the sub-topic titled *Characteristics of Positive Therapeutic Relationships*. To view the original sub-topic map visit the resources section of [www.elapmassage.org](http://www.elapmassage.org).

**Anatomy, Physiology, and Pathology:** For the most part, feedback suggested that anatomy, physiology, and pathology objectives were written appropriately for safe and competent practice at the entry-level. A number of respondents suggested that a new topic titled *The Fascial System* be added to the Blueprint, and this recommendation was implemented. We also removed *The Cardiovascular System* from the *Other Body Systems* topic to make it an independent topic.

**Assessment and Documentation:** For the subject titled *Assessment and Documentation*, the ELAP work group broke with the predominant feedback from the profession. Some in the profession indicated that the sub-topics titled *Posture Assessment*, *Range of Motion Assessment*, and *Functional Limitations Assessment* should not be included in entry-level education or wanted so many of the learning objectives in these sections to be eliminated that the remaining sub-topics would virtually lack substance. An interesting trend emerged. Many respondents approved learning objectives related to the process of conducting these assessment procedures but disapproved of learning objectives for using assessment findings to make treatment or session choices. For example, the learning objective "Having completed a posture assessment on one peer, identify two muscles that are short/tight and two muscles

that are long/adapted/weak” was voted “beyond entry-level” by the majority of respondents. The level 3 learning objective “Plan a one-hour massage session based on posture assessment findings and defend choices for sequencing of body regions, body regions in focus, effective application methods, and massage for compensating structures” was also deemed beyond entry level. In these three sub-topics, it appeared that respondents were willing to conduct assessment procedures but were uncertain about how to apply their findings to the choices made during the massage session.

The ELAP work group had a lengthy discussion of this subject and decided that the term *massage therapist* suggests how to respond appropriately to this feedback. We acknowledge that some in our profession argue for a two-tier system and that their arguments, on first glance, seem logical. In that system some providers of massage would be “service providers” and deliver basic massage for relaxation in specific environments like spas or salons. These service providers, it is argued, wouldn’t require the knowledge and skills to provide a meaningful assessment and massage therapy for condition management, treatment, or injury rehabilitation. “Massage therapists,” on the other hand, unlike “service providers,” would receive more training and provide massage in medical and other environments. We respectfully disagree. In our profession we are all *massage therapists*—not service providers—and we should all possess the skills necessary to assess a client and choose appropriate massage and bodywork application methods to benefit that client’s unique health picture. A meaningful massage should happen in every environment where massage therapy is offered, be it a cruise ship, spa, salon, massage clinic, or hospital. Clearly, based on this feedback, this is an area where a significant knowledge and skill gap may exist in our profession. More must be done to educate employers and also some schools, instructors, and professional therapists about the benefits of organized, comprehensive, and meaningful assessment to customize sessions based on a client’s unique health care needs. While the ELAP work group did eliminate some learning objectives deemed beyond entry-level, these assessment sub-topics remain in a format that is reasonable, teachable, and meaningful.

**Massage and Bodywork Application Methods:** The largest change in the Blueprint was a complete revision of the subject originally titled *Massage Forms and Styles*. The data used to create the first draft of the Blueprint identified Swedish massage, deep work, myofascial approaches, proprioceptive approaches, neuromuscular approaches, hydrotherapy, and seated massage as important for inclusion in entry-level education. The first draft of the Blueprint outlined learning objectives for these forms. When the profession gave feedback about these forms and styles in the first draft, they demonstrated concern. Trends showed that schools, instructors, and professional therapists do not want to feel limited in the forms or styles they teach and use. When it comes to the hands-on art of the work, profession stakeholders take sides.

While there may be no perfect solution to this issue, after lengthy discussion the work group decided to approach massage application methods from a new direction. The subject was retitled *Massage and Bodywork Application*, and the group developed learning objectives for topics titled *Foundation Principles and Skills*, *Application Methods*, *The Massage or Bodywork Session*, *Sample Form: Western Integration of Application Methods*, and *Sample Form: Eastern Integration of Application Methods*.

Instead of approaching application of massage and bodywork from the perspective of a particular form or system of massage (e.g., Swedish massage, neuromuscular massage, etc.), the group decided to

approach application methods and techniques based on ways in which the hands and other anatomical tools deform (manipulate) soft-tissue structures. The titles of sub-topics for *Massage and Bodywork Application* demonstrate this new approach:

- *Core Concepts in Massage and Bodywork Application*
- *Forces and Soft-Tissue Deformation*
- *Gliding Methods*
- *Torsion Methods*
- *Shearing Methods*
- *Elongation Methods*
- *Oscillating Methods*
- *Percussive Methods*
- *Joint Movement Methods*
- *Hot and Cold Methods*

The resulting learning objectives provide learners with an informed foundation from which they can easily recognize stroke names in specific systems and connect them with methods that deform soft-tissue in recognizable ways. For example, having learned gliding methods, a learner could easily embrace effleurage in Swedish massage, “sweeps” in abhyanga, or “power strokes” in lomilomi. Having learned torsion methods, a learner could easily recognize petrissage in Swedish massage, *cuo* technique in tuina, and fascial torqueing in myofascial approaches.

Once learners develop an understanding of how to apply each type of method, they learn how to sequence methods effectively, sequence body regions based on session goals, and customize sessions to meet client wants and needs. The integration of methods into a practical form or style of massage or bodywork should prove an easy mental leap for learners. Once they know the methods, they simply apply that method from the viewpoint of a particular paradigm (e.g., you would apply a Swedish gliding stroke with a different intent and purpose from how you would apply a “sweeping” stroke in abhyanga, etc.). Instructors can match methods to their stroke names in their particular form or style, and sequence methods according to the protocol suggested by the particular form or style.

While the resulting *Application Methods* blueprint feels logical, even inspiring, in its fresh approach, the work group still had to grapple with related issues. First, the profession is deeply attached to particular forms and styles. In addition, consumers don’t necessarily recognize the breadth of massage and bodywork forms available to them. According to the data, consumers largely ask for Swedish massage and “deep tissue” massage. It makes sense that an entry-level therapist would want to understand consumer wants when working as an employee or starting a private practice. Does this mean that every educational program should require learners to practice Swedish massage and “deep tissue”? Does this mean that a school teaching Eastern forms of bodywork should still be required to teach some Western methods if that school prepares learners to obtain massage credentials? Some give an emphatic “yes” and some an emphatic “no.”

After lengthy discussion, the work group arrived at a compromise. The Work Group recommends Swedish massage, myofascial approaches, and neuromuscular approaches be part of foundational training because profession stakeholder survey results indicate that these forms are those most widely practiced and valued by professional massage therapists. Swedish massage and “deep tissue” (which

incorporates method from myofascial and neuromuscular approaches) are the forms most widely requested by consumers. However, other forms and styles can be substituted, based on a school's particular philosophy, in 50 hours of designated minimum classroom time. The group then wrote sample blueprints titled *Western Integration of Application Methods* providing learning objectives for Swedish massage, myofascial approaches, and neuromuscular approaches, and *Eastern Integration of Application Methods* providing learning objectives for basic concepts in Traditional Chinese/Japanese Medicine, shiatsu, tuina, and Thai massage. Some of the original blueprints in this subject, cut in the second draft, are available for review in the resources section of [www.elapmassage.org](http://www.elapmassage.org) for interested parties.

**Palpation and Movement:** Overall, this subject received very favorable feedback. Respondents liked the organization of topics and sub-topics and the structure provided by the systematic learning activities suggested by the learning objectives. However, feedback comments indicated that the palpation of certain structures would be difficult for beginning therapists and that some terminology was “nice to know” but not necessary for safe and competent practice. Work group members did a careful, term-by-term, structure-by-structure review of the section to ensure that learning objectives suggested the appropriate depth and that suggested learning experiences were relevant and meaningful.

**Adapting Sessions for Clients:** The subject *Adapting Sessions for Clients* changed little from the first draft to the second draft of the Blueprint. This subject addresses a prevalent knowledge and skill gap currently existing in the profession. Data from both consumers and employers indicate that clients sometimes fail to get the massages they ask for and that massages sometimes failed to address their health care concerns. Educators and employer data suggests that entry-level therapists don't exhibit the critical thinking skills they need to adapt sessions appropriately for clients with pathologies or clients from special populations. This subject addresses the stages of healing, common pathologies, and special populations from a session planning perspective. Therapists do not need to understand from memory every pathology or medication they see on a health form. However, they do need to look up unknowns and use a clinical reasoning process to rule out contraindications and determine session adaptations that will make massage safer for clients to receive. Feedback from respondents broadly embraced this approach, and only suggested that certain pathologies or special populations be removed as “beyond entry-level.” Some of the sub-topics cut from this section are available for review in the resources section of [www.elapmassage.org](http://www.elapmassage.org) for interested parties.

**Career Development:** The work group wanted to address issues raised in the data about general communication skill gaps by increasing the focus on emotional intelligence, communication, and conflict resolution in entry-level education. However, these sub-topics areas were new to many feedback providers, and respondents recommended significant cuts to *Communication* and *Conflict Resolution*. The entire sub-topic *Emotional Intelligence* was eliminated in the second draft based on feedback. This blueprint is available to interested parties in the resources section of [www.elapmassage.org](http://www.elapmassage.org).

## **Finalize the Blueprint, Tabulate Hours, Publish Results**

Late in 2013, the work group finished revising the Blueprint and translated learning objectives into learning experiences in order to tabulate hours (see Appendix C, Hours Rationale). The group held conference calls to discuss and reach consensus on the hours tabulated for each topic and subject. This final project report and the Blueprint were made public on TBD.

## Results

This 21-month project has resulted in an evidence-informed recommendation of 625 hours as a minimum requirement for entry-level massage education in preparation for safe, competent massage practice. The extensive work performed to develop the 518 page Entry-Level Massage Education Blueprint informs this recommendation (see the Blueprint and Appendix C). The Blueprint precisely defines the knowledge and skill components necessary to prepare graduates for safe and competent practice in the profession. Based on extensive data and established instructional design methods, the Blueprint sequences learning objectives at progressively complex levels to facilitate learner acquisition of knowledge and skills, and provides guidance on useful learning experiences to achieve cognitive and psychomotor objectives in the defined timeframes. Learning objectives for the affective and interpersonal domains are included to help educators plan well-constructed lessons that address all aspects of a learning experience. The Blueprint, as a resource document, is intended to inform the work of schools, instructors, textbook authors and publishers, the regulatory and accreditation community, professional therapists, employers, and the profession's leaders.

## Conclusions

The Entry-Level Massage Education Blueprint provides an evidence-informed recommendation of essential knowledge and skill components necessary for safe and competent massage practice and the number of hours necessary to teach the defined content.

The Blueprint will be beneficial for schools that wish to evaluate and evolve their curricula and may prove a useful starting place for authors revising or writing textbooks and other materials. Underserved areas of massage education, which arguably have led to knowledge and skill gaps in some professional therapists, are reconciled with an appropriate level of focus. The robust instructional design underlying the Blueprint illuminates how people learn in order to support best practices in the development of classroom activities, written materials, and educational experiences. The data informed the group's recommendations for key terms and concepts, hands-on skills, and effective and appropriate language and behaviors; the proper educational scaffolding illuminated by progressive learning objectives; and the examples of teaching methods used to tabulate hours. The organization of subjects based on increasing levels of knowledge and skill complexity supports exceptional curriculum design, content development, and teaching.

Nevertheless, the Blueprint is not meant to mandate specific curriculum activities. Rather, it is a model of the essential foundations of massage learning. Each school has a unique philosophy that allows it to differentiate itself in the marketplace with prospective students. Schools are encouraged to teach additional hours and learning objectives in subjects, topics, and sub-topics outlined by the Blueprint or in other topics based on their individual goals for their graduates.

Improving the consistency of massage education is important for the continued health and evolution of the massage profession. With this clearly defined baseline, the massage profession is in a better position to determine appropriate next steps and develop resources that support stakeholder needs.

## References

- Adams R, White B, Beckett C. The effects of massage therapy on pain management in acute care setting. *Int J Ther Massage Bodywork*. 2010;3(1):4-11.
- Alfredson H, Lorentzon R. Chronic tendon pain: no signs of chemical inflammation but high concentrations of the neurotransmitter glutamate: implications for treatment? *Curr Drug Targets*. 2002;3(1):43-54.
- Allen L. *One Year to a Successful Massage Practice*. Baltimore, MD: Lippincott, Williams & Wilkins; 2012.
- Alliance for Massage Therapy Education. *The Analysis of the MTBOK Project by the AFMTE*. 2010. Available at [www.afmte.org](http://www.afmte.org). Viewed August 2012.
- Alvarez D, Rockwell P. Trigger points: diagnosis and management. *Am Fam Physician*. 2002 Feb 15;65(4):653-661.
- American Massage Therapy Association. *AMTA Consumer Survey Fact Sheet 2012*. Available at [www.amtamassage.org](http://www.amtamassage.org). Viewed September 2012.
- American Massage Therapy Association. *AMTA Liability Claim Data 2007-2011*. A special, confidential report provided to the ELAP work group and not available for public release. Viewed September 2012.
- American Massage Therapy Association. *AMTA Massage Profession Research Report 2011*. For information about the report contact AMTA at 1-877-905-0577. Viewed September 2012.
- *Anatomy & Physiology: Reference for Massage Therapists*. Clifton Park, NY: Milady Cengage Learning; 2013.
- Aourell M, Skoog M, Carleson J. Effects of Swedish massage on blood pressure. *Complem Ther Clin Prac*. (2005) 11, 242-246
- Archer P, Nelson LA. *Applied Anatomy & Physiology for Manual Therapists*. Baltimore, MD: Lippincott, Williams & Wilkins; 2012.
- Associated Bodywork & Massage Professionals. *ABMP Liability Claim Data 2000-2011*. A special, confidential report provided to the ELAP work group and not available for public release. Viewed September 2012.
- Associated Bodywork & Massage Professionals. *ABMP Massage Client Survey 2011*. For information about the report, contact ABMP at 1-800-458-2267. Viewed September 2012.
- Associated Bodywork & Massage Professionals. *ABMP School Enrollment Survey 2011*. For information about the report, contact ABMP at 1-800-458-2267. Viewed September 2012.
- Associated Bodywork & Massage Professionals. *ABMP School Operations Survey 2011*. For information about the report, contact ABMP at 1-800-458-2267. Viewed September 2012.
- Bain K. *What the Best College Teachers Do*. Cambridge, MA: Harvard University Press; 2004.
- Barker A. *Improve Your Communication Skills*. Philadelphia, PA: Kogan Page; 2006.
- Barkley EF. *Student Engagement Techniques: A Handbook for College Faculty*. San Francisco, CA: Jossey-Bass; 2010.

- Barnard S, Casella PJ, Coffin C, et al. *Writing, Speaking, & Communication Skills for Health Professionals*. New Haven, CT: Yale University Press; 2001.
- Bass E. Tendinopathy: why the difference between tendinitis and tendinosis matters. *Int J Ther Massage Bodywork*. 2012;5(1):14-17.
- Beck MF. *Theory & Practice of Therapeutic Massage*. 5th ed. Clifton Park, NY: Milady Cengage Learning; 2010.
- Bell J. Massage therapy helps to increase range of motion, decrease pain and assist in healing a client with low back pain and sciatica symptoms. *J Bodyw Mov Ther*. 2008;12(3):289-291.
- Benjamin PJ. *Pearson's Massage Therapy: Blending Art with Science*. Upper Saddle River, NJ: Pearson Education; 2011.
- Benjamin PJ. *Tappan's Handbook of Healing Massage Techniques*. 5th ed. Upper Saddle River, NJ: Pearson Education; 2010.
- Biel A. *Trail Guide to the Body*. 4th ed. Boulder, CO: Books of Discovery; 2010.
- Bob C. *Fire Up Your Communication Skills. Get People to Listen, Understand and Give You What You Want*. Pleasanton, CA: Code 3 Publishing; 2004.
- Bolton R. *People Skills: How to Assert Yourself, Listen to Others and Resolve Conflicts*. New York, NY: Simon and Schuster; 1986.
- Braun L, Stangus C, Casanelia L, Spitzer O, Paul E, Vardaxis N, Rosenfeldt F. Stress reduction using massage in cardiac surgery patients. *BMC Complement Alternat Med*. 2012, 12(suppl 1): 035.
- Bron C, Dommerholt J, Stegenga B, Wensing M, Oostendorp R. High prevalence of shoulder girdle muscles with myofascial trigger points in patients with shoulder pain. *BMC Musculoskeletal Disorders*. 2011, 12:139
- Cael C. *Functional Anatomy: Musculoskeletal Anatomy, Kinesiology, and Palpation for Manual Therapists*. Baltimore, MD: Lippincott, Williams & Wilkins; 2011.
- Carr-Chellman AA. *Instructional Design for Teachers: Improving Classroom Practice*. New York, NY: Routledge; 2011.
- Castro-Sanchez A, Mataran-Penarrocha G, Granero-Molina J, Aguilera-Manrique G, Quesado-Rudio J, Moreno-Lorenzo C. Benefits of massage-myofascial release therapy on pain, quality of sleep, depression, and quality of life in patients with fibromyalgia. *Evid Based Complement Alternat Med*. 2011 doi: 10.1155/2011/561753
- Chaitow L, DeLany J. *Clinical Application of Neuromuscular Techniques, Vol. 1: The Upper Body*. 2nd ed. New York, NY: Churchill Livingstone Elsevier; 2008.
- Chaitow L. *Palpation Skills: Assessment and Diagnosis Through Touch*. New York, NY: Churchill Livingstone; 1996.
- Cohen BJ. *Memmler's The Human Body In Health And Disease*. 12th ed. Baltimore, MD: Lippincott, Williams & Wilkins; 2013.
- Commission on Massage Therapy Accreditation. *Competency Standards Table*. Available at [www.comta.org](http://www.comta.org). Viewed August 2012.
- Cook C. *Orthopedic Manual Therapy*. 2<sup>nd</sup> ed. Upper Saddle River, NJ: Prentice Hall; 2011.

- Crane J, Ogborn D, Cupido C, et al. Massage therapy attenuates inflammatory signaling after exercise-induced muscle damage. *Sci Transl Med*. 2012;4(119):1-8.
- Delgado E, Romero J, Escoda C., Myofascial pain syndrome with trigger points: a literature review. (I): Epidemiology, clinical treatment and etiopathogeny. *Med Oral Patol Oral Cir Bucal*. 2009 Oct. 1;14 (10):e494-8
- Denegar C, Saliba E, Saliba S: *Therapeutic Modalities for Musculoskeletal Injuries*, 2<sup>nd</sup> ed. Champaign, IL. Human Kinetics; 2006.
- Dick W, Carey L, Carey JO. *The Systematic Design of Instruction*. 7<sup>th</sup> ed. Upper Saddle River, NJ: Pearson Education; 2009.
- DiMatteo MR, Taranta A, Friedman HS, Prince LM. Predicting patient satisfaction from physicians' nonverbal communication skills. *Med Care*, Apr;18(4): 376-87. 1980.
- Dirksen J. *Design for How People Learn*. Berkeley, CA: New Riders; 2012.
- Elliott R, Burkett B. Massage therapy as an effective treatment for carpal tunnel syndrome. *J Bodyw Mov Ther*. 2013 Jul; 17(3): 332-338
- Ezzo J, Donner T, Nickols D, et al. Is massage useful in the management of diabetes? a systematic review. *Diabetes Spectrum*. 2001;14(4):218-224.
- Field T, Diego M, Cullen C, et al. Carpal tunnel syndrome symptoms are lessened following massage therapy. *J Bodyw Mov Ther*. 2004;8:9-14.
- Field T, Diego M, Delgado J, Garcia D, Funk CG. Rheumatoid arthritis in upper limbs benefits from moderate pressure massage therapy. *Complement Ther Clin Pract*. 2013 May;19(2):101-3.
- Fink LD. *Creating Significant Learning Experiences: An Integrated Approach to Designing College Courses*. Revised ed. San Francisco, CA: Jossey-Bass; 2013.
- Foster MA. *Somatic Patterning: How to Improve Posture and Movement and Ease Pain*. Longmont, CO. EMS Press; 2004.
- Foster MA. *Therapeutic Kinesiology: Musculoskeletal Systems, Palpation, and Body Mechanics*. Upper Saddle River, NJ: Pearson Education; 2013.
- Fritz S. *Mosby's Essential Sciences for Therapeutic Massage: Anatomy, Physiology, Biomechanics, and Pathology*. 4th ed. Maryland Heights, MO: Elsevier Mosby; 2013.
- Fritz S. *Mosby's Fundamentals of Therapeutic Massage*. 5th ed. Maryland Heights, MO: Elsevier Mosby; 2013.
- Galbraith MW. *Adult Learning Methods: A Guide for Effective Instruction*. 3<sup>rd</sup> ed. Malabar, FL: Krieger Publishing Company; 1990.
- Goodwin J. *Touch & Movement: Palpation and Kinesiology for Massage Therapists*. Clifton Park, NY: Milady Cengage Learning; 2013.
- Gould HJ. *Understanding Pain: What it is, why it happens, and how it's managed*. New York, NY: AAN Press, American Academy of Neurology; 2007.
- Hendrickson T. *Massage for Orthopedic Conditions*. Baltimore, MD: Lippincott, Williams & Wilkins; 2003.



- Herman L, Mandell A. *From Teaching to Mentoring: Principle and Practice, Dialogue and Life in Adult Education*. New York, NY: Rutledge; 2004.
- Juhan D. *Job's Body: A Handbook for Bodyworkers*, 3<sup>rd</sup> ed. Barrytown, NY: Barrytown/Station Hill Press; 2003
- Kassolik K, Jaskolska A, Kisiel-Sajewicz K, Marusiak J, Kawczynski A, Jaskolski A. Tensegrity principle in massage demonstrated by electro- and mechanomyography. *Journal of Bodywork and Movement Therapies*. (2009) April, 13(2): 164-170.
- Kendall FP, McCreary EK, Provance, PG, et al. *Muscles: Testing and Function with Posture and Pain*. 5th ed. Baltimore, MD: Lippincott, Williams & Wilkins; 2005.
- Klaus P. *The Hard Truth about Soft Skills: Workplace Lessons Smart People Wish They'd Learned Sooner*. New York, NY: Harper; 2007.
- Knudson D. *Fundamentals of Biomechanics*. 2<sup>nd</sup> ed. New York, NY: Springer Media; 2007.
- Kurtz S, Silverman J, Draper J. *Teaching and Learning Communication Skills in Medicine*. Abingdon, Oxon, UK: Radcliffe Medical Press; 1998.
- Leicester M. *Teaching Critical Thinking Skills*. New York, NY: Continuum International Publishing Group; 2010.
- LeMoon K. Clinical reasoning in massage therapy. *Int J Ther Massage Bodywork*. 2008; 1(1): 12–18.
- Levangie PK, Norkin CC. *Joint Structure and Function: A Comprehensive Analysis*. 5<sup>th</sup> ed. Philadelphia, PA: F.A. Davis Company; 2011.
- Levine DW, Simmons BP, Koris MJ, et al. A self-administered questionnaire for the assessment of severity of symptoms and functional status in carpal tunnel syndrome. *J Bone Joint Surg Am*. 1993;75(11):1585-1592.
- Lowe W. *Orthopedic Assessment In Massage Therapy*. Sisters, OR: Daviau Scott; 2006.
- Lowe W. *Orthopedic Massage: Theory And Technique*. 2nd ed. Maryland Heights, MO: Elsevier Mosby; 2009.
- Lowe, W: *Functional Assessment in Massage Therapy*, 3<sup>rd</sup> ed. Bend, OR. Orthopedic Massage Education & Research Institute; 1997.
- Magee DJ. *Orthopedic Physical Assessment*. 5th ed. St. Louis, MO: Saunders Elsevier; 2008.
- Marieb EN. *Essentials of Human Anatomy and Physiology*. 10th ed. San Francisco, CA: Benjamin Cummings Pearson Education; 2012.
- Martin ST, Kessler M. *Neurologic Interventions for Physical Therapy*. 2<sup>nd</sup> ed. St. Louis, MO: Saunders; 2006.
- McKenna C. *Powerful Communication Skills: How to Communicate with Confidence*. NJ: The Career Press; 1998.
- Mendler AN. *Motivating Students Who Don't Care: Successful Techniques for Educators*. Bloomington, IN: National Education Service; 2000.
- Merriam SB, Caffarella RS, Baumgartner LM. *Learning in Adulthood: A Comprehensive Guide*. 3<sup>rd</sup> ed. San Francisco, CA: Jossey-Bass; 2007.

- Mitchell A, Cormack M. *The Therapeutic Relationship in Complementary Health Care*. New York, NY: Churchill Livingstone; 1998.
- Moraska A, Chandler C, Edmiston-Schaetzel A, et al. Comparison of a targeted and general massage protocol on strength, function, and symptoms associated with carpal tunnel syndrome: a randomized pilot study. *J Altern Complement Med*. 2008;14(3):259-267.
- Moraska A, Chandler C. Changes in clinical parameters in patients with tension-type headache following massage therapy: a pilot study. *J Man Manip Ther*. 2008;16(2):106-112.
- Moraska A, Pollini RA, Boulanger K, et al. Physiological adjustments to stress measures following massage therapy: a review of the literature. *Evid Based Complement Alternat Med*. 2010;7(4):409-418.
- Moraska A. Therapist Education Impacts the Massage Effect on Posttrace Muscle Recovery. *Medicine & Science in Sports Exercise*. 01/2007; 39(1):34-7.
- Moraska A., Chandler C. Changes in psychological parameters in patients with tension-type headache following massage therapy: a pilot study. *J Man Manip Ther*. 2009;17(2):86-94.
- Moyer CA, Seefeldt L, Mann ES, et al. Does massage therapy reduce cortisol? a comprehensive quantitative review. *J Bodyw Mov Ther*. 2011;15(1):3-14.
- Muscolino JE. *Kinesiology: The Skeletal System and Muscle Function*. 2nd ed. Maryland Heights, MO: Elsevier Mosby; 2011.
- Muscolino JE. *Know the Body: Muscle, Bone, and Palpation Essentials*. Maryland Heights, MO: Elsevier Mosby; 2012.
- Myers TW. *Anatomy Trains: Myofascial Meridians for Manual and Movement Therapists*. 2<sup>nd</sup> ed. New York, NY: Churchill Livingstone; 2009.
- Nathan B. *Touch and Emotion in Manual Therapy*. New York, NY: Churchill Livingstone; 1999.
- National Institutes of Health. The top ten most common pathological conditions experienced by Americans as compiled by the ELAP work group from information on the National Institutes of Health Website [www.nih.gov](http://www.nih.gov). Compiled in September 2012.
- Neighbors M, Tannehill-Jones R. *Human Diseases*. 3rd ed. Clifton Park, NY: Delmar Cengage Learning; 2010.
- Nelson J. *Cultivating Judgment: A Sourcebook for Teaching Critical Thinking Across the Curriculum*. Stillwater, OK: New Forum; 2005.
- Nerbeass F, Feltrim M, Souza S, Ykeda D, Lorenzi-Filho G. Effects of massage therapy on sleep quality after coronary bypass graft surgery. *Clin Sci*. 2010, 65(11): 1105-1110.
- Noudeh Y., Vatankhah N., Baradaran H. Reduction of Current Migraine Headache Pain Following Neck Massage and Spinal Manipulation. *Int J Ther Massage Bodywork*. 2012;5(1).
- Orey, M, Prisk, J. *Communication Skills Training*. Alexandria, VA: American Society for Training and Development; 2004.
- Pagliarulo MA. *Introduction to Physical Therapy*. 4<sup>th</sup> ed. Maryland Heights, MO: Elsevier Mosby; 2011.

- Paul R. *Critical Thinking: What Every Person Needs to Survive In a Rapidly Changing World*. 2<sup>nd</sup> ed. Santa Rosa, CA: The Center for Critical Thinking; 1992.
- Piovesan E, Di Stani F, Kowacs PA, et al. Massaging over the greater occipital nerve reduces the intensity of migraine attacks. *Arq Neuropsiquiatr*. 2007;65(3A):599-604.
- Platzer W, Leonhardt H, Frotscher M. *Color Atlas of Human Anatomy, Vol 1: Locomotion System*. New York, NY: Thieme, Inc.; 2004.
- Porter RS. *The Merck Manual of Diagnosis and Therapy*. 19th ed. Whitehouse Station, NJ: Merck Sharpe & Dohme; 2011.
- Quinn C, Chandler C, Moraska A. Massage therapy and frequency of chronic tension headaches. *Am J Public Health*. 2002;92(10):1657-1661.
- Raffini JP. *150 Ways to Increase Intrinsic Motivation in the Classroom*. Whitewater, WI: University of Wisconsin Press; 1996.
- Rapaport M., Schettler P., Bresee C. A preliminary study of the effects of a single session of Swedish massage on hypothalamic-pituitary-adrenal and immune function in normal individuals. *J Altern Complement Med*. 2012; Sep 1.
- Rapaport MH, Schettler P, Bresee C. A preliminary study of the effects of repeated massage on hypothalamic-pituitary-adrenal and immune function in healthy individuals: a study of mechanisms of action and dosage. *J Altern Complement Med*. 2012;18(8):789-797.
- Richey RC, Klein JD, Tracey MW. *The Instructional Design Knowledge Base: Theory, Research, and Practice*. New York, NY: Routledge; 2011.
- Ross-Gordon JM. *Contemporary Viewpoints on Teaching Adults Effectively*. San Francisco, CA: Jossey-Bass; 2002.
- Salvo SG. *Massage Therapy: Principles and Practice*. 4th ed. St. Louis, MO: Elsevier Saunders; 2012.
- Salvo SG. *Mosby's Pathology for Massage Therapists*. 2nd ed. Maryland Heights, MO: Elsevier Mosby; 2009.
- Scheumann DW. *The Balanced Body: A Guide To Deep Tissue And Neuromuscular Therapy*. 3rd ed. Baltimore, MD: Lippincott, Williams & Wilkins; 2007.
- Sefton JM, Yarar C, Berry JW, et al. Therapeutic massage of the neck and shoulders produces changes in peripheral blood flow when assessed with dynamic infrared thermography. *J Altern Complement Med*. 2010;16(7):723-732.
- Sefton JM, Yarar C, Carpenter DM, et al. Physiological and clinical changes after therapeutic massage of the neck and shoulders. *Man Ther*. 2011;16(5):487-494.
- Sefton JM., Yarar C., Berry JW. Six weeks of massage therapy produces changes in balance, neurological and cardiovascular measures in older persons. *Int J Ther Massage Bodywork*. 2012; 5(3): 28–40.
- Sherman K., Cherkin D., Hawkes R., Migiloretti D., Deyo R. Randomized Trail of Therapeutic Massage for Chronic Neck Pain. *Clin J Pain*. 2009; 25 (3): 233-238
- Simons DG, Travell JG, Simons LS. *Travell & Simons' Myofascial Pain and Dysfunction: The Trigger Point Manual*. 2nd ed. Baltimore, MD: Lippincott, Williams & Wilkins; 1998.

- Smith PL, Ragan TJ. *Instructional Design*. 3<sup>rd</sup> ed. San Francisco, CA: Jossey-Bass; 2005.
- Stasinopoulos D, Johnson M. Cyriax physiotherapy for tennis elbow/lateral epicondylitis. *Br J Sports Med*. 2004;38(6);675-677.
- Tennant M. *Psychology and Adult Learning*. 3<sup>rd</sup> ed. New York, NY: Routledge; 2006.
- The Massage Therapy Body of Knowledge (MTBOK) Project. 2010. Available at [www.mtbok.org](http://www.mtbok.org). Viewed August 2012.
- The Mayo Clinic. The top ten most common pathological conditions experienced by American baby boomers as compiled by the ELAP work group from information on the Mayo Clinic website [www.mayoclinic.com](http://www.mayoclinic.com). Compiled in September 2012.
- The Top Five Disciplinary Actions of Massage Therapists on State Board of Massage Websites as compiled by the ELAP work group from information on each state board of massage website. Compiled in September 2012.
- Thibodeau GA, Patton KT. *Structure & Function of the Body*. 14th ed. Maryland Heights, MO: Elsevier Mosby; 2012.
- Thibodeau GA, Patton KT. *The Human Body in Health & Disease*. 5th ed. Maryland Heights, MO: Elsevier Mosby; 2010.
- Thompson DL. *Hands Heal Essentials: Documentation for Massage Therapists*. Baltimore, MD: Lippincott, Williams & Wilkins; 2006.
- Tsao J. Effectiveness of massage therapy for chronic, non-malignant pain: a review. *eCAM* 2007;4(2) 165-179
- Venes D. *Taber's Cyclopedic Medical Dictionary*. 21st ed. Philadelphia, PA: FA Davis; 2009.
- Werner R. *A Massage Therapist's Guide to Pathology*. 4th ed. Baltimore, MD: Lippincott, Williams & Wilkins; 2012.
- Williams A. *Massage Mastery: From Student to Professional*. Baltimore, MD: Lippincott, Williams & Wilkins; 2013.
- Wilson J, Best T. Common overuse tendon problems: a review and recommendations for treatment. *Am Fam Physician*. 2005;72(5)811-818.
- Wlodkowski RJ. *Enhancing Adult Motivation to Learn: A Comprehensive Guide for Teaching All Adults*. Revised ed. San Francisco, CA: Jossey-Bass; 1999.
- Zuluaga M, Briggs C, Carlisle J et al. *Sports Physiotherapy: Applied Science and Practice*. South Melbourne, NZ: Churchill Livingstone; 2008.

## Acknowledgements

This project would not have been possible without the data and feedback provided to the work group by dedicated and passionate individuals in the massage profession who gave their time to answer surveys and provide feedback on the first draft of the Entry-Level Massage Education Blueprint. Thank you!

We are also thankful for the support of the seven organizations that comprise the Coalition of National Massage Therapy Organizations, and their board members and staff members, who provided project support. The work group wishes to offer a special thank you to the American Massage Therapy Association, Associated Bodywork & Massage Professionals, and the Federation of State Massage Therapy Boards for providing the financial contributions that made the project possible.

Thank you to Elan Schacter who made contributions to the early work of the project.

Thank you to the publishers who provided each work group member with copies of relevant textbooks to use as references including Books of Discovery, Cengage Learning, Elsevier/Sanders, Pearson Education, and Wolters Kluwer Health/ Lippincott, Williams & Wilkins.

We would like to recognize some similarities to our approach to massage and bodywork application produced in books and published articles by Eric Brown, Iris Burman, Karen Sherman, Marian Dixon, Diana Thompson, Daniel Cherkin, Whitney Lowe, Sandy Fritz, and the approach to manual therapy practiced by physical therapists.

We want to give a big thank you also to those friends, family members, work colleagues, and professionals who gave work group members support and encouragement during the 21 months we worked on the project.

# Appendix A: Biographies of the ELAP Work Group

## Pat Archer

Pat Archer is a teacher, therapist, author, and new massage school owner in Seattle WA with a combined 35 years of experience in the education, therapeutic massage, and sports healthcare fields. As a Certified Athletic Trainer, Licensed Massage Therapist, and Clinical Massage Specialist, her experience working with collegiate, Olympic, professional, and recreational athletes has provided her with a rich and diverse perspective on the effective integration of therapeutic massage into standard treatment protocols, and the role of massage therapists as respected members of the sports health care team. As the Director of Education at The Brenneke School of Massage from 1988 to 1997, Pat has been involved in multiple course and curriculum revisions. She has authored several workbooks, manuals, and journal articles on a wide array of massage and sports health care topics, the most recent being "Practicing Sports Massage: "What Massage Therapists Need to Know" in the MTJ Summer 2011 journal, and "A Light Touch," an article on lymphatic facilitation in the October 2010 Training & Conditioning magazine. In 2007 her first textbook, *Therapeutic Massage in Athletics* was published by Lippincott Williams & Wilkins, and her second textbook, *Applied Anatomy and Physiology for Manual Therapists*, (with co-author and business partner Lisa Nelson) was released February 2012; one or both are now required texts at several massage programs around the country. Pat has been honored to serve both of her athletic training (NATA) and massage professional associations (AMTA) as chairperson for several different committees and as a presenter at multiple state, regional, and national educational conferences.

## Clint Chandler

Clint Chandler is a recognized leader in the field of massage therapy education, receiving the Jerome Perlinski National teacher of the year award in 2002. Clint has developed, implemented, and taught core and advanced curriculum for some of America's leading educational institutions, programs, and publishers, where a number of his courses continue to be taught. Clint's extensive experience spans over 22 years of both clinical practice and teaching experience in massage and manual therapies, with an additional 8 years concentrating on Physical Rehabilitation. An active researcher, Clint has co-authored and published papers examining the effects of massage therapy on chronic tension headaches, carpal tunnel syndrome and low back pain. As co-principal of Sante Learning Systems, an educational DVD company, Clint has several released video titles addressing palpatory anatomy and tension-type headaches. Clint has also served as a volunteer on numerous professional and scientific committees. His most recent projects include the creation and launch of two mobile apps, "MyoQuiz" and "MyoFinder," which serve as musculoskeletal resources for both students and professional therapists. His dedication to and enthusiasm for excellence in the professional massage therapy community are the prime motivation for his seminars that help teach the advancement of research literacy, teacher development, and technique application. As full-time owner and operator of Corrective & Restorative Massage Therapy Services located in Boulder, Colorado, Clint is engaged daily in the advancement of the art and science of massage therapy and in bringing health and well-being to his clients.

## **Rick Garbowski**

Rick Garbowski is a state-licensed professional massage therapist who has held the positions of Lead Instructor, Director of Education, Division Director, and School Owner during his 22-year career as a massage therapy educator, the past 20 full time. In addition to managing/training/scheduling over 150 massage instructors and providing instruction and clinic oversight to over 4,500 students during that time, his responsibilities have included developing curriculum, managing institution-wide Standards of Accreditation, and developing of Self-Evaluation Reports. Rick is an innovative curriculum architect who has developed both linear and modular program designs for numerous massage therapy and aesthetics programs. He is experienced in all levels of massage curriculum development, including updating existing programs, expanding program hours to meet federal financial aid guidelines, merging multiple programs, and building programs from start to finish. He has a gift for massage education and a unique ability to tailor his presentation style to meet the specific needs of his students. As co-owner/director of Georgia Massage School, Rick has been honored with two prestigious awards: the 2013 Florida State Massage Therapy Association (FSMTA) President's award for service to the industry, and the 2013 American Massage Therapy Association (AMTA) Jerome Perlinski National Teacher of the Year award.

## **Tom Lochhaas**

Tom Lochhaas has held editor and author roles in educational publishing for over 20 years following a successful academic career including the college teaching of writing, most recently at UCLA. His BA and MFA degrees are in writing, and he is ABD (all but dissertation) in a PhD program in English. As a developmental editor for both academic and association nonprofit publishers, he has guided several dozen authors through the design and writing of textbooks and educational courses within varying instructional designs. As named author, he has written several books, most recently *College Success* (Flat World Knowledge Publishers), and as ghost writer, more than a dozen books and courses. He also has considerable experience working on courses and publications from nonprofit and trade associations, including the American Red Cross, the American Health Care Association, and the National Safety Council. He has helped plan and design educational and training courses in which participants master material through a variety of media (video, workbook, instructor-led activities, reference and text books) as well as online courses and components. His research-based approach to instructional design has led to significant improvements in learning effectiveness in several association-based healthcare training courses.

## **Jim O'Hara**

Jim began his career in education as a math instructor at the high school and college levels. After graduate studies in both math and education, he took on a variety of administrative roles including the coordination of cross-cultural studies. Eventually he found his way into the massage field and established a private massage practice in Berkeley, California. As a massage instructor and later as the Curriculum Coordinator for the campuses of National Holistic Institute, where he has been for 20 years, he has developed massage instructional material, trained teachers, and has always been excited to see the continued evolution of the field of massage therapy.

## Cynthia Ribeiro

Cynthia Ribeiro is the Immediate-Past President of the American Massage Therapy Association (AMTA). She came to the U.S. from Brazil, where she earned an undergraduate degree in Physical Education and studied Surgical Nursing. Once in the U. S., she graduated from two massage school programs. She later founded and was the initial owner of Western Institute of Neuromuscular Massage Therapy. In 2003, she was appointed Honorary Clinical Professor at the University of California-Irvine Medical School. She currently is Program Training & Curriculum Specialist at the National Holistic Institute in California, where she also is Advanced Program Developer, Manager, and Education Specialist. She was the recipient of the American Massage Conference One Concept Educator of the Year Award for 2012.

## Anne Williams

Anne Williams is a licensed massage therapist, esthetician, certified reflexologist, clinical hypnotherapist, registered counselor, aromatherapist, spa consultant, author, educator, and instructional designer. She is presently the Director of Education for Associated Bodywork & Massage Professionals (ABMP), where she pursues her passion for education by developing support materials and resources for massage students, instructors, schools, and professional members. Before joining ABMP, Anne worked as an instructor with a special focus on curriculum and program implementation for Ashmead College in Washington State. In 2004, she became Ashmead's Director of Education and ran the education program at the Tacoma campus for 3 years. Since joining ABMP, she has served on the Federation of State Massage Therapy Boards' (FSMTB) test writing committee and developed ABMP's Student Success Program and a wide range of resources for schools and instructors. She also wrote the curriculum and implemented the "Instructors on the Front Lines" massage teacher training program for ABMP and acted as project coordinator and editor for a joint book project between ABMP and Lippincott Williams & Wilkins (LWW) titled *Teaching Massage: Foundation Principles in Adult Education for Massage Program Instructors*, published in October 2008. She wrote *Spa Bodywork: A Guide for Massage Therapists*, published by LWW in 2006, and *Massage Mastery: From Student to Professional*, published by LWW in March 2012. When not writing or working at ABMP, she loves rock climbing, ice climbing, hiking, camping, running, biking, skiing, and anything that gets her out into Colorado's beautiful countryside.



# Appendix B:

## ELAP Massage Profession Analysis Summary

Note: This document was originally published in November 2012 and informed the development of the first draft of the Entry-Level Massage Education Blueprint. The first draft of the Blueprint was placed in a survey format to obtain feedback from the profession between June – August 2013. The final Blueprint is based on the data described here and on the feedback the work group received on the first draft of the Blueprint.

### Introduction

In June 2012, the ELAP work group began an analysis of massage profession surveys, projects, and documents to gather data pertinent to ELAP's goals. The group is using all relevant data to determine key curriculum components and the minimum number of instructional hours schools should teach to ensure therapists have the knowledge and skills they need to practice safely and competently. This data is being used to write the first draft of the Entry-Level Massage Education Blueprint (Blueprint).

#### The group is using all this data to answer these general questions:

- What knowledge and skill gaps exist in the massage profession that decrease the safety and competence of therapists?
- Which subjects, topics, and sub-topics should be included in an entry-level curriculum to ensure safe and competent practice in therapists' early massage careers?
- At what degree of depth should each subject, topic, and sub-topic be taught to ensure safe and competent practice in therapists' early massage careers?
- What learning outcomes and objectives reflect appropriate knowledge and skill components taught at the appropriate depth to ensure learner comprehension and skill acquisition?
- Assuming competent instruction, how many hours of education are required for the average learner to obtain the defined knowledge and skills?

#### More specifically the group is trying to identify:

- **Consumers' Attitudes towards Massage:** How do consumers feel about the safety and competence of the massages they receive? Do their attitudes towards massage reflect effective learning at the entry-level? If yes, which knowledge and skill components are important to maintain consumers' positive attitudes and sense of safety and competence? If no, what knowledge and skill gaps exist? Which knowledge and skill components could fill existing gaps and improve consumers' attitudes towards massage?
- **Employers' Attitudes towards Massage Employees:** How do employers feel about the safety and competence of massage employees? Do their attitudes towards their massage employees reflect effective learning at the entry level? If yes, which knowledge and skill components are important to maintain employers' positive attitudes? If no, what knowledge and skill gaps exist? Which knowledge and skill components could fill existing gaps and improve employers' attitudes towards massage therapist employees?

- **Knowledge and Skill Components Valued by Professional Therapists:** Which knowledge and skill components gained through entry-level education do professional therapists view as important and useful for a safe, competent practice? Which knowledge and skill components do professional therapists view as unimportant or less than useful? How often do professional therapists work on clients from special populations, clients with diagnosed pathologies, or clients with specific soft-tissue injuries? Do professional therapists desire specific knowledge and skill components that they did not obtain in their entry-level education? If yes, what specifically, and is that content appropriate for entry-level education?
- **Knowledge and Skill Gaps that Decrease the Safety and Competence of Professional Therapists:** How prepared do professional therapists feel when a client with special needs related to age, fitness, a condition, a pathology, or an injury requests massage? What do professionals do when they do not feel prepared to meet a client's particular needs? Why do clients sue massage therapists? Do trends in liability claims indicate knowledge and skill gaps related to work with specific special populations, specific pathologies, or specific injuries, or when using particular massage forms and styles? What knowledge and skills do professional therapists need to reduce risks related to liability claim trends? Why are actions brought against therapists by regulatory agencies or professional associations? Do trends in disciplinary actions at the state level indicate knowledge and skill gaps related to ethics, laws, communication, or behavior? If yes, what knowledge and skill components do entry-level therapists need to reduce the risk of disciplinary action?
- **Knowledge and Skills Valued by Massage Educators and Reflected by Current Curriculum in Entry-Level Education:** Which knowledge and skill components are commonly taught in entry-level education? What subjects, topics, and sub-topics do educators value to help their learners develop knowledge and skills to practice safely and competently? What massage forms and styles, assessment methods, and documentation methods do educators value? Which special populations, pathologies, and soft-tissue injuries are addressed by current entry-level curriculum? Which work environments do educators deem most important for their graduates' job placement? What challenges do educators face with learners? Do curriculum deficiencies become apparent when data indicating knowledge and skill gaps is compared to current curriculum content?

**The work group analyzed the following surveys, projects, and documents:**

- ELAP Education Survey of Professional Therapists 2012
- ELAP Employers Survey and Interviews 2012
- ELAP Educator Survey 2012
- Federation of State Massage Therapy Boards (FSMTB) Job Task Analysis Survey 2012
- National Certification Board for Therapeutic Massage & Bodywork (NCBTMB) Job Task Analysis Survey 2012
- Commission on Massage Therapy Accreditation (COMTA) Curriculum Standards
- Massage Therapy Body of Knowledge Project (MTBOK) and its analysis by the Alliance for Massage Therapy Education (AFMTE), 2010
- American Massage Therapy Association (AMTA) Massage Profession Research Report 2011
- American Massage Therapy Association (AMTA) Consumer Survey Fact Sheet 2012

- Associated Bodywork & Massage Professionals (ABMP) Massage Client Survey 2011
- American Massage Therapy Association (AMTA) Liability Claim Data 2007-2011
- Associated Bodywork & Massage Professionals (ABMP) Liability Claim Data 2000-2011
- The 10 most common pathological conditions experienced by Americans and American baby-boomers according to the Mayo Clinic, Centers for Disease Control, and National Institutes of Health
- The top 5 disciplinary actions of state massage therapy boards

This summary report outlines the key findings of the ELAP work group from this data and ways in which these findings influence the first draft of the Entry-Level Massage Education Blueprint.

## **ELAP Education Survey of Professional Therapists 2012**

The ELAP Professional Therapist Survey was administered as an attachment to the FSMTB Job Task Analysis Survey (JTA) and completed by 2,650 massage therapists and bodyworkers in July 2012. Survey questions aimed to gather data on how useful therapists find particular knowledge or skills in their professional practice and how prepared they feel to use knowledge and skills in their work. Please note that some of the data seems contradictory. For example, in demographic findings respondents noted that they work with pregnant, geriatric, or athletic populations. In a different section of the survey, the data suggests that they rarely work with these populations. The data is reported here as the psychometrician and other survey personnel captured it. Discrepancies might occur for many reasons. It might simply be the way a question is asked and how question phrasing places a respondent in a particular mindset. A therapist might view a client as an individual client, for example, and not be thinking at that moment that, based on the client's characteristics, he or she is also part of a special population. Similarly, a therapist might not realize that a client's symptoms are signs of a particular soft-tissue pathology (e.g., myofascial pain syndrome or plantar fasciitis, etc.) and so may say they see a pathology rarely when in fact they see it but haven't labeled it as such. The ELAP work group discussed such inconsistencies and sometimes had to make decisions without clear guidance from the profession when developing the first draft of the Blueprint.

### **Key Findings**

First, following are key demographic findings of the FSMTB JTA:

- Respondents (75%) are mostly white and female, passed their exam the first time, and feel that their education adequately prepared them to practice.
- Respondents (50%) are mainly sole practitioners or independent contractors between the ages of 35 and 54 who work in the suburbs and may see pregnant, geriatric, or athletic populations. Employees comprise 20.2% of respondents. Private offices (25.7%), homes (13.5%), spas (11.7%), and chiropractic offices (8.9%) are the primary work settings of respondents. Only 1% work in hospitals, and 0.2% work with professional athletes or teams.
- Respondents report that their initial massage education involved 501-600 hours (19.5%), 601-700 hours (16.7%), or 701-800 hours (17.7%). Most respondents (54.3%) suggested that formal education for entry level should require 500-749 hours.
- Respondents describe their primary type of practice as spa (31.2%), alternative medical/clinical massage clinic (31.0%), or conventional medical/clinical massage clinic (21.3%).

- The primary approaches most respondents use in their practice are Swedish massage (31.1%) and deep tissue work (21.4%).
- Respondents noted that pain (73.8%) is the most common problem with which they work.

In addition, the ELAP Education Survey of professional therapists used scenario questions to ask respondents which items they find useful when planning treatments to benefit clients with various symptoms (e.g., weakness of the shoulder, knee swelling, etc.) or pathologies (e.g., fibromyalgia, diabetes, etc.). Following are key findings:

- Palpation, knowledge of cautions and contraindications, the ability to choose appropriate specific massage techniques, knowing when to refer clients to other health providers, using a verbal client interview, and understanding the effects of stress on particular conditions are all considered **very useful**.
- Knowledge of contraindicated techniques, understanding related body systems (e.g., circulatory, lymphatic), using range of motion assessment, identifying involved soft tissues and muscles, using a health form, and understanding disease signs and symptoms are all considered **useful**.
- Knowledge of the stages of inflammation, being able to demonstrate client self-care activities, documenting session findings, knowing the implications of medications for massage, and understanding the causes of disease are considered **somewhat useful**.
- Postural assessment was deemed **not useful** in the two scenarios in which it was presented. However, these scenarios concerned swelling in the knee and weakness in the shoulder, where postural assessment is less useful, which likely skewed the responses.

In the same scenarios the survey asked respondents to share how prepared they are to use particular methods in their massage practices. Following are key findings:

- Respondents feel **very prepared** to palpate an area, identify related muscles, recognize techniques that are contraindicated, use a health history form, conduct a verbal client interview, and refer clients to other health care providers.
- Respondents feel **prepared** to perform range of motion assessment, identify involved soft tissues, document session findings, and recognize areas of caution and contraindications.
- Respondents feel **somewhat prepared** to perform a postural assessment, recognize stages of inflammation, demonstrate client self-care activities, recognize disease signs and symptoms, and understand the effects of stress on a condition.
- Respondents report feeling **not prepared** to know the causes of diseases or understand medications, their side effects, and their interactions with massage.

The second set of survey questions gathered data on how often professional therapists see clients with particular pathologies. Note that pain, which shows up prominently in the FSMTB JTA, was not listed individually because it is a symptom of many pathologies rather than a pathology itself.

- Respondents see headaches **often**.
- Respondents see carpal tunnel syndrome, disc diseases, hypertension, and postural deviations **sometimes**.
- Respondents **rarely** see myofascial pain syndrome, nerve disorders, osteoarthritis, plantar fasciitis, rheumatoid arthritis, skin disorders, sleep disorders, sprains, temporomandibular joint disorders, tendon disorders, and whiplash.
- Most respondents report that they **never** see adhesive capsulitis, cancer, HIV/AIDS, patellofemoral syndrome, thoracic outlet syndrome, or torticollis.

Regarding the same pathologies, the survey asked respondents to share how prepared they are to work with clients to rule out contraindications, adapt sessions when necessary, and create a beneficial treatment plan.

- Respondents feel **very prepared** to work with clients who have headaches.
- Respondents feel **prepared** to work with clients who have carpal tunnel syndrome, disc diseases, hypertension, myofascial pain syndrome, nerve disorders, osteoarthritis, plantar fasciitis, postural deviations, rheumatoid arthritis, skin disorders, sleep disorders, sprains, temporomandibular joint disorder, tendon disorders, thoracic outlet syndrome, and whiplash.
- Respondents feel **somewhat prepared** to work with adhesive capsulitis, cancer, HIV/AIDS, patellofemoral syndrome, and torticollis.
- No respondent reported feeling not prepared to work with each of the pathologies presented.

The next set of questions asked respondents to describe how often they see particular special populations. They report that:

- Respondents **often** work with adults over the age of 55.
- Respondents **sometimes** work with people focused on fitness and people recovering from soft-tissue injuries.
- Respondents **rarely** work with pregnant women, children ages 1-18, professional athletes, people who are obese, people with mental health challenges like anxiety or depression, or people with physical challenges such as being in a wheelchair.
- Most respondents report that they **never** work with infants, people in hospice care, people with addictions, or people recovering from mental or physical abuse.

The fourth set of survey questions asked professional therapists to indicate the level to which strokes, techniques, systems, approaches, or forms of massage should be taught in entry-level programs. Respondents reported:

- **Comprehensive techniques and systems** including deep tissue approaches, joint movement, passive stretching, and Swedish massage should be taught at the entry level.
- **Teaching a selection of techniques or skills** in myofascial systems, neuromuscular systems, proprioceptive techniques, and seated massage is appropriate at the entry level.
- An **introductory overview** is appropriate for hot stone massage, hydrotherapy, manual lymphatic drainage, and reflexology.
- Asian therapies, energetic systems, movement systems, psychology-based systems, spa body treatments, and structural integration **should not be taught** at the entry level, according to most respondents.

The final set of questions asked respondents to indicate how much knowledge is needed (from basic to very advanced) for each body system covered in anatomy and physiology classes to provide safe and competent treatment at the entry level. Respondents reported:

- The muscular and skeletal systems should be taught at a **very advanced** level.
- The nervous system should be taught at an **advanced** level.
- The cardiovascular, integumentary, and lymphatic systems should be taught at an **intermediate** level.
- The digestive, endocrine, reproductive, respiratory, and urinary systems should be taught at a **basic** level.

## ELAP Employer Survey

The ELAP Employer Survey was completed by 211 employers of massage therapists in July 2012. Because Massage Envy and Elements agreed to send the survey to all of their franchise owners, this group represents the most prevalent business setting for respondents. Other represented business settings included spas, chiropractor offices, and massage clinics. Telephone interviews were conducted with 16 employers in different environments to add qualitative data to the survey results and to provide a broader employer perspective.

### Key Findings

Employers assess potential candidates based on resumes, interviews, and demonstration of hands-on skills. Applicants' understanding of the body and hands-on skills are more important to employers than the number of training hours or whether applicants graduated from particular schools. In general, employers do not pay therapists a higher starting wage even when they demonstrate higher levels of training.

Employers report experiencing the following challenges with therapists (all of these items ranked as **significant challenges**):

- Therapists lack necessary critical thinking skills.
- Therapists have difficulty adapting to difficult situations.
- Therapists are not good representatives of the business brand.
- Therapists don't recognize each client as a source of referrals.
- Therapists have difficulty establishing goals related to the client's situation.
- Therapists' communication and people skills are lacking.
- Therapists don't ask clients for feedback.
- Therapists show up late or don't show up for shifts.
- Therapists are unable to upsell services.
- Therapists fail to ask for future bookings.
- Therapists demonstrate poor communication with work colleagues and lack of teamwork.

Employers were asked to describe the level of knowledge (not required, basic, intermediate, or advanced) they feel massage therapists need for safe and competent work at their businesses, for each of the following:

Advanced knowledge needed:

- Ethical behavior and professional boundaries and state laws (78%)
- Providing the massage the client wants (72%)
- Areas of caution and contraindications (66%)
- Adapting the massage to the client's condition (65%)
- Communication and people skills (52%)
- Health interview and asking clients good questions (50%)
- Health forms and safe work (48%)
- Analysis of health intake information to rule out contraindications (47%)
- Benefits and effects of specific massage techniques, forms, and styles (45%)
- Charting session findings, techniques, and outcomes (42%)

Intermediate knowledge needed:

- Anatomy and physiology (51%)
- Factors related to soft-tissue injuries, stages of inflammation, and the rehabilitation process (47%)
- Kinesiology (46%)
- Range of motion assessment (46%)
- Formulation of a treatment plan (44%)
- Prescription or over-the-counter drug interactions with massage (42%)
- Postural assessment (39%)
- Palpation assessment (38%)

Employers did not respond that only basic or no knowledge and skill is needed for any of the items above.

Employers were asked to describe the level of knowledge (not required, basic, intermediate, or advanced) they feel massage therapists need for safe and competent work at their businesses, for clients with the following pathologies or in these special populations:

Advanced knowledge needed:

- Soft-tissue injury (45%)
- Pregnancy (40%)

Intermediate knowledge needed:

- Carpal tunnel syndrome (52%)
- Nerve disorders (50%)
- Osteoarthritis (50%)
- Postural deviations (50%)
- Athletes or people focused on fitness (49%)
- Myofascial pain syndrome (48%)
- Sprains (48%)
- Rheumatoid arthritis (47%)
- Older adults (47%)
- Tendon disorders (47%)
- Physical challenges (47%)
- Obesity (45%)
- Disc diseases (45%)
- Headaches (44%)
- Temporomandibular joint disorders (42%)
- Hypertension (40%)
- Skin conditions (40%)
- Whiplash (40%)
- Mental health challenges like anxiety or depression (39%)
- Sleep disorders (38%)
- Recovery from physical or mental abuse (37%)
- Patellofemoral syndrome (35%)
- Thoracic outlet syndrome (34%)
- Tibial stress syndrome (34%)
- Recovery from addictions (33%)
- Torticollis (29%)

Basic knowledge needed:

- HIV/AIDS (38%)
- Children ages 1-18 (34%)
- Cancer (32%)

No knowledge or skill needed:

- Infants (63%)
- People in hospice care (40%)



Employers were asked to describe the level of knowledge (not required, basic, intermediate, or advanced) they feel massage therapists need for safe and competent work at their businesses, for each of the following massage techniques, forms, and systems:

Advanced knowledge needed:

- Deep tissue (57%)
- Swedish massage (54%)
- Neuromuscular approaches (36%)

Intermediate knowledge needed:

- Joint movement (50%)
- Passive stretching (49%)
- Seated massage (40%)
- Myofascial approaches (38%)
- Manual lymphatic drainage (35%)
- Proprioceptive techniques (33%)
- Reflexology (32%)
- Hot stone massage (32%)

No knowledge or skill needed:

- Psychology-based systems (66%)
- Asian bodywork therapies (58%)
- Spa body treatments (54%)
- Energetic systems (53%)
- Movement systems (52%)
- Structural integration (51%)
- Hydrotherapy (50%)

No respondents indicated that only basic knowledge is needed for the items above.

When asked what subjects or topics they would like to see emphasized or added to the entry-level massage curriculum, most employers listed communication skills and professionalism as their top choices.

## **ELAP Educator Survey**

The ELAP Educator Survey was completed by 429 massage and bodywork educators in July 2012. Survey questions aimed to gather educator demographic data, basic information about the school (e.g., program hours, focus of program, etc.), views about an appropriate entry-level curriculum, and perceived strengths and weaknesses in the school's graduates.

### **Key Findings**

In Section 1 (Tell Us About Yourself), respondents noted that they are predominantly instructors (53.3%) and program directors (20.1%) who have worked more than 3 years in their current position (56.6%) or 3 years or less (43.4%). They reported that their top three student challenges are the following:

- Students have life challenges that negatively impact their participation in school.
- Students lack basic study skills.
- Students lack communication and people skills.

In Section 2 (Your School), respondents reported being predominantly at career schools or colleges (44.6%) or proprietary schools (30.9%), having an eclectic focus (43.9%) or a clinical, medical, or treatment-oriented focus (27.9%). Most students graduate from their programs after 9-12 months (42.1%) or 12-18 months (22.2%). Programs are 701-800 hours (27.7%), 500-600 hours (18.8%), or 801-900 hours (16.0%). Accreditation (18.8%) and state requirements (15.3%) are the primary factors in determining schools' program length. When asked to report the pass-rate of their school's graduates, 33.6% said 91-100% and 27.7% said, "I don't know."

In some of the following sections, a weighted score is used to tabulate results: respondent answers for *not important* or *not prepared* were scored as 0, *somewhat unimportant* or *somewhat unprepared* scored as 1, *important* or *prepared* scored as 2, and *very important* or *very prepared* scored as 3. These scores were then averaged for each item, with higher numbers indicating greater importance or preparation.

When asked about the importance of preparing students to work in each of the following career environments upon graduation, educators' responses ranked the environments in this order:

- |   |      |
|---|------|
| • Private practice                            | 2.44 |
| • Massage clinics (wellness/relaxation focus) | 2.44 |
| • Massage clinics (health care focus)         | 2.43 |
| • Spas and/or wellness centers                | 2.27 |
| • Chiropractors' offices                      | 2.26 |
| • Sports medicine clinics                     | 2.04 |
| • Physical therapy offices                    | 1.97 |
| • Rehabilitation centers                      | 1.95 |
| • Massage franchise clinics                   | 1.93 |
| • Hospitals                                   | 1.86 |
| • Chair massage businesses                    | 1.75 |
| • Hospices                                    | 1.71 |
| • Naturopathic offices                        | 1.67 |
| • Cruise ships                                | 1.27 |

In Section 3 (Your Curriculum), educators reported their schools dedicate these numbers of hours to common massage training subjects:

Subject	Average	Median
Anatomy and physiology	115.9	100
Kinesiology	71.8	60
Pathology	51.9	45
Massage techniques	73.2	50
Massage practice	220.9	200
Student clinic	92.5	85

Client assessment	52.6	40
Ethics and laws	28.1	25
Professional practice	35.2	25
Business	34.9	30

When asked about the degree to which massage programs should teach each of the following techniques, forms, or styles to ensure safe and competent massage practice at the entry level, educators' responses ranked the importance of massage forms in this order:

• Swedish massage	2.90
• Deep tissue approaches	2.55
• Joint movement	2.50
• Passive stretching	2.36
• Neuromuscular systems	2.34
• Myofascial systems	2.24
• Seated massage	2.18
• Proprioceptive techniques	2.10
• Hydrotherapy	1.97
• Hot stone massage	1.55
• Reflexology	1.52
• Spa body treatments	1.42
• Manual lymphatic drainage	1.39
• Energetic systems	1.37
• Asian bodywork therapies	1.23
• Structural integration systems	1.09
• Movement systems	0.98
• Psychology-based systems	0.91

When asked the degree to which massage programs should teach students about the following special populations to ensure safe and competent massage practice at the entry level, educators' responses ranked the importance of special populations in this order:

• Adults over age 55	2.68
• People recovering from soft-tissue injury	2.66
• People focused on fitness	2.28
• Pregnant women	2.22
• Professional athletes	2.12
• People with physical challenges	2.12
• People who are obese	1.92
• People in hospice care	1.84
• People with mental health challenges	1.83
• People recovering from mental or physical abuse	1.74
• Children ages 1-18	1.64
• People with addictions	1.47
• Infants	1.27

When asked the degree to which massage programs should teach students about each of the following pathologies to ensure safe and competent massage practice at the entry level, educator's responses ranked the importance of pathologies in this order:

• Tendon disorders	2.63
• Headaches	2.62
• Whiplash	2.58
• Sprains	2.57
• Carpal tunnel syndrome	2.56
• Myofascial pain syndrome	2.54
• Postural deviations	2.53
• Nerve disorders	2.50
• Thoracic outlet syndrome	2.47
• Disc diseases	2.41
• Plantar fasciitis	2.39
• Osteoarthritis	2.38
• Hypertension	2.37
• Temporomandibular joint disorders	2.32
• Skin disorders	2.29
• Cancer	2.25
• Torticollis	2.23
• Rheumatoid arthritis	2.14
• Tibial stress syndrome	2.14
• Adhesive capsulitis	2.13
• HIV/AIDS	2.13
• Patellofemoral syndrome	2.10
• Sleep disorders	1.77

When asked the degree of depth massage programs should teach students anatomy and physiology topics to ensure safe and competent massage practice at the entry level, educators' responses ranked the importance of these body systems in this order:

• Muscular	2.86
• Skeletal	2.82
• Nervous	2.69
• Integumentary	2.56
• Cardiovascular	2.49
• Lymphatic	2.46
• Respiratory	2.24
• Endocrine	2.23
• Digestive	2.15
• Urinary	1.87
• Reproductive	1.75

When asked the degree to which massage programs should teach students the following assessment methods to ensure safe and competent massage practice at the entry level, educators' responses ranked the importance of these topics in this order:

- Verbal client interview 2.88
- Health history form 2.84
- Palpation assessment 2.82
- SOAP charting 2.76
- Range of motion assessment 2.67
- Postural assessment 2.62
- Documentation method (not SOAP) 2.02

When asked the degree to which massage programs should teach students about the following concepts and skills to ensure safe and competent massage practice at the entry level, educators' responses ranked the importance of these topics in this order:

- Knowledge of contraindications 2.90
- Knowledge of areas of caution 2.81
- Knowledge of when to refer clients to another health care provider 2.77
- Ability to choose appropriate massage techniques for clients with a common disease 2.71
- Ability to adapt the massage for clients with a common disease 2.70
- Documentation of session findings, techniques, and outcomes 2.70
- Knowledge of stages of inflammation 2.67
- Ability to use a book or the Internet to look up information about disease or conditions 2.62
- Knowledge of the effects of stress on diseases and conditions 2.53
- Knowledge and demonstration of client self-care activities 2.52
- Knowledge of disease signs and symptoms 2.47
- Knowledge of the causes of diseases 2.09

In Section 4 (Your Graduates), respondents reported on how prepared their entry-level graduates are to provide safe and competent massage to clients. Many of these questions parallel the questions in the ELAP Professional Therapist Survey.

Based on knowledge of graduates and their challenges as well as the school curriculum, educators were asked to report how prepared their graduates are to work in the following career environments upon graduation. Their responses ranked their students' preparation in this order:

- Massage clinics (wellness/relaxation focus) 2.80
- Massage franchise clinics 2.75
- Spas and/or wellness centers 2.62
- Chiropractors' offices 2.55
- Massage clinics (health care focus) 2.54
- Chair massage businesses 2.40
- Private practice 2.27
- Cruise ships 2.19
- Physical therapy offices 2.18

• Sports medicine clinics	2.15
• Rehabilitation centers	2.13
• Hospitals	1.95
• Naturopathic offices	1.93
• Hospices	1.74

Educators were asked to rate how prepared their entry-level graduates are to use the following methods when a client complains of knee pain. Their responses ranked the preparation of graduates to use these methods in this order:

• Knowledge of related muscles (e.g., antagonists, synergists, etc.)	2.29
• Documentation of session findings, techniques, and outcomes	2.27
• Knowledge of contraindicated techniques	2.24
• Palpation of the area	2.19
• Knowledge of stages of inflammation	2.08
• Range of motion assessment	2.07
• Palpation assessment	2.06
• Identification of involved soft tissue	2.05
• Knowledge and demonstration of client self-care activities	1.85

With a similar question about a client with weakness in the shoulder, their responses ranked the preparation of graduates to use these methods in this order:

• Documentation of session findings, techniques, and outcomes	2.30
• Knowledge of contraindicated techniques	2.27
• Knowledge of related muscles (e.g., antagonists, synergists, etc.)	2.27
• Palpation of the area	2.23
• Identification of involved soft tissue	2.17
• Range of motion assessment	2.15
• Palpation assessment	2.14
• Knowledge of stages of inflammation	2.08
• Knowledge and demonstration of client self-care activities	1.90

In a question related to the safe and competent treatment planning for a client with undiagnosed swelling in a lower leg, their responses ranked the preparation of graduates to use this knowledge and these methods in this order:

• Referral to another health care provider when appropriate	2.33
• Knowledge of areas of caution and contraindications	2.25
• Using a book or the Internet for more information to make treatment decisions	2.22
• Ability to choose appropriate specific massage forms/techniques for this client	2.01
• Knowledge of the circulatory and lymphatic systems	1.88
• Knowledge of medications, their side effects, and their interaction with massage	1.36

In a question related to the safe and competent treatment planning for a client with diabetes, their responses ranked the preparation of graduates to use this knowledge and these methods in this order:

- Referral to another health care provider when appropriate 2.33
- Using a book or the Internet to help make treatment decisions 2.23
- Knowledge of areas of caution and contraindications 2.17
- Ability to choose appropriate specific massage forms/techniques for this client 2.06
- Knowledge of the circulatory and lymphatic systems 2.01
- Knowledge of medications, their side effects, and their interaction with massage 1.46

In a question related to the safe and competent treatment planning for a client with psoriasis, their responses ranked the preparation of graduates to use this knowledge and these methods in this order:

- Use of a health intake/history form 2.45
- Use of verbal client interview 2.44
- Knowledge of disease signs and symptoms 2.06
- Knowledge of the effects of stress on this condition 1.95
- Knowledge of the causes of diseases 1.82

In a question related to the safe and competent treatment planning for a client with fibromyalgia, their responses ranked the preparation of graduates to use this knowledge and these methods in this order:

- Use of a health intake/history form 2.41
- Use of verbal client interview 2.39
- Knowledge of the effects of stress on this condition 2.02
- Knowledge of disease signs and symptoms 2.00
- Knowledge of the causes of diseases 1.80

Educators reported the following percentages of their graduates are ready and able to provide safe and competent massage treatment to clients upon graduation:

- 91%-100% 47.2%
- 81%-90% 29.7%
- 71%-80% 11.2%
- 61%-70% 4.8%
- 51%-60% 2.6%
- 10%-20% 1.5%
- 31%-40% 1.1%
- 41%-50% 1.1%
- 21%-30% 0.7%
- Less than 10% 0.0%

Educators ranked the following factors as the primary reason for lower student preparedness:

• Students not taking responsibility for learning	46.8%
• Inappropriate students in the program	24.2%
• Other	14.5%
• The curriculum is missing or weak in key topic areas	8.1%
• The curriculum is poorly designed	6.5%
• No answer	4.8%
• The faculty's teaching skills	0.0%
• Knowledge and skill of the faculty related to key massage concepts and techniques	0.0%

Educators ranked the following factors as a secondary reason for lower student preparedness:

• Inappropriate students in the program	35.5%
• Students not taking responsibility for learning	17.7%
• The curriculum is missing or weak in key topic areas	14.5%
• Other (please specify)	9.7%
• The curriculum is poorly designed	9.7%
• The faculty's teaching skills	6.5%
• No answer	3.2%
• Not applicable	3.2%

## Discussion of Survey Results and Recommendations

A comparison of findings on the ELAP Professional Therapist Survey, Employer Survey (including interviews), and Educator Survey illuminates some knowledge and skill gaps as well as some disconnects among the groups (professional therapists, employers, and educators). However, many useful parallels emerge that help to focus curriculum content.

### Client Assessment Methods

All three groups view health history forms, client interviews, palpation assessment, knowledge of cautions and contraindications, and knowledge of when to refer a client as important. Employers and educators place more emphasis on the importance of postural assessment, range of motion assessment, and demonstration of client self-care activities than professional therapists do. All three groups agree on the importance of understanding the effects of stress on particular conditions, knowledge of the causes of disease and disease signs and symptoms, and knowledge of medications in relationship to massage but rate these items lower on the surveys.

It is interesting that employers place such an emphasis on assessment methods given the fact that many do not allow therapists time to perform comprehensive assessment of clients. Professional therapists sometimes complain to their professional associations and former teachers that spas and other employers do not allow them to administer health forms to rule out contraindications for massage or body treatments. Employers seem most interested in therapists' ability to customize a massage for each individual client. The employer interviews highlighted that many clients are not getting the massages



they request. Therapists have difficulty adapting their massages to focus longer in one area or to deliver the level of pressure requested by the client.

The professional therapist survey raises questions about the importance of assessment in private practice. It makes sense that if 20.2% of the professionals surveyed are employees working in settings that do not allow time for comprehensive assessment, they would rank these methods lower in usefulness. However, the 50% who are sole practitioners or independent contractors do not rank the importance of comprehensive assessment any higher than therapists working as employees. Why? Do clients resist assessment even when they plan to work with a therapist over multiple sessions? Do therapists not understand the benefits of creating long-term treatment plans based on client assessments and educating clients about these benefits? Do therapists feel that assessment takes too much time? It's hard to know exactly how to interpret this data, but strong assessment skills would likely lead to safe and competent massage practice.

**Recommendations:** Strong therapist-client communication skills, strong assessment skills, and understanding how to adapt sessions for each client are important. Learning objectives should emphasize customization of the massage and obtaining agreement on a plan for the session with the client. Learning objectives should be included to emphasize pre- and post-session assessment as a means to demonstrate the efficacy of massage treatment. While assessment data is conflicted (e.g., professional therapists are not using many assessment methods), the subject of assessment should be developed fully and the profession allowed to cut the depth of material during the feedback process on the first draft of the Blueprint.

## Special Populations

Professional therapists report that they see fewer clients from special populations than might be expected from surveying textbooks and the massage literature. They do work often with clients over the age of 55, people focused on fitness, and people recovering from soft-tissue injuries, and educators seem to understand this as they also place importance on these groups. Employers feel knowledge of all special populations is important, with the exception of infants and people in hospice care, which makes sense given that they need employees to work safely with any client who walks through the door. Both employers and educators believe professional therapists should have in-depth knowledge of pregnancy massage, while professional therapists report that they rarely work with pregnant women (however, demographic data from the FSMTB JTA contradicts this). Despite the solid research that demonstrates massage efficacy for anxiety, depression, eating disorders, and recovery from abuse and addictions, all three groups rated these special populations as lower in importance.

**Recommendations:** Currently, many training programs teach courses or units in special populations and pathologies. The emphasis is on the characteristics of the special population or the signs and symptoms of the disease. In the first draft of the Blueprint, the focus should be shifted to adapting sessions for clients. Pathologies and special populations can be used as a means of teaching the use of a clinical reasoning model, asking clients good questions to understand their unique health picture, and negotiating the session with the client to ensure the client's needs and wants are understood. It is important that massage therapists recognize common pathologies and the characteristics of special populations, but the focus should be on the ability to problem solve and deal with unknown pathologies or medications safely and competently.

## Pathologies

Professional therapists report that they see fewer pathologies than might be expected from surveying textbooks and the massage literature and that they feel prepared to work with the pathologies they do see. Employers and educators both emphasize knowledge of how to work with a range of pathologies. This suggests that the typical current massage curriculum related to pathologies is effective. The FSMTB JTA demographic data indicated that pain is the number one issue therapists work with; pain may result from many different pathologies. The importance of understanding the mechanisms of pain, massage as a pain management strategy, and how to capture pain data is insufficiently emphasized in the current massage curriculum, based on surveying textbooks and the massage literature.

**Recommendations:** The recommendations for special populations also hold true for pathologies. However, the first draft of the blueprint should explore how to present knowledge and skill components related to pain, pain management models, and massage as a pain management strategy effectively. This information might work best as an anatomy and physiology topic, or pain might be included as a pathology sub-topic (though this might suggest that pain is a pathology in and of itself and not a symptom of other pathologies, which might be confusing for learners). Pathologies used examples could be chosen based on the conditions most often experienced by Americans and American baby boomers. Musculoskeletal pathologies should also receive focused discussion.

## Massage Forms and Styles

Regarding massage techniques, forms, styles, and systems, all three surveys recommend the same for inclusion at the entry level. The only surprise was hydrotherapy, which ranked low in all three surveys. Is it possible that respondents thought the term “hydrotherapy” referred to expensive equipment like a hydrotherapy tub or Vichy shower? The benefits of hot, warm, and cold applications are widely accepted, however, and easily recognized as valuable in client sessions. Hydrotherapy applications are important for soft-tissue injuries yet seem to be underutilized.

**Recommendations:** Swedish massage, deep tissue, joint movement, passive stretching, neuromuscular approaches, myofascial approaches, proprioceptive techniques, seated massage, and hydrotherapy should all be topics in the ELAP Education Blueprint. Complementary and other forms and systems should be covered at an introductory level to alert learners to opportunities for later specialization or development of hands-on skills rather than at the entry level.

## Anatomy and Physiology

All three surveys suggest that in-depth understanding of all body systems is not necessary for safe and competent massage practice. Yet some body systems require higher levels of learning than others.

**Recommendations:** Different levels of learning objectives are required for different body systems. Learning objectives should be written to promote in-depth knowledge related to the muscular, skeletal, and nervous systems. Learning objectives should be written to promote intermediate-level knowledge of the integumentary, cardiovascular, and lymphatic systems. Learning objectives should link the effects of massage strokes to changes or benefits for these body systems. Learning objectives for the respiratory, endocrine, digestive, reproductive, and urinary systems should promote only basic

knowledge. While introductory topics like the organization of the body and chemistry were not queried in the surveys, these items should appear as sub-topics under a general topic heading (such as “Basic Principles”).

## **Interpersonal Skills**

Employers and educators both express a need for greater professionalism, stronger communication skills, abilities to resolve conflicts and work as part of a team, higher levels of ethics, and better critical thinking skills in learners and employees. Employers report that newly graduated therapists have difficulty communicating with clients effectively to understand and then provide the massages clients want. Educators report that many students lack the necessary motivation and persistence to thrive in massage programs. Generation Y learners (people born from 1982 to 2000) are a growing population in massage schools. Researchers report that this generation naturally and effectively communicates via technology but often struggles with face-to-face communication, negotiation, and conflict resolution. The challenges of this generation as learners, employees, and therapists suggest that the traditional curriculum should be revised at the entry level to fill in these knowledge and skill gaps.

**Recommendations:** Learning objectives related to communication skills should be included in the first draft of the Blueprint. Objectives should start with interpersonal communication at a basic level and move into professional communication and conflict resolution. In all areas of the Blueprint, learning objectives should encourage significant instructor modeling of professional language and behaviors appropriate to interactions with clients. Teachable learning objectives should be identified related to professionalism and be interwoven through various places in the Blueprint. Professionalism and teamwork should be reinforced with learning objectives related to the student clinic. Learning objectives related to ethics should be expanded and placed within the broader context of establishing and maintaining an effective client-therapist therapeutic relationship. Objectives should promote learning related to imitating and practicing effective language and behaviors to maintain client-therapist boundaries or to redirect a client bordering on inappropriate behaviors. Learning objectives that relate to customizing a massage for the individual client should emphasize ensuring that sessions are client-centered. Objectives should focus on general treatment planning that involves asking clients the right questions to determine their needs.

## **FSMTB Job Task Analysis Survey 2012**

The FSMTB JTA was fully completed by 6,759 massage and bodywork therapists in July 2012. The survey gathers demographic data, opinions about massage education, the importance of knowledge and skills, and work task frequency reported by therapists. The FSMTB uses this information to ensure the Massage & Bodywork Licensing Examination (MBLEx) reflects the knowledge and skills important to the completion of meaningful tasks in real-world practice.

### **Key Findings**

The FSMTB initially made an item report analysis available to the ELAP work group, as the full report was not yet ready at that time. Respondents reported that the ten most important tasks (in order starting with the most important task) they perform as part of their work as massage and bodywork therapists are as follows (from the FSMTB JTA PowerPoint Report Summary):

1. Maintain confidentiality
2. Ethical relationships
3. Draping
4. Operating in scope
5. Identify sexual misconduct
6. Sanitation
7. Identify ethical violations
8. Reporting requirements
9. Communication of professional limits
10. Use of professional judgment

The ten least important tasks they reported performing as part of their work as massage and bodywork therapists (from more important to least important) are as follows (from the FSMTB JTA PowerPoint Report Summary):

1. Apply hot/cold
2. Digestive
3. Endocrine
4. Identify industry trends
5. Communicate benefits of energetic techniques
6. Energetic techniques
7. Detox techniques
8. Urinary
9. Reproductive
10. Use tools

## **NCBTMB Job Task Analysis 2012**

The NCBTMB JTA was partially or fully completed by 8,869 massage and bodywork therapists in June 2012. The survey gathers demographic data, the importance of knowledge and skills, and work task frequency reported by therapists. The NCBTMB uses this information to ensure the National Certification Examination for Therapeutic Massage (NCETM) and the National Certification Examination for Therapeutic Massage and Bodywork (NCETMB) reflect the knowledge and skills important to the completion of meaningful tasks in real-world practice. Information from the 2012 NCBTMB JTA may also be used to inform items on an advanced certification exam for massage therapists.

### **Key Findings**

The NCBTMB JTA breaks tasks into eight domains and applies a mean criticality rating to each item. The maximum possible rating indicating high criticality is 20. The top five findings for each domain are described below, but care should be taken to compare criticality ratings within domains and between domains to develop a broader picture of tasks therapists perform frequently and view as important. For example, assessment methods scores range from 9.16 to 17.75, while ethics scores range from 18.76 to 19.18. Full results are available at [www.ncbtmb.org](http://www.ncbtmb.org).

Respondents reported that the top five tasks in the safety domain are:

1. Practice standard precautions in order to prevent the spread of infection and protect the client and therapist (19.44)
2. Identify contraindications and considerations based on health history to avoid harm to the client (19.28)
3. Maintain a clean working environment (18.64)
4. Sanitize equipment and supplies (18.17)
5. Provide private area for changing to protect client privacy (18.15)

Respondents reported that the top five tasks in the communication domain are:

1. Communicate with clients during the session in order to respond to their needs (17.41)
2. Respond appropriately to clients' emotional responses to sessions (17.16)
3. Conduct an effective and thorough intake interview to gather information from clients (17.12)
4. Discuss assessment and treatment plan with the client (15.08)
5. Teach the client about the benefits of massage therapy (15.03)

Respondents reported that the top five tasks in the law and ethics domain are:

1. Maintain proper physical and emotional boundaries by using appropriate touch skills (19.18)
2. Maintain client confidentiality (19.14)
3. Perform only within your legal scope of practice (19.02)
4. Provide only services that you are qualified to perform (18.84)
5. Drape clients appropriately to protect their privacy (18.76)

Respondents reported that the top five tasks in the evaluation and assessment domain are:

1. Use palpatory skills to assess soft tissue (17.75)
2. Perform and interpret active and passive range of motion assessment (13.62)
3. Perform functional assessment of the client's lifestyle (12.30)
4. Perform and interpret postural analysis (11.32)
5. Perform and interpret gait assessment (9.16)

Respondents reported that the top five tasks in the documentation and assessment domain are (there are only five tasks listed in the domain):

1. Interpret client health history form (14.98)
2. Maintain accurate session notes and follow-up documentation (14.55)
3. Document the results of the intake interview (14.50)
4. Document the assessment findings (14.19)
5. Create a treatment plan (12.49)

Respondents reported that the top five tasks in the massage techniques and application domain are:

1. Utilize proper body mechanics while performing massage techniques in order to improve effectiveness and quality of touch (18.19)
2. Adjust techniques based on observation and palpatory findings (17.93)
3. Apply fundamental techniques of massage (gliding, kneading, friction, static touch, percussion, vibration, etc.) appropriately (17.54)
4. Perform a massage incorporating trigger point/neuromuscular therapy (13.09)
5. Perform a massage incorporating stretching (11.91)

Respondents reported that the top five tasks in the business domain are:

1. Demonstrate appropriate professionalism (17.86)
2. Maintain current and accurate financial records (12.93)
3. Obtain current and appropriate licenses and credentials to maintain practice (9.80)
4. Market and advertise honestly and effectively (9.07)
5. Develop a contact list (7.08)

The knowledge domain uses a different rating system. The highest possible rating is 5. The 56 items received a mean criticality rating ranging from 2.48 on the low end to 3.79 on the high end. The top ten knowledge items are as follows:

1. Endangerment/cautionary sites (3.79)
2. Principles of confidentiality (3.79)
3. Quality of touch (3.77)
4. Pathology and contra-indications (3.76)
5. Palpation skills (3.76)
6. Body mechanics (3.76)
7. Professionalism (3.74)
8. Scope of practice (3.73)
9. Muscles and muscle groups (3.72)
10. Customer service (3.72)

The bottom ten knowledge items are (from lowest to highest ranking) as follows:

1. Special orthopedic tests (2.48)
2. Job interview skills (2.66)
3. Reproductive system (2.76)
4. Roles of professional organizations (2.77)
5. Urinary system (2.81)
6. Research literacy (2.87)
7. Gait assessment (2.93)
8. Manual resistive tests (2.93)
9. Marketing (2.96)
10. Digestive system (3.01)

## Discussion of JTA Results and Recommendations

The FSMTB and NCBTMB JTA results are generally consistent with many of the findings in the ELAP surveys. Some important national trends do not show up in these surveys, however—notably, the number of Americans living with diabetes, digestive issues, and/or obesity. These special populations can benefit from massage as long as therapists understand how to work safely and effectively to meet their needs.

The JTA surveys are especially helpful as a checklist to ensure that key components of practice are not overlooked during the development of the Blueprint. For example, quality of touch is an important concept. Many massage programs likely teach factors related to quality of touch in early massage technique classes. The Blueprint might have overlooked this learning objective simply because it doesn't naturally fit in with any one massage system, but the JTA emphasis ensured it was included. An item check using the JTA survey results from both the FSMTB and NCBTMB proved essential.

## Commission on Massage Therapy Accreditation Curriculum Standards

The Commission on Massage Therapy Accreditation (COMTA) accredits educational institutions and programs offering instruction in both massage therapy and bodywork and esthetics and skin care. The organization, formed to establish and maintain the quality and integrity of the profession, is governed by a Commission of elected volunteers. COMTA was recognized by the U.S. Department of Education as a specialized accrediting agency in 2002 and provides guidelines to schools that are important for ELAP thinking.

### Key Findings, Discussion, and Recommendations

COMTA standards offered the ELAP work group broad guidance on established components of an entry-level curriculum. Most COMTA standards are consistent with findings from the ELAP surveys and the JTA analyses, so this section considers only instances where survey findings and COMTA differ or where COMTA standards support the ELAP work group in making decisions that go beyond survey findings (e.g., the inclusion of hydrotherapy as a massage form or style despite its relatively low importance in the surveys). COMTA standards were also helpful when making decisions in areas lacking in survey data.

- Standard 2.7.1 requires that the clinic/fieldwork component of an accredited program be offered as a distinct course and that students have the opportunity to practice on members of the public in a supervised setting.
- Standard 2.7.4 requires that clinic/fieldwork not exceed 25% of the required hours in the program.
- Standard 2.7.5 requires that the clinic experience models professional procedures including appointments scheduled in advance, intake and exit interviews, appropriate treatment sessions, documentation of sessions, communication skills, and professional attire.

Based on the COMTA Standards outlined in section 2.7, schools should offer professional clinics as stand-alone courses and aim to provide an authentic real-world learning experience for students.

**Recommendation:** Student clinic should be a Blueprint topic and include learning objectives in sub-topics that promote real-world experience. Learning objectives should illuminate key learning opportunities to integrate numerous skills, such as managing a client from the moment he or she enters the clinic, through the interview, the massage session, feedback, to the rebooking and goodbye. Business skills related to bookkeeping, acting as a receptionist, and writing ethical policies and procedures can also be reinforced here.

- Standard 2.10, Competency 1, Element 1.1. relates to anatomy and physiology knowledge. In this Element, each system is treated equally and learners are required to locate and describe structures, functions, and pathologies related to each system.

ELAP has identified through surveys and the JTA analyses that professionals, educators, and employers feel that anatomy and physiology knowledge is required at different levels for different body systems.

**Recommendations:** Based on the surveys and other information, ELAP should write learning objectives for body systems depending on each system's importance for safe and competent practice. For example, the muscular, skeletal, and nervous systems should receive different hour recommendations from those for the urinary, reproductive, and endocrine systems. Although this inconsistency between COMTA and ELAP may initially seem to cause confusion for educators, it is the appropriate direction for the evidence-informed ELAP Blueprint.

- Standard 2.10, Element 1.5 requires schools to develop content that defines and describes a wellness model and identifies the scope of practice of massage therapy in relationship to a wellness model.

The ELAP work group was surprised by responses to survey questions that indicated therapists and educators do not view stress and its effects on different pathologies as important. Massage therapists can make a big difference in people's lives simply by helping them reduce stress. The use of a wellness model teaches students to look at clients holistically and to better understand the role that massage can play in a healthy life.

**Recommendations:** Learning objectives related to wellness models and the part massage plays in a healthy life should be included as part of the ELAP Education Blueprint defining massage benefits and effects.

- Standard 2.10, Element 1.6 requires learners to perform assessment and data collection in these areas: History taking, observation, palpation, functional testing, and pain assessment.

**Recommendations:** This standard reinforces the need to include learning objectives for methods for capturing pain data from clients.

- Standard 2.10, Element 2.4 requires learners to describe hot and cold hydrotherapy techniques, and to identify indications, contraindications, precautions, effects, and uses of hydrotherapy techniques as well as the physiological principles and mechanisms involved in the effects of hydrotherapy.



As noted earlier, the low rating of hydrotherapy in the surveys is surprising. The ELAP work group, like the professional therapists and educators who developed COMTA standards, views this topic as important.

**Recommendation:** Hydrotherapy should be included in the section of the ELAP Education Blueprint describing learning objectives for massage forms and styles. Learning objectives should be included for all hydrotherapy techniques that can reasonably be applied in a dry-room massage clinic (i.e., not requiring a wet room, sauna, or steam room).

- Standard 2.10, Competency 4, Element 4.1, 4.2, and 4.3 provides guidance on knowledge and skills to establish and maintain effective therapeutic relationships, promote better therapist-client communication, and support conflict resolution.

These COMTA standards are consistent with ELAP findings that suggest communication skills, effective therapist language and behaviors to establish and maintain therapeutic relationships, principles to guide the emotional expression of clients, and conflict resolution models are important components of entry-level curriculum.

**Recommendation:** The therapeutic relationship should be a subject in the ELAP Education Blueprint. Topics should include factors that influence therapeutic relationships, ethics including boundaries, and methods for managing the emotional expression of clients safely and effectively.

- Standard 2.10, Element 6.3 outlines basic knowledge and skill for research literacy.

A focus on research literacy has emerged as a prevalent trend in massage curriculum.

**Recommendation:** While respondents in both JTA surveys minimize the importance of research literacy for professionals, the ELAP work group feels that its inclusion in entry-level curriculum is essential. Therapists must know how to research conditions, symptoms, medications, and other information they don't know in order to ensure client safety. Use of research to reinforce the efficacy of massage informs the choice of massage techniques and methods, and might be used in effective marketing campaigns to communicate with clients about why regular massage is important. COMTA element 6.3 supports the inclusion of research literacy in the ELAP Education Blueprint at a topic level under the subject heading Massage Theory and Principles.

## **Massage Therapy Body of Knowledge Project and Analysis by the Alliance for Massage Therapy Education**

The Massage Therapy Body of Knowledge (MTBOK) project aimed to create a living resource of competencies, standards, and values that inform and guide the domains of practice, licensure, certification, education, accreditation, and research in the massage profession. A task force of eight massage educators/professionals developed a first draft of the project in 2009, which provided a description of the massage therapy field, a description of massage scope of practice, a description of the competencies of entry-level massage therapists, and terminology specific to massage therapy. After two rounds of public comment in which the task force processed and integrated over 1200 comments, a final draft of the project was submitted to the profession in May 2010. In October 2010, the Alliance for Massage Therapy Education (AFMTE) submitted written feedback on the project, but because the

feedback was submitted after the project had concluded and the task force had disbanded, the task force did not have a chance to amend the project or respond to the feedback. AFMTE's primary concern was that a number of components in the final version of the MTBOK go beyond the level of knowledge, skills, and abilities typically produced by entry-level massage therapy training programs.

## **Key Findings, Discussion, and Recommendations**

The MTBOK task force and the AFMTE review work group both created thoughtful, informative documents that have served as excellent resources for ELAP's work. The MTBOK captured the depth and breadth of subjects, topics, and sub-topics taught in massage programs across the country. It provides a comprehensive picture of the diversity and range of schooling in the massage and bodywork profession. The AFMTE review gives insight into what some educators view as training that exceeds an entry-level standard.

**Recommendation:** The ELAP work group should continue to carefully review the final MTBOK project and the AFMTE review while building the Blueprint. Since the recommendations of both the MTBOK project and the AFMTE project are based predominantly on educators' opinions, however, the work group should use data and evidence whenever possible to blueprint the entry-level curriculum. Unfortunately, no amount of survey data alone can possibly drive all of the decisions that must be made about core knowledge and skills for safe and competent massage practice. The MTBOK project and the AFMTE review are therefore useful in helping inform decisions about the inclusion or exclusion of specific learning objectives.

## **Consumer Reports**

The American Massage Therapy Association (AMTA) Massage Profession Research Report 2011, the AMTA 2012 Consumer Survey Fact Sheet, the Associated Bodywork & Massage Professionals (ABMP) Harstad Strategic Research Consumer Report 2011, and the ABMP Massage Profession Metrics 2010 all capture information about consumer use of massage that contributes to the ELAP project.

## **Key Findings, Discussion, and Recommendations**

- These reports demonstrate that a little less than half of consumers seeking massage do so for acute or chronic pain or for ongoing pain management.
- A little over a half of consumers seek massage for stress reduction and wellness.
- The primary consumers of massage are baby boomers 48-64 years old. The top health concerns of baby boomers responding to the survey are diabetes, high blood pressure, high cholesterol, stress, eye-related problems, Alzheimer's disease, cardiovascular disease, joint replacement, cancer, and arthritis. Obesity and a lack of exercise are a common link among many of these conditions. Additional research from the Mayo Clinic shows that the top ten health conditions people are living with are bad teeth, the cold/flu, allergies, heart conditions, headaches, arthritis (osteoarthritis and rheumatoid arthritis), digestive issues, diabetes, hepatitis A and B, and primary hypertension.
- Most consumers find massage therapists by word of mouth or through an online search.

The findings from this consumer information highlight areas already deemed important for ELAP based on the surveys and other profession documents. These reports emphasize the need for entry-level therapists to:

- Understand pain and the benefits and mechanisms by which massage reduces pain. Therapists need to be able to communicate the pain-reducing benefits of massage effectively to clients.
- Understand stress and stress reduction methods as suggestions for client self-care, and to communicate the broader benefits of massage for stress reduction to clients.
- Understand the concerns of baby boomers—the biggest consumer group for massage. Knowledge of cautions, contraindications, session adaptations, and the benefits of massage for diabetes, high blood pressure, stress reduction, cardiovascular diseases, joint replacement rehabilitation, cancer, headaches, and arthritis are important.

## **AMTA and ABMP Liability Claim Data**

As professional membership organizations, AMTA and ABMP provide liability insurance coverage as a member benefit to their constituents. The purpose of this analysis was to determine if liability claims against massage therapists occurred because of similar and/or repeated therapists' errors in techniques or behaviors related to special populations, specific pre-existing conditions, the practice of particular modalities/forms/or systems, or known situations that require extra caution. AMTA and ABMP shared detailed claim data with the ELAP work group, and we did find that similar and/or repeated therapists' errors do lead to unnecessary claims and reduce the safety and competence of therapists. The specific findings from this confidential data cannot be reported, but the ELAP analysis led to a number of ideas for ways to strengthen entry-level curriculum related to safe and competent practice.

## **Key Findings, Discussion and Recommendations**

- General liability claims related to "slip and fall" lawsuits represent an ongoing area of concern for massage therapists. Risk reduction methods for massage practices should be covered explicitly as part of entry-level training.
- Detailed claim data show that many injuries occurring during chair massage sessions might have been prevented if therapists had required a client to fill out a health form (e.g., rib fractures related to compression techniques in clients with undisclosed osteoporosis, etc.). Most injuries related to chair massage result when clients faint (as a vasovagal response) during or at the end of the session. Chair massage learning objectives should cover injury prevention in detail.
- Strains and sprains are often caused by an incorrect or aggressive application of range of motion and stretching techniques. All surveys reinforce the inclusion of these techniques in entry-level education. Therefore, comprehensive learning objectives are needed to increase knowledge and skill at the entry level.
- Numbness and nerve damage caused by massage often persist over long periods and may cause life-long disability and suffering. There are no clear indicators that therapists involved in such claims made similar errors in judgment or performed the same types of techniques. Cases range from gentle face massage that caused damage to the facial nerve to deep low back work that led to persistent symptoms of sciatica, to aggressive stretching that caused numbness in the upper extremity. It is difficult to determine if pre-existing conditions were exacerbated or if the

massage caused a new injury. Discussion of superficial nerves in areas of caution should be included in the entry-level massage curriculum. Learning objectives and outcomes for topics related to cautions and contraindications should include nerve injuries that might be caused by massage.

## **Disciplinary Actions of State Massage Therapy Boards**

A review of state board of massage websites shows that lapsed licenses; prostitution, sexual misconduct, or sexual assault; nondisclosure of a past legal issue; lying about continuing education completion; and lack of insurance are the top five reasons state boards discipline massage therapists or revoke their credentials. The FSMTB has indicated that the level of disciplinary actions necessary at the state level is a major concern for board members.

### **Key Findings, Discussion, and Recommendations**

- All five of these areas should be addressed in the entry-level curriculum, including the use of massage as a front for prostitution and methods for reporting the misconduct of a colleague. A better understanding of sexual harassment issues is especially important. For example, many therapists may not realize that showing “artistic” pictures of a naked human body in the massage clinic, calling a client by a nickname, or telling a slightly off-color joke can result in sexual harassment claims and disciplinary action. Affective learning objectives should emphasize professional development and ongoing education as high value areas for the massage profession.

## Appendix C: Hours Rationale

This section presents the ELAP work groups “worksheets” for determining minimum hours requirements for each topic and subject. For each subject outlined in the Blueprint, you will see a subject overview with the hours defined for the subject and then for each topic. Next, you will see a repeating Hours Tabulations Method section, which explains how we arrived at the hours recommendation for the subject. Topic learning outcomes are stated and then learning experiences are defined to demonstrate how learning objectives in the Blueprint are achieved in the classroom in designated timeframes. It is important to note that the tabulation of hours assumes competent instruction, average learning ability, and the idea that only the defined content is taught and that class time is well structured and used appropriately. Please view this section as a worksheet and not a mandate of classroom activities as noted in the Hours Tabulations Method statements.

**27 Hours**

## **HOURS RATIONALE**

### **Massage Theory and Principles**

<b>Topic</b>	<b>Evolution of Massage and Bodywork (1.5)</b>
--------------	--

- |            |  |
|------------|--|
| Sub-Topics | <ul style="list-style-type: none"><li>• Historical Roots of Massage</li><li>• Massage and Bodywork Today</li></ul> |
|------------|--|

<b>Topic</b>	<b>Research Literacy (3.0)</b>
--------------	--------------------------------

- |            |  |
|------------|--|
| Sub-Topics | <ul style="list-style-type: none"><li>• Evidence-Based Practice</li><li>• Basics of Research</li></ul> |
|------------|--|

<b>Topic</b>	<b>Massage Benefits and Effects (7.0)</b>
--------------	---

- |            |   |
|------------|---|
| Sub-Topics | <ul style="list-style-type: none"><li>• Types of Benefits and Effects</li><li>• Physiological Benefits and Effects</li><li>• Psychological and Other Benefits and Effects</li><li>• Massage Indications</li></ul> |
|------------|---|

<b>Topic</b>	<b>Massage Cautions and Contraindications (15.5)</b>
--------------	--

- |            |   |
|------------|---|
| Sub-Topics | <ul style="list-style-type: none"><li>• Endangerment Areas</li><li>• Contraindications</li><li>• Medications and Massage</li><li>• American Red Cross Adult First Aid/CPR/AED Certification</li></ul> |
|------------|---|

## **Hours Tabulation Method**

Learning experiences are classroom events or activities where learners experience something that results in a change in thinking, knowledge, skills, values, or behaviors.

The ELAP work group's recommendation of minimum hours for topics and subjects is based on the conversion of learning objectives into learning experiences appropriate for adult education, and a tabulation of the time it would take an average adult learner to attain the stated learning assuming competent instruction. Please note that the tabulation of hours is based on the idea that only the defined content is taught and that class time is well structured and used appropriately.

Therefore, the learning experiences outlined in this Hours Rationale document do not mandate specific classroom activities, but illustrate how the ELAP work group arrived at a particular hours recommendation. Also, note that 10 minutes of break time for every hour of lecture time is added into the total hours recommendation for the topic (thus the total is greater than the sum of its parts); final hours are also rounded up or down to the nearest half-hour at the topic level, and up or down to the nearest hour at the subject level. Again, note that the hours presented here are informed approximations, not precise mandates.

We want to emphasize that we encourage schools and instructors to adopt teaching strategies and learning experiences based on their philosophy of education. ELAP suggests the use of interactive lecture, completion of written worksheets like graphic organizers or diagrams, use of case studies and scenarios, peer discussion and problem solving, group projects, instructor demonstrations and modeling, structured hands-on practice time, role playing, written session planning, and simulations of client interactions, as primary methods to move learners from point A to point B in the Blueprint. However, other types of learning experiences could easily be substituted for those described in the Blueprint within roughly the same time periods. For a detailed discussion of learning experiences in adult education, please review the Introduction to the the Blueprint.

Please review the learning objectives in the Blueprint for content examples and for details of knowledge and skill components outlined in the learning experiences discussed in this document.

Subject: Massage Theory and Principles

## Topic: Evolution of Massage and Bodywork – HOURS RATIONALE

### Learning Outcomes

**Conditions:** Having completed 1.5 hours of instruction on the evolution of massage and bodywork, the learner is expected to:

- Demonstrate knowledge of the terms and concepts related to the evolution of massage and bodywork including historical events, knowledge of the current structure of the massage and bodywork profession including massage as part of health care, relevant organizations, work environments, client types, and their needs and wants, on a written examination.

### Hours Rationale - Sample Learning Experiences

#### Interactive Lecture: Historical Roots of Massage

Classroom time: 30 minutes

Key Concepts – Note: historical events of importance should be chosen by the instructor based on the philosophies of the school. Some ideas include:

- Massage was closely link to magic and medicine in ancient times in many places around the world (e.g., Ancient Egypt, Aboriginal Australia, Central and South America, Native North Americans, all had some form of medicine person, healer, shaman, witch, midwife, or witchdoctor and many used massage- or bodywork-like methods to “rub-out” evil spirits, etc.).

- Massage was used in the classical world of the Greeks, Romans, and Arabs as part of their medical treatment (e.g., Greeks massaged the body towards the heart to “move fluids,” Greeks began dissection of cadavers to learn about the body, Romans used hydrotherapy methods for healing, Arabs explored extensive use of medicinal plants and aromatics for healing, etc.).
- Massage methods were regularly used since ancient times in China, India, Thailand, and Tibet.
- Swedish massage (originally called the Swedish Movements) develops out of interest in exercise as a means to increase health in the early 1800s.
- Massage in America in the late 1800s to early 1900s (e.g., John Harvey Kellogg writes *The Art of Massage, Its Physiological, Mechanical, Reflexive, and Metabolic Effects, and Therapeutic Applications*, massage was part of the natural health movement in early 1900s, massage was part of nursing practice, etc.).
- Massage used as a cover for prostitution leading to public skepticism and decline in the 1950s.
- Massage as part of the human potential movement (e.g., Esalen Institute) reinvigorates public interest in massage.
- Professional massage associations advance massage and provide guidance on ethics and standards of practice.

### **Interactive Lecture: Massage and Bodywork Today**

Classroom time: 35 minutes

Key Concepts:

- Massage considered complementary health approach by National Center for Complementary and Alternative Medicine (NCCAM).
- A number of factors have increased demand for massage in health care (e.g., consumer demand causing conventional medicine to become more interested in complementary approaches, new research showing benefits of massage for pain management, large spas using integrative health approaches, etc.).
- Massage clients (e.g., who gets massage, why do people seek massage, brief overview of special populations, why some people avoid massage, etc.).
- Differences between wellness-oriented massage and health-care-oriented massage (e.g., differences in session goals, amount of assessment used, settings where massage practiced, skill sets of therapists, etc.).
- Massage work environments (e.g., spas, wellness centers, clinics, hospitals, gyms, etc.).
- Similarities in and differences between massage and bodywork.
- Brief overview of massage and bodywork forms, styles, and systems (e.g., Swedish massage, clinical approaches, Eastern approaches, myofascial approaches, movement approaches, etc.).

### **Written Examination: Massage and Bodywork Today**

Classroom time: 15 minutes

Questions: 10



## Topic: Research Literacy – HOURS RATIONALE

### Learning Outcomes

**Conditions:** Having completed 3 hours of instruction on research literacy, the learner is expected to:

- Demonstrate knowledge of the terms and concepts related to research literacy on a written examination.
- Work with a peer group to analyze two research articles, discriminate between reliable and unreliable research, and determine two massage forms or session adaptations that demonstrate efficacy based on research, and share findings with classmates on a graded activity.

### Hours Rationale - Sample Learning Experiences

**Note:** Concepts related to research literacy are reinforced in learning objectives and learning experiences in other topics of the ELAP Education Blueprint and this Hours Rationale document.

#### Interactive Lecture: Research Literacy

Classroom time: 60 minutes

Key Concepts:

- Research literacy defined.
- Evidence-based practice defined (e.g., what is it, why is it important, what skills are needed, etc.).
- Historic and modern sources of massage knowledge (e.g., started with empirical evidence, people then relied on textbook authors or well-known teachers, now a move to research where results are based on efficacy of particular methods, etc.).
- Locating information (e.g., where massage therapists can access research: journals, websites, organizations, etc.).
- Research defined (e.g., what is it, what types of questions are relevant, etc.).
- Research study types (e.g., a case report/case study, case series, correlation study, etc.).
- Research articles (e.g., their parts and how to read them).
- Applying findings (e.g., how to take results and use them to inform a practice).

#### Activity: Research Article Review

Classroom time: 60 minutes

Description: Learners form peer groups of 2 to 4 people. Peer groups receive two instructor-selected research articles. One is based on reliable research; the other is not. Groups pick the reliable article and analyze it to understand results and effective techniques or session adaptations. Groups determine two ways the results would lead to session choices or adaptations, and discuss their findings with the class.

#### Written Examination: Research Literacy

Classroom time: 20 minutes

Questions: 15

## Topic: Massage Benefits and Effects – HOURS RATIONALE

### Learning Outcomes

**Conditions:** Having completed 7 hours of instruction on massage benefits and effects, the learner is expected to:

- Demonstrate knowledge of the terms and concepts related to massage benefits and effects including differentiation of the types of benefits and effects; physiological, psychological, and energetic benefits and effects; and massage indications on a written examination.
- Demonstrate knowledge of the physiological and psychological mechanisms underpinning massage as an effective stress reduction and stress management strategy on a written examination.
- Demonstrate knowledge of the physiological and psychological mechanisms underpinning massage as an effective pain reduction and pain management strategy on a written examination.

### Hours Rationale - Sample Learning Experiences

**Note:** Concepts related to massage benefits and effects are reinforced in learning objectives and learning experiences in other topics of the ELAP Education Blueprint and this Hours Rationale document.

#### Interactive Lecture: Types of Benefits and Effects

Classroom time: 45 minutes

Key Concepts:

- Benefit definition and three examples.
- Effect definition and three examples.
- Definitions and two examples for each type of effect (mechanical effect, reflexive effect, primary effect, secondary effect, short-term effect, long-term effect, structural effect, systemic effect, cumulative effect, combined effect, physiological effect, psychological effect, body-mind effect, energetic effect).
- Labeling activity: label different types of effects based on their written descriptions.

#### Interactive Lecture: Physiological Benefits and Effects

Classroom time: 90 minutes

Key Concepts:

- Physiological benefit and effect – review definitions.
- Mechanisms, benefits, and effects for body systems (discuss simply for the integumentary system, skeletal system, nervous system, endocrine system, cardiovascular system, lymphatic system and immunity, respiratory system, digestive system, reproductive system, and urinary system).
- Mechanisms, benefits, and effects for the muscular and fascial systems (discuss in simple terms thixotropy and the idea that techniques “stir” ground substance, mechanisms that decrease hypertonicity, increased pliability of muscle fibers

through manipulation, etc.).

- The tendon reflex and stretch reflex and methods that manipulate muscle spindles and Golgi tendon organs to change soft tissue.
- Stress and massage (e.g., stress defined, the flight-or-fight syndrome, the parasympathetic nervous system response, massage mechanisms that make it useful for stress management, etc.).
- Pain and massage (e.g., in simple terms the mechanisms of pain, models/theories of pain control such as gate theory, trigger point definition, massage used for pain reduction or as a pain management strategy, etc.).

**Activity: Research Review of Physiological Benefits and Effects**

Classroom time: 60 minutes

Description: Learners form peer groups of 2 to 4 people to review instructor-selected viable research articles that suggest massage has positive effects on the muscular system, for stress, and for pain management. Groups prepare 3-minute summaries of the findings of their research article to share with peers in the large group.

**Interactive Lecture: Psychological and Other Benefits and Effects**

Classroom time: 45 minutes

Key Concepts:

- Psychological benefit and psychological effect; review definitions.
- Relationship of parasympathetic nervous system response (a physiological effect) to psychological benefits and effects.
- Relationship of changes in the levels of chemical messengers (e.g., hormones, neurotransmitters, and neuropeptides including cortisol, dopamine, endorphins, epinephrine, norepinephrine, oxytocin, and serotonin) to psychological benefits and effects such as the feelings of well-being after massage.
- Anxiety, depression, and insomnia - simple mechanisms of massage that reduce these symptoms/conditions.
- Components of massage sessions that support relaxation, a sense of well-being, safety, and feeling nurtured.
- Energetic benefits and effects – definitions.
- Examples of massage systems intending to change energetic elements such as the electromagnetic field of the client.
- Discussion: allow learners to share their beliefs or disbeliefs about massage changing energy or energetic elements of the body, and discuss the fact that there are no accepted means to prove energetic effects.

**Activity: Research Review of Psychological Benefits and Effects**

Classroom time: 60 minutes

Description: Learners form peer groups of 2 to 4 people to review instructor-selected viable research articles that suggest massage has positive effects on conditions like anxiety, depression, insomnia, on the psychological aspects of stress, and on the psychological aspects of pain management. Groups prepare 3-minute summaries of the findings of their research article to share with peers in the large group.

### **Interactive Lecture: Massage Indications**

Classroom time: 30 minutes

Key Concepts:

- Definition of indication and examples.
- Stress management to benefit many conditions/symptoms.
- Conditions that benefit from massage.
- Special populations that benefit from massage.
- Instructor-selected research evidence of massage indications for specific conditions or special populations.

### **Written Examination: Massage Benefits and Effects**

Classroom time: 30 minutes

Questions: 20

Subject: Massage Theory and Principles

## **Topic: Massage Cautions and Contraindications – HOURS RATIONALE**

### **Learning Outcomes**

**Conditions:** Having completed 15.5 hours of instruction on massage cautions and contraindications, the learner is expected to:

- Demonstrate knowledge of the terms and concepts related to massage cautions and contraindications including endangerment areas, medications, and side effects, and contraindications on a written examination.
- Demonstrate the use of a clinical reasoning process to identify contraindications, an understanding of when there is a need for increased therapist caution, and the capacity to choose appropriate adaptive measures for session planning on a written examination.
- Demonstrate the integration of knowledge and skills from other topics with this topic including the use of health intake forms, pathology reference books, drug reference books, and research literacy when determining if conditions are contraindicated or require caution, a physician's release, or adaptations on a graded assignment.
- Correctly adapt massage strokes and techniques in endangerment areas or based on client feedback on a practical evaluation.
- Obtain training and certification from the American Red Cross in adult first aid, cardiopulmonary resuscitation (CPR), and use of an automated external defibrillator (AED).

## Hours Rationale - Sample Learning Experiences

**Note:** Concepts related to massage cautions and contraindications are reinforced in learning objectives and learning experiences in other topics of the ELAP Education Blueprint and this Hours Rationale document.

### **Interactive Lecture: Endangerment Areas**

Classroom time: 60 minutes

Key Concepts:

- Endangerment area defined.
- Overview of endangerment area locations.
- Delicate structures (define each and explain how the structure might be damaged if massage is applied to forcefully in endangerment areas).
- Locations of endangerment areas and their associated delicate structures (head and face, anterior and posterior triangles of the neck, trunk, upper extremity including the axilla area, cubital region, and wrist, the lower extremity including the femoral triangle and popliteal region).
- Principles of working safely in endangerment areas (e.g., know locations, remain alert to client nonverbal signals of discomfort, learn to adjust techniques fluidly, ask for client feedback, etc.).

### **Activity: Endangerment Area Diagram**

Classroom time: 45 minutes

Description: On diagrams showing the anterior and posterior of the body, the learner shades in endangerment areas and lists important related structures that might be damaged by forceful massage application for each area.

### **Demonstration, Guided Practice, and Practical Evaluation: Endangerment Areas**

Classroom time: 210 minutes (demonstration 60; setup, change over, clean up 30; 1<sup>st</sup> session 60; 2<sup>nd</sup> session 60)

Key Skills:

- Physical recognition of endangerment areas and borders (e.g., instructor might draw borders or areas onto the body with grease pencils or mark them with the hands on a demonstration body).
- Adaptation of stroke type and depth over each area (e.g., instructor might mock an inappropriate technique such as deep elbow work over the popliteal region before showing how to modify by lightening a deep elbow stroke as the popliteal region is approached).
- Group 1 practice of key skills, feedback, practice, and demonstration of skills to instructor for a graded evaluation.
- Group 2 practice of key skills, feedback, practice, and demonstration of skills to instructor for a graded evaluation.

### **Interactive Lecture: Massage Cautions and Contraindications**

Classroom time: 60 minutes

Key Concepts:

- Contraindication defined.

- Caution defined.
- Types of contraindications and cautions:
  - Absolute (defined, five examples).
  - Local (defined, five examples).
  - Physician's release (defined, three examples, methods to obtain a physician's release).
  - Advanced understanding/special training (defined, three examples).
  - Use caution (defined, three examples).
- Older adults and cautions/contraindications (e.g., vitality levels, common pathologies to look for, etc.).
- Skin conditions and cautions/contraindications (e.g., when are they local contraindications, when absolute contraindications, etc.).
- Diabetes cautions/contraindications (e.g., overall vitality and health, how to prevent diabetic emergencies, etc.).
- Tools to identify cautions/contraindications (e.g., health forms, drug reference, pathology reference, Internet resources, etc.).
- Use of a clinical reasoning model to rule out contraindications.
- What to do when faced with unknown conditions or medications.
- Adaptive measures (e.g., defined, types, when to use them, etc.).

#### **Activity: Ruling Out Contraindications with a Clinical Reasoning Process**

Classroom time: 60 minutes

Description: Learners form small peer groups of 2 to 3 people. They look at five client health forms with pathologies or conditions and use the school-selected clinical reasoning process and reference books to determine if massage is contraindicated, requires a physician's release, or requires adaptive measures during the session. Learners write their findings and recommendations of session adaptations on a worksheet.

#### **Interactive Lecture: Medications and Massage**

Classroom time: 45 minutes

Key Concepts:

- Key medication terms (e.g., define and briefly discuss pharmacology, prescription medication, over-the-counter medications, supplements, and illegal drugs, etc.).
- Side effects, adverse reactions, and massage (e.g., define and briefly discuss how massage might exacerbate or soothe side effects, etc.).
- Prescription medication classifications and massage (e.g., define each classification, discuss common side effects, discuss safety measures while applying massage/bodywork, etc.).
  - Analgesics, anti-inflammatories, anticoagulant, antidepressant, antidiabetic medication, muscle relaxants, steroids.
- Prescription medications that indicate serious conditions and the need for a physician's release.

**Activity: Medications and Massage**

Classroom time: 45 minutes

Description: Learners break into small peer groups of 2 to 4 people. They analyze five client health forms listing different medications that are unfamiliar, effectively research the medications using a drug reference or Internet resources, and write up their findings including one session adaption to support the safety of each client on a worksheet.

**Written Examination:**

Classroom time: 45 minutes

Multiple-choice questions: 25

Essay questions: 2 questions: The learner uses a clinical reasoning process to analyze two mock client health forms and determine if the client has a condition that contraindicates massage, requires a physician's release, or requires adaptive measures during the session. If adaptive measures are needed, the learner provides two examples.

**Red Cross Adult First Aid/CPR/AED Certification**

Three to five hours is suggested by the Red Cross for certification in adult first aid, CPR, and use of AED equipment. To account for Red Cross training, those hours are included in this topic.

<b>20 Hours</b>	<b>HOURS RATIONALE</b> <b>Massage Professional Practices</b>
<b>Topic</b>	<b>Massage Equipment and Environment (2.5)</b>
Sub-Topics	<ul style="list-style-type: none"> <li>• Equipment and Supplies</li> <li>• Session Environments</li> </ul>
<b>Topic</b>	<b>Preventing Disease Transmission (5.5)</b>
Sub-Topics	<ul style="list-style-type: none"> <li>• Understanding Disease</li> <li>• Therapist Hygiene</li> <li>• Infection Control</li> <li>• Standard Precautions</li> </ul>
<b>Topic</b>	<b>Laws and Regulations (4.0)</b>
Sub-Topics	<ul style="list-style-type: none"> <li>• Obtaining and Maintaining Credentials</li> <li>• Adhering to Laws and Regulations</li> <li>• Supervision of Therapists</li> </ul>
<b>Topic</b>	<b>Personal Health, Body Mechanics, and Self-Care (8.0)</b>
Sub-Topics	<ul style="list-style-type: none"> <li>• Personal Health and Self-Care</li> <li>• Body Mechanics Principles</li> <li>• Preventing Work-Related Injury</li> </ul>



## HOURS TABULATION METHOD

Learning experiences are classroom events or activities where learners experience something that results in a change in thinking, knowledge, skills, values, or behaviors.

The ELAP work group's recommendation of minimum hours for topics and subjects is based on the conversion of learning objectives into learning experiences appropriate for adult education, and a tabulation of the time it would take an average adult learner to attain the stated learning assuming competent instruction. Please note that the tabulation of hours is based on the idea that only the defined content is taught and that class time is well structured and used appropriately.

Therefore, the learning experiences outlined in this Hours Rationale document do not mandate specific classroom activities, but illustrate how the ELAP work group arrived at a particular hours recommendation. Also, note that 10 minutes of break time for every hour of lecture time is added into the total hours recommendation for the topic (thus the total is greater than the sum of its parts); final hours are also rounded up or down to the nearest half-hour at the topic level, and up or down to the nearest hour at the subject level. Again, note that the hours presented here are informed approximations, not precise mandates.

We want to emphasize that we encourage schools and instructors to adopt teaching strategies and learning experiences based on their philosophy of education. ELAP suggests the use of interactive lecture, completion of written worksheets like graphic organizers or diagrams, use of case studies and scenarios, peer discussion and problem solving, group projects, instructor demonstrations and modeling, structured hands-on practice time, role playing, written session planning, and simulations of client interactions, as primary methods to move learners from point A to point B in the Blueprint. However, other types of learning experiences could easily be substituted for those described in the Blueprint within roughly the same time periods. For a detailed discussion of learning experiences in adult education, please review the Introduction to the Blueprint.

Please review the learning objectives in the Blueprint for content examples and for details of knowledge and skill components outlined in the learning experiences discussed in this document.

Subject: Massage Professional Practices

### Topic: Massage Equipment and Environment

#### Learning Outcomes

**Conditions:** Having completed 2.5 hours of instruction on equipment and session environments, the learner is expected to:

- Demonstrate knowledge of the key terms and concepts related to massage equipment and session environments, including types of equipment and features, lubricants, supplies, and factors for creating a comfortable, inviting, and safe session space, on a graded assignment.
- Correctly set up, organize, adjust for comfort and safety, sanitize, and properly use massage equipment, lubricants, and supplies related to the practice of massage therapy on a practical evaluation.

## Hours Rationale - Sample Learning Experiences

### **Interactive Lecture: Equipment, Supplies, and Environments**

Classroom time: 45 minutes

Key Concepts:

- Present and discuss massage table types (portable/stationary), and their features (frame, face cradle, width ranges, height ranges, length, padding options, coverings, and other features like a “sit up” position, arm shelves, etc.).
- Options for sitting during the massage (e.g., use of a rolling stool or Fitball, etc.).
- Bolster sizes, uses, and systems.
- Linens used in a massage practice including sheets, face cradle covers, bolster covers, towels, blankets, and proper linen storage.
- Lubricant types, matching lubricants to the massage methods, and allowing clients to state their preferences, etc. Discuss ingredients that cause allergies or adverse reactions (e.g., fragrance, dyes, nuts, etc.).
- Show examples of books every practice should have on hand for quick reference such as a current drug reference and current pathology reference.
- Session environment - methods for making a space inviting and comfortable, importance of ventilation during sessions and between clients, methods for keeping clients warm during the session, use of appropriate music.
- General liability - discuss methods for reducing liability related to slip and fall in a massage practice (e.g., tighten leg bolts before each session, no area rugs or exposed extension cords, etc.).
- Outline the contents of a massage practice first aid kit.
- Other equipment that might be used in a massage session such as a rolling cart for onsite work, a clock, a music system, etc.

### **Demonstration and Exchange: Equipment Set Up and Clean Up**

Classroom time: 90 minutes

Description: The instructor demonstrates how to set up, sanitize, and dress with linens the massage table and how to clean up, break down, and put away the massage table (30 minutes). Learners practice these skills and demonstrate them to the instructor for a grade (30 minutes each).

Key Skills:

- Correctly set up, adjust, sanitize, and dress with linens the massage table.
- Correctly clean, break down, and put away massage supplies.

## Topic: Preventing Disease Transmission

### Learning Outcomes

**Conditions:** Having completed 5.5 hours of instruction on preventing disease transmission, the learner is expected to:

- Demonstrate knowledge of the terms and concepts related to preventing disease transmission, including methods by which infectious diseases are spread, therapist hygiene, sanitation of the facility and equipment, good housekeeping practices, and standard precautions, on a written examination.
- Demonstrate proper therapist hygiene, correct hand-washing procedure, proper use of gloves, the sanitation of massage equipment, proper cleanliness and management of massage linens, and proper cleanliness and management of lubricants and supplies on a practical evaluation.

### Hours Rationale - Sample Learning Experiences

#### Interactive Lecture: Understanding Disease

Classroom time: 60 minutes

Key Concepts:

- Define disease.
- Define the terms *signs* and *symptoms* and provide two examples of each.
- Define the terms *acute*, *subacute*, and *chronic* as they are used to note a disease's severity or stage.
- Define and briefly describe these broad categories of disease: autoimmune, cancerous, deficiency, genetic, infectious, metabolic.
- Define, briefly describe, and provide two examples of diseases that might be experienced by a massage client for each of these pathogen types: bacteria, viruses, fungi, parasitic animals.
- Define, briefly describe, and provide examples of these ways that pathogens are transmitted between people or between people and the environment: direct contact, indirect contact, vehicle transmission, vector transmission.
- Define, briefly describe, and discuss how lice and mites are spread in a massage practice. Discuss what a therapist must do upon discovering a recent client has lice or mites or that the practice is potentially infested with lice or mites.

#### Interactive Lecture: Infection Control and Standard Precautions

Classroom time: 90 minutes

Key Concepts:

- Define and review the purpose of infection control in a massage practice.
- Cleanliness of the facility:
  - Cleaning products and their safe and appropriate use.
  - Therapist protection when using cleaning products (use of gloves, masks, etc.).
    - Proper care, cleanliness, and sanitation of equipment.
    - Proper care, cleanliness, and management of linens.

- Proper care, sanitation, and management of lubricants and products.
- Daily, weekly, and monthly housekeeping and safety-check activities.
- Therapist hygiene:
  - Hygiene defined.
  - Standards of hygiene for health care providers.
    - Cleanliness of body (e.g., shower daily, nails short, filed, no polish, oral health care, etc.).
    - Cleanliness of hair (e.g., washed on work days, tied back so it never touches client, facial hair shaved or trimmed, etc.).
    - Clean and appropriate clothing (e.g., short sleeves, no bare feet, no rings, wristwatches, bracelets, necklaces, or earrings that are so long they might touch client, etc.).
    - Methods to reduce impact of cigarette smoke on clients for therapists who are smokers.
    - Methods to reduce impact of allergies on clients from therapists who have allergies.
    - Therapists who are sick – what to do, when contagious, when to return to work, etc.
    - Self-evaluation activity: learners evaluate the gaps between their personal hygiene practices and the practices of a professional health care provider with a self-evaluation form and set goals for improving their personal hygiene practices to match the hygiene practices of a professional health care provider. Discuss findings in peer groups.
- CDC guidelines for proper hand washing for health care providers: review the steps in a proper hand washing procedure and discuss when it is important to wash hands following this procedure during a day at a massage practice.
- Standard precautions:
  - Definition and purpose.
  - Key components:
    - Proper use of gloves.
    - Proper clean-up of soiled linen.
    - Proper clean-up of blood and body fluids on hard surfaces.
  - Discuss when a massage therapist should use standard precautions.
  - Bloodborne pathogens (HIV/AIDS, hepatitis) and risks for health care workers or for clients when exposed to pathogens from the therapist, etc.
  - Tuberculosis and issues related to tuberculosis for health care providers.
- Activity: learners appraise three massage session scenarios and decide when standard precautions are necessary, then outline the steps for safe practice related to each scenario and share findings with classmates.

### **Demonstration and Practice: Proper Hand Washing and Glove Use**

Classroom time: 45 minutes

Description: The instructor demonstrates proper hand washing following CDC guidelines for health care providers and proper use of gloves for standard precautions. Learners practice proper hand washing and glove use for instructor feedback.

**Written Examination: Preventing Disease Transmission**

Classroom time: 30 minutes

Questions: 20

**Practical Evaluation: Infection Control**

Classroom time: 60 minutes

Key Skills for Graded Evaluation:

- Therapist hygiene and appropriate, professional clothing and appearance.
- Use of cleaning products to wipe down equipment and hard surfaces properly.
- Proper cleanliness, care, and management of massage linens.
- Proper management and sanitation of lubricants.
- Proper hand washing and glove use.

## Topic: Laws and Regulations

**Learning Outcomes**      **Conditions:** Having completed 4 hours of instruction on massage laws and regulations, the learner is expected to:

- Demonstrate knowledge of the terms and concepts related to massage laws and regulations including requirements to obtain and maintain credentials, state laws and regulations, scope of practice, limits to scope of practice, and supervision of therapists in the state in which one intends to practice, on a written examination.

### Hours Rationale - Sample Learning Experiences

#### Interactive Lecture: Massage Laws and Regulations

Classroom time: 120 minutes

Key Concepts:

- Define massage credentials and identify the appropriate credential designation in the state where the school is located (e.g., Licensed Massage Therapist, Registered Massage Therapist, etc.).
- Define public protection and briefly outline how/why massage is regulated in the state (e.g., usually state or local authorities determine if a particular activity could potentially cause harm to the public; if they decide it could, the authority seeks to limit the people who can practice the activity; education and the passage of a state-approved test are the gates the authority most often uses to limit the people who can practice massage, etc.).
- Present and discuss the process to obtain massage credentials:
  - Outline the education requirements in the state where the school is located (e.g., often states designate certain minimum hours for particular topics such as a minimum of 20 hours in ethics, etc.), the number of minimum total hours people must attend a program (e.g., 500, 600, etc.), and the shortest time frame for completion (e.g., must attend school for at least 6 months, etc.).
  - Identify the state-approved test (and/or the test the school prefers such as the MBLEx) and briefly review content areas covered on the test.
  - Review all other requirements necessary to obtain credentials (e.g., depending on the state, a person might need to pass a jurisprudence exam, a practical exam, a background check, a first aid/CPR class, a special class on HIV/AIDS, and others).
- Activity: Learners break into small peer groups and outline the credentialing process in step-by-step detail by filling out graphic organizers that help them organize the process and resources such as the board of massage website address and contact phone number.
- Present and discuss state requirements for maintaining credentials (e.g., continuing education, current first aid/CPR, depending on state, etc.).
- Define certification and explain all of the various ways it is used in the massage/bodywork profession (e.g., required state certification to practice massage/bodywork, voluntary governmental certification, association certification, national certification, registered or trademarked continuing education certification,

etc.).

- Adhering to laws and regulations:
  - Define key terminology (e.g., *laws, regulations, scope of practice*, etc.).
  - Present and discuss the laws and regulations in the state where the school is located.
  - Present and discuss these items as appropriate in the state: exemptions, portability, grandfathering provisions, etc.).
  - Present and discuss the basics of the Health Insurance Portability and Accountability Act (HIPAA).
- The state scope of practice:
  - Present and discuss common limits to scope of practice (e.g., chiropractic-like adjustments to joints, mental health counseling, prescribing, etc.).
  - Identify example techniques in the state scope.
  - Identify example techniques out of the state scope.
  - Discuss the ramifications for working outside one's scope (e.g., liability insurance will not cover restricted methods, loss of massage credentials, etc.).
- Present and discuss how massage is supervised to protect the public:
  - Board of massage, website, contact details, activities.
  - Consumer complaint process and ramifications of consumer complaints on massage profession.
  - Process to file a complaint about a massage colleague if necessary.
  - Disciplinary actions the state board of massage might take if a therapist is found guilty of a breach of ethics or violation of the laws and regulations (e.g., suspended license, revoked license, etc.).

**Activity: Disciplinary Actions by the State Board of Massage**

Classroom time: 60 minutes

Description: Learners form peer groups of 2 to 4 people and review the disciplinary actions taken by the state board of massage with massage therapists in the last six months. They pick one event and report on their findings to one other peer group and find out from that peer group about their event.

**Written Examination: Massage Laws and Regulations**

Classroom time: 30 minutes

Questions: 20

## Topic: Personal Health, Body Mechanics, and Self-Care

**Learning Outcomes** **Conditions:** Having completed 8 hours of instruction on personal health, body mechanics, and self-care, the learner is expected to:

- Demonstrate knowledge of the terms and concepts related to personal health, body mechanics, and self-care on a written examination.
- Demonstrate a useful self-care warm--up, and adjust personal body mechanics in response to instructor feedback during a practical evaluation.

**Conditions:** Having completed 20 hours of hands-on practice in massage and bodywork application methods classes (these hours are counted elsewhere in the Blueprint), the learner is expected to:

- Demonstrate the integration of body mechanics principles into hands-on work, including the regular use of a self-care warm-up, and correct body mechanics during the application of massage methods, on practical evaluations.

### Sample Learning Experiences

Note: Concepts related to body mechanics are reinforced and evaluated for a grade in learning objectives and learning experiences in other topics of the ELAP Education Blueprint and Hours Rationale.

#### Interactive Lecture: Personal Health and Self-Care

Classroom time: 45 minutes

Key Concepts:

- Present and discuss aspects of personal health that support the practice of massage therapy:
  - Basic nutrition and nutritious eating.
  - Physical fitness and strength, flexibility, and cardiovascular health.
  - Benefits of a consistent sleep schedule.
- Present and discuss self-care and the reasons self-care is important for the practice of massage therapy:
  - Body awareness to prevent injury.
  - General stress management strategies.
  - Centering and grounding.
  - Warm-up activities.
- Activity: Think-Pair-Share – learners write for one minute (without stopping) their ideas for how to improve their own personal health; they pair up and discuss their thoughts with a peer; they share selected thoughts with the larger class if appropriate.



**Activity: Warm-Up Routines**

Classroom time: 30 minutes

Description: Learners develop a personal 5-minute warm-up routine that supports flexibility and centeredness and prepares the body to deliver massage methods during a session. Learners form small peer groups of 2 to 4 people and share their routines with their peer group.

**Interactive Lecture: Body Mechanics Principles**

Classroom time: 45 minutes

Key Concepts:

- Present and discuss the meaning of body mechanics and the benefits of good body mechanics.
- Present and preview body mechanics principles with examples:
  - Importance of proper table height.
  - Wearing clothing that moves.
  - Ground, center, and warm up before providing massage (review).
  - Pay attention to structural alignment.
  - Use body weight effectively.
  - Use breath effectively.
  - Use movement and variety when providing massage.
- Discuss in greater depth ideal structural alignment and methods to maintain good structural alignment:
  - Alignment of the feet, knees, and hips while standing (stances like the archer stance, etc.), sitting, bending, applying ROM techniques or applying static techniques (e.g., sustained compression, etc.).
  - Alignment of the back, neck, and head while standing and sitting.
  - Alignment of the shoulders, arms, wrists, fingers, and thumbs while standing, sitting, applying ROM techniques, or applying different types of strokes like sustained compression, etc.
- Present and discuss in greater depth how to use body weight effectively to apply pressure and reduce stress on the therapists body.
- Present and discuss effective use of breath such as consciously taking full deep breaths during a session, exhaling while applying a stroke that moves away from the therapists body, and inhaling with strokes moving towards the body, etc.

**Demonstration: Body Mechanics Principles**

Classroom time: 30 minutes

Key Skills: The instructor demonstrates:

- Proper alignment of the feet, knees, and hips when using stances, moving around the treatment table, or sitting.
- Proper alignment of the back, neck, and head when applying methods from a standing or seated position.
- Proper alignment of the shoulders, arms, wrists, fingers, and thumbs when applying methods from a standing or seated position.
- Proper alignment of the body while lifting client's extremities during range of motion or stretching techniques.
- Effective use of body weight during the application of methods from a standing or

seated position.

- Effective use of breath during the application of methods.
- Use of variety and movement during the application of methods.

### **Session Exchange: Body Mechanics Principles**

Classroom time: 120 minutes

Key Skills: Learners exchange 45 minute practice sessions with 30 total minutes allotted to set-up, change-over, and clean-up:

- Proper alignment of the feet, knees, and hips when using stances, moving around the treatment table, or sitting.
- Proper alignment of the back, neck, and head when applying methods from a standing or seated position.
- Proper alignment of the shoulders, arms, wrists, fingers, and thumbs when applying methods from a standing or seated position.
- Proper alignment of the body while lifting client's extremities during range of motion or stretching techniques.
- Effective use of body weight during the application of methods from a standing or seated position.
- Effective use of breath during the application of methods.
- Use of variety and movement during the application of methods.

### **Interactive Lecture: Preventing Work-Related Injury and Burnout**

Classroom time: 30 minutes

Key Concepts:

- Define repetitive stress injury and give three examples of repetitive stress injuries that occur in massage careers.
- Present the reasons massage therapists get injured on the job:
  - Poor body mechanics.
  - Poor health and high stress levels.
  - Too many clients.
  - Too little time between sessions.
  - Too few days off.
  - Moving equipment around to do onsite work.
- Present methods for reducing on the job injury:
  - Always adjust table height correctly.
  - Organize the environment ( e.g., give yourself as much space to move around as possible, etc.).
  - Remain aware of body, recognize pain and tension, adjust position immediately.
  - Plan self-care activities.
  - Work to improve health and fitness.
  - Warm up, center, and ground before sessions.
- Define burnout, discuss signs of burnout, and discuss proactive self-care to prevent burnout.

### **Written Examination: Personal Health, Body Mechanics, and Self-Care**

Classroom time: 30 minutes

Questions: 20

### **Practical Examination: Body Mechanics Principles**

Classroom time: 135 minutes

Description: Session exchange with two 45-minute sessions and 45 minutes allotted to set up, change over, and clean up along with learner processing (discussion).

#### **Key Skills for Graded Evaluation:**

- Use of a centering and warm-up routine before the session.
- Proper alignment of the back, neck, and head when applying methods from a standing or seated position.
- Proper alignment of the shoulders, arms, wrists, fingers, and thumbs when applying methods from a standing or seated position.
- Proper alignment of the body while lifting client's extremities during range of motion or stretching techniques.
- Effective use of body weight during the application of methods from a standing or seated position.
- Effective use of breath during the application of methods.
- Use of variety and movement during the application of methods.

**40 Hours**

## **HOURS RATIONALE**

### **The Therapeutic Relationship**

#### **Topic**

**The Relationship of Therapist and Client (4.0)**

#### **Sub-Topics**

- Characteristics of Positive Therapeutic Relationships
- Preventing Transference and Countertransference

#### **Topic**

**Ethics and the Therapeutic Relationship (18.0)**

#### **Sub-Topics**

- Ethical Principles
- Code of Ethics and Standards of Ethical Practice

#### **Topic**

**Boundaries in the Therapeutic Relationship (18.0)**

#### **Sub-Topics**

- Establishing and Maintaining Professional Boundaries
- Managing Emotions in a Therapeutic Relationship
- Managing Intimacy, Touch, and Sexual Arousal Responses

## **Hours Tabulation Method**

Learning experiences are classroom events or activities where learners experience something that results in a change in thinking, knowledge, skills, values, or behaviors.

The ELAP work group's recommendation of minimum hours for topics and subjects is based on the conversion of learning objectives into learning experiences appropriate for adult education, and a tabulation of the time it would take an average adult learner to attain the stated learning assuming competent instruction. Please note that the tabulation of hours is based on the idea that only the defined content is taught and that class time is well structured and used appropriately.

Therefore, the learning experiences outlined in this Hours Rationale document do not mandate specific classroom activities, but illustrate how the ELAP work group arrived at a particular hours recommendation. Also, note that 10 minutes of break time for every hour of lecture time is added into the total hours recommendation for the topic (thus the total is greater than the sum of its parts); final hours are also rounded up or down to the nearest half-hour at the topic level, and up or down to the nearest hour at the subject level. Again, note that the hours presented here are informed approximations, not precise mandates.

We want to emphasize that we encourage schools and instructors to adopt teaching strategies and learning experiences based on their philosophy of education. ELAP suggests the use of interactive lecture, completion of written worksheets like graphic organizers or diagrams, use of case studies and

scenarios, peer discussion and problem solving, group projects, instructor demonstrations and modeling, structured hands-on practice time, role playing, written session planning, and simulations of client interactions, as primary methods to move learners from point A to point B in the Blueprint. However, other types of learning experiences could easily be substituted for those described in the Blueprint within roughly the same time periods. For a detailed discussion of learning experiences in adult education, please review the Introduction to the Blueprint.

Please review the learning objectives in the Blueprint for content examples and for details of knowledge and skill components outlined in the learning experiences discussed in this document.

Subject: The Therapeutic Relationship

## Topic: The Relationship of Therapist and Client

Learning Outcomes	<p><b>Conditions:</b> Having completed 4.0 hours of instruction on the relationship of therapist and client, the learner is expected to:</p> <ul style="list-style-type: none"> <li>• Demonstrate knowledge of the key terms and concepts related to characteristics of positive therapeutic relationships and preventing transference and counter transference on a written examination.</li> <li>• Use effective and appropriate therapist language and behaviors to redirect client behaviors related to transference on a graded classroom activity.</li> </ul>
-------------------	---

### Hours Rationale - Sample Learning Experiences

Please note: Concepts related to positive therapeutic relationships are reinforced in learning objectives and learning experiences in other topics of the ELAP Education Blueprint and this Hours Rationale document.

#### Interactive Lecture: The Relationship of Therapist and Client

Classroom time: 90 minutes

Key Concepts:

- Define *therapeutic relationship* and outline the primary characteristics of therapeutic relationships.
- Define *client-centered session* and compare and contrast client-centered sessions with sessions where the client is not the focus. Discuss how learners can keep practice sessions client-centered (e.g., treat the learner acting as a client like a client – no chatting during practice, etc.).
- Define *power differential*, discuss why they are unhealthy for clients, methods to decrease the power differential in a session, the benefits of decreasing the power differential.
- Demonstration of decreasing the power differential – the instructor demonstrates the language and behaviors he or she would use to decrease a power differential with clients.
- Right-now practice: learners pair up and practice using the language and behaviors to decrease the power differential with clients.
- Define *ethical, professional touch* and discuss characteristics of ethical touch and contrast with characteristics of touch with hostile intent or sexual intent. Discuss

the impact on clients when therapists don't hold clear therapeutic intent.

- **Transference:**
  - Define the term.
  - Present and discuss client behaviors that signal transference.
  - Present and discuss factors that increase the occurrence of transference.
  - Present and discuss the emotional impact on clients.
  - Present and discuss methods, language and behaviors that decrease the likelihood of transference.
  - Demonstration of the language and behaviors one might use to decrease transference, manage a client experiencing transference, or refer the client to another health care provider if necessary.
  - Right-now practice: learners pair up and practice using the language and behaviors of the instructor to decrease situations of transference.
- **Countertransference:**
  - Define the term.
  - Present and discuss therapist behaviors that signal countertransference.
  - Present and discuss factors that increase the occurrence of countertransference.
  - Present and discuss the emotional impact on clients and therapists of countertransference.
  - Present and discuss what to do if you suspect you are experiencing countertransference.

**Activity: Managing a Client Experiencing Transference**

Classroom time: 90 minutes

Description: Peers break into pairs and develop a role play scene in which the learner acting as the client demonstrates transference and the learner acting as the therapist responds effectively and appropriately to support a positive therapeutic relationship. Learners form larger peer groups of 6 to 8 people and role play their scenes for one another. Learners in the audience provide suggestions for modifications to language and behaviors.

**Written Examination: The Relationship of Therapist and Client**

Classroom time: 30 minutes

Questions: 20

## Topic: Ethics and the Therapeutic Relationship

### Learning Outcomes

**Conditions:** Having completed 18.0 hours of instruction on ethics and the therapeutic relationship, the learner is expected to:

- Demonstrate knowledge of the key terms and concepts related to ethics and the therapeutic relationship, including the purpose of ethics, use of an ethical decision-making model, ethical principles commonly adopted by the massage profession, behaviors that lead to ethical violations, and adherence to a defined code of ethics, on a written examination.
- Use effective and appropriate therapist language and behaviors to uphold standards of ethical practice, including declining a client massage treatment when appropriate, representing massage qualifications and the limits of massage honestly, referring clients to other health care providers when appropriate, obtaining the client's informed consent, responding appropriately to client sexual innuendo, on a practical evaluation.

**Conditions:** Having completed learning in other classes, the learner is expected to:

- Demonstrate effective language and behaviors to deal professionally and appropriately with ethical dilemmas, and to uphold ethical principles in therapist/client situations when presented with on-the-spot scenarios by instructors in graded activities.

### Hours Rationale - Sample Learning Experiences

Please note: Concepts related to code of ethics and standards of practice are reinforced in learning objectives and learning experiences in other topics of the ELAP Education Blueprint and this Hours Rationale document.

#### Interactive Lecture: Ethical Principles

Classroom time: 120 minutes

Key Concepts:

- Define *ethics*.
- Present and discuss the purpose of ethics in a massage practice
- Define *values* and discuss values commonly held by massage professional or by the massage profession.
- Define *character traits* and discuss the way in which character traits positively influence or negatively influence massage practice.
- Activity: think-pair-share: learners free-write for 2 minutes about how their personal values and character traits might influence their ability to behave ethically in a massage practice. They pair up with another learner and share their findings with one another. Some share in the large group.
- Define *client rights* and discuss the rights of the client during a massage session.
- Define *therapist responsibilities* and discuss the responsibility of therapists during massage sessions.
- Define *laws* and discuss the differences between laws and ethics.

- Define *ethical dilemmas* and present an example of an ethical dilemma that might arise in a massage practice.
- Activity: learners break into small peer groups of 2 to 3 people. The instructor sets a timer for 3 minutes and learners brainstorm all of the ethical dilemmas they can think of that might arise in a massage practice. When the timer stops, each group presents one example dilemma until all of the possible examples are exhausted.
- Define an ethical decision-making model and present the school-selected ethical decision-making model. Work through one of the learner-brainstormed ethical dilemmas using the ethical decision-making model.

#### **Activity: Using an Ethical Decision-Making Model**

Classroom time: 60 minutes

Description: learners form small peer groups of 2-4 people. The instructor presents the group with four client-therapist scenarios depicting ethical dilemmas for the therapist. The groups use the school-selected ethical decision-making model to work through each situation in writing. They turn in their work, which is graded.

#### **Demonstration: Therapist Management of Common Ethical Dilemmas**

Classroom time: 60 minutes

Description: The instructor demonstrates effective and professional language and behaviors when faced with common ethical dilemmas.

#### **Key Skills:**

- Avoid counseling a client even when the client attempts to get counseling from the therapist.
- Refuse a client massage due to a condition that contraindicates treatment.
- Refuse a client massage because the therapist suspects the client is under the influence of an illegal drug or alcohol.
- Require a parent or guardian to be present during massage of a minor when the parent or guardian seeks to drop the child off alone during the session.
- Respond to a client's request for a date.

#### **Session Exchange: Therapist Management of Common Ethical Dilemmas**

Classroom time: 140 minutes

Description: Learners are presented with therapist-client scenarios depicting common ethical dilemmas. They practice role-playing professional language and behaviors to manage these situations effectively. Each learner has 45 minutes of practice with 30 minutes allotted to set up, change over, and clean up, and 20 minutes to process learner experiences after the sessions.

#### **Key Skills:**

- Avoid counseling a client even when the client attempts to get counseling from the therapist.
- Refuse a client massage due to a condition that contraindicates treatment.
- Refuse a client massage because the therapist suspects the client is under the influence of an illegal drug or alcohol.
- Require a parent or guardian to be present during massage of a minor when the



- parent or guardian seeks to drop the child off alone during the session.
- Respond to a client's request for a date.

### **Interactive Lecture: Code of Ethics and Standards of Practice**

Classroom time: 180 minutes

Key Concepts:

- Define *code of ethics*.
- Activity: learners break into small peer groups of 2 or 3 people and analyze the codes of ethics from the American Massage Therapy Association (AMTA), Associated Bodywork & Massage Professionals (ABMP), and the National Certification Board for Therapeutic Massage & Bodywork (NCBTMB). They identify the commonly held ethical principles and compare their findings with one other peer group.
- Define *ethical principles*.
- Define *ethical violations*.
- Present and discuss each school-selected ethical principle by describing the principle and the standards of practice that uphold the principle. Present two or more examples of ethical violations related to each code or standard. As suggested by the time allotted to this interactive lecture, this content should be covered comprehensively and thoroughly. Ethical principles, standards, and violations commonly include but are not limited to these areas:
  - Respect the dignity and rights of all people - present and discuss the code, standards of practice, and violations related to this area (for example, standards include draping policies that protect client modesty, a recourse policy in the event a client doesn't feel satisfied with the massage, the right of the client to informed consent, and working with minors appropriately. An ethical violation would be not providing the client with modest draping or requiring a client to take off clothing they wish to keep on. Another violation would be not providing the client with a written informed consent document to read and sign, etc.).
  - Commitment to high-quality care - present and discuss the code, standards of practice, and violations related to this area (for example, "high-quality care" refers to attentiveness to client needs and providing clients with a safe, sanitary, and comfortable space in which to receive massage. One ethical violation of this code or standard is "stacking sheets" where therapists in busy clinics have multiple bottom sheets pre-set to save time during transitions between clients. This leaves the client susceptible to contact with another's body fluids such as perspiration or saliva that may seep through a sheet onto the sheet below, etc.).
  - Informed consent document - present and review two sample informed consent documents and discuss each section of the document and proper informed consent signature language.
  - Working with minors - present considerations when working with minors (e.g., they have more difficulty asserting their rights or autonomy, therapists should never be alone in a treatment room with a child or young adult under the age of eighteen, etc.).
  - Inherent worth of all people - present and discuss the code, standards of practice, and violations related to this area.
  - Declining massage - present and discuss when it is relevant and ethical to

- decline massage to a client.
- Sexual conduct is unethical - present and discuss the code, standards of practice, and violations related to this area.
  - Present and discuss therapist and client behaviors that denote sexual innuendo and its ramifications.
  - Present and discuss therapist and client behaviors that denote sexual impropriety and its ramifications.
  - Present and discuss therapist and client behaviors that denote sexual harassment and its ramifications.
  - Present and discuss therapist and client behaviors that denote sexual abuse (all therapist behaviors that are sexual because of the power differential).
- Honest representation of qualifications - present and discuss the code, standards of practice, and violations related to this area.
- Practice within the limits of training - present and discuss the code, standards of practice, and violations related to this area.
- Do no harm - present and discuss the code, standards of practice, and violations related to this area.
- Practice confidentiality - present and discuss the code, standards of practice, and violations related to this area.
- Uphold appropriate sexual boundaries - present and discuss the code, standards of practice, and violations related to this area.
- Practice honesty in business and finances - present and discuss the code, standards of practice, and violations related to this area.
- Maintain the highest standards of professional conduct - present and discuss the code, standards of practice, and violations related to this area.

### **Activity: Therapist Behaviors that Violate Ethical Principles**

Classroom time: 60 minutes

Description: Learners break into peer groups of 2 or 3 people. For each ethical principle the learners review the board of massage website in their own state and determine one example of a therapist violating that principle. They outline the therapist behaviors that led to the violation. Groups share their findings with one other peer group.

### **Demonstration: Ethics and Client Situations**

Classroom time: 45 minutes

Description: The instructor demonstrates effective and professional language and behaviors to manage clients effectively and uphold ethics in these client situations.

#### **Key Skills:**

- Decline a client massage when it is appropriate.
- Represent one's massage/bodywork qualifications honestly and point out the limitations of massage/bodywork treatment.
- Refer clients to other health care providers when appropriate.
- Obtain the client's informed consent to massage treatment.
- Redirect a client who is talking heatedly about politics or religion.
- Redirect a client who called the therapist by a nickname that may have a sexual connotation (e.g., sweetheart).

**Skill Practice: Ethics and Client Situations**

Classroom time: 90 minutes

Description: Learners pair up to practice using effective and professional language and behaviors to manage clients effectively and uphold ethics in these client situations

Key Skills:

- Decline a client massage when it is appropriate.
- Represent one's massage/bodywork qualifications honestly and point out the limitations of massage/bodywork treatment.
- Refer clients to other health care providers when appropriate.
- Obtain the client's informed consent to massage treatment.
- Redirect a client who is talking heatedly about politics or religion.
- Redirect a client who called the therapist by a nickname that may have a sexual connotation (e.g., sweetheart).

**Review: Ethics and the Therapeutic Relationship**

Classroom time: 60 minutes

Description: Learners review concepts and practical tasks in preparation for the written and practical evaluations.

**Written Examination: Ethics and the Therapeutic Relationship**

Classroom time: 60 minutes

Questions: 30

Essay question: Learners are presented with an ethical dilemma and the school-selected ethical decision-making model. They work through the dilemma using the model as an essay question.

**Practical Examination: Ethics and the Therapeutic Relationship**

Classroom time: 120 minutes

Description: Learners pair up. The instructor gives each learner a written scenario of an ethical dilemma. Learner pairs have 20 minutes to practice their scenarios and then role-play them to the class demonstrating effective and professional therapist language and behaviors. For larger groups, instructors may need to break learners into two separate demonstration groups and use an additional instructor to evaluate scenarios.

Key Skills: Learners receive scenarios in one of these areas:

- Avoid counseling a client even when the client attempts to get counseling from the therapist.
- Refuse a client massage due to a condition that contraindicates treatment.
- Refuse a client massage because the therapist suspects the client is under the influence of an illegal drug or alcohol.
- Require a parent or guardian to be present during massage of a minor when the parent or guardian seeks to drop the child off alone for the session.
- Respond to a client's request for a date.
- Decline a client massage when appropriate.
- Represent one's massage/bodywork qualifications honestly and point out the

limitations of massage/bodywork treatment.

- Refer clients to other health care providers when appropriate.
- Obtain the client's informed consent to massage treatment.
- Redirect a client who is talking heatedly about politics or religion.
- Redirect a client who called the therapist by a nickname that may have a sexual connotation (e.g., sweetheart).

Subject: The Therapeutic Relationship

## Topic: Boundaries In the Therapeutic Relationship

### Learning Outcomes

**Conditions:** Having completed 18.0 hours of instruction on boundaries in a therapeutic relationship, the learner is expected to:

- Demonstrate knowledge of the terms and concepts related to boundaries in a therapeutic relationship, including establishing and maintaining boundaries, responding to boundary violations, avoidance of behaviors that violate the boundaries of clients, managing personal and client emotions during sessions, and managing issues related to touch, intimacy, and sexual arousal responses effectively and professionally, on a written examination.
- Demonstrate effective and appropriate language and behaviors to establish boundaries, respond to boundary violations, manage a client's emotional release process, respond professionally to clients experiencing unwanted sexual arousal responses, and respond professionally to clients seeking sexual gratification from the massage session, on a practical evaluation.

**Conditions:** Having completed learning in other classes, the learner is expected to:

- Demonstrate effective language and behaviors to deal professionally and appropriately with boundary crossings, client emotional release, or client situations that require a therapist to manage intimacy, touch, and sexual arousal responses, when presented with on-the-spot scenarios by instructors in graded activities.

### Hours Rationale - Sample Learning Experiences

Please note: Concepts related to the therapeutic relationship are reinforced in learning objectives and learning experiences in other topics of the ELAP Education Blueprint and this Hours Rationale document.

#### Interactive Lecture: Establishing and Maintaining Professional Boundaries

Classroom time: 180 minutes

Key Concepts:

- Define *personal space* and explain factors related to the development of personal space (e.g., cultural influences, privacy while growing up, etc.) and how our concepts of personal space might influence our massage practices.

- Activity: think-pair-share: learners free-write for 3 minutes on the topic of their experiences related to personal space. They form small peer groups and share their findings with two other people.
- Boundaries:
  - Define *boundaries*.
  - Define each type of boundary and give examples of when each type is used in particular situations appropriately (e.g., permeable boundaries are used with friends/family but not with clients, etc.). Give examples of ethical violations caused when each boundary type is used in the wrong situation (e.g., permeable boundary used with a client causing the therapist to share too much personal information, etc.).
    - Permeable
    - Semipermeable
    - Impermeable
  - Define each form of boundary and give examples of the appropriate behavior to maintain the form (e.g., a therapist exhibiting appropriate mental boundaries would not be drawn into a political discussion with a client. Instead, he or she would redirect the client to the work of the session, etc.).
    - Physical
    - Emotional
    - Mental
    - Spiritual
    - Sexual
  - Boundary violation:
    - Define the term.
    - Present and discuss examples of how a therapist might cross each form of a client's boundaries (physical, emotional, mental, spiritual, sexual).
    - Present and discuss examples of how a client might cross each form of a therapist's boundaries (physical, emotional, mental, spiritual, sexual).
    - Present and discuss methods therapists can use to redirect clients who are violating their boundaries.
  - Activity: present five massage session scenarios in which a therapist violates a client's boundaries, and learners determine which boundary form has been violated (physical, emotional, spiritual, mental, or sexual).
  - Boundary setting:
    - Present and discuss methods therapists use to set professional boundaries during massage sessions.
    - Present and discuss methods therapists use to help clients set appropriate boundaries during massage sessions.
  - Dual relationships:
    - Define the term.
    - Discuss the types of dual relationships that might be formed by a therapist and client.
    - Discuss the types of dual relationships that are completely prohibited in the massage profession.
    - Discuss methods for managing dual relationships with friends, family members, and colleagues who want massage therapy.
  - Desexualize massage:

- Review historical and cultural reasons massage is linked with prostitution in the minds of some clients.
- Present and discuss methods to desexualize massage in the minds of clients.
- External guidance - present and discuss methods to obtain external guidance on boundaries, therapeutic relationships and ethical issues by cultivating relationships with supervisors, mentors, and peer groups.

### **Demonstration: Establishing and Maintaining Professional Boundaries**

Classroom time: 45 minutes

Description: The instructor demonstrates effective and professional language and behaviors to establish and maintain professional boundaries in a therapeutic relationship.

#### **Key Skills:**

- Methods to establish boundaries at the beginning of a massage session.
- Methods to redirect or manage a client attempting to violate the therapist's boundaries in these situations (other situations may be substituted or added at the discretion of the instructor):
  - A client keeps reaching out during the massage session to touch the therapist on the arm, leg, or hand.
  - A client tells a therapist a story and becomes emotional, raising the voice and swearing excessively.
  - A client shares political views in opposition to the therapist's views.
  - A client shares religious views in opposition to the therapist's views.
  - A client states to a therapist, "I don't know what I would do without you. You are the only good thing in my world. I would be devastated without you!"

### **Session Exchange: Establishing and Maintaining Professional Boundaries**

Classroom time: 140 minutes

Description: Learners imitate and practice the language and behaviors the instructor used to establish and maintain professional boundaries in a therapeutic relationship. Each session lasts 45 minutes with 30 total minutes allotted to set up, change over, and clean up, and 20 minutes to process learner experiences at the end of sessions.

#### **Key Skills:**

- Methods to establish boundaries at the beginning of a massage session.
- Methods to redirect or manage a client attempting to violate the therapist's boundaries in these situations (other situations may be substituted or added at the discretion of the instructor):
  - A client keeps reaching out during the massage session to touch the therapist on the arm, leg, or hand.
  - A client tells a therapist a story and becomes emotional, raising the voice and swearing excessively.
  - A client shares political views in opposition to the therapist's views.
  - A client shares religious views in opposition to the therapist's views.
  - A client states to a therapist, "I don't know what I would do without you. You are the only good thing in my world. I would be devastated without you!"

**Activity: Establishing and Maintaining Professional Boundaries**

Classroom time: 60 minutes

Description: Learners pair up and develop a scene in which the “client” crosses the “therapist’s” boundaries and the “therapist” redirects the “client” effectively using appropriate language and behaviors. They role play their scene to two other peer groups for feedback and critique two other peer groups on their scenes.

**Integrative Lecture: Managing Emotions in a Therapeutic Relationship**

Classroom time: 90 minutes

Key Concepts:

- Define *emotion*.
- Emotional intelligence:
  - Define the term.
  - Present and discuss emotional intelligence skills.
  - Present and discuss the benefits of higher levels of emotional intelligence in massage therapists.
  - Compare and contrast therapist responses to client situations with higher and lower emotional intelligence.
  - Activity: think-pair-share: learners are given 3 minutes to free write about their personal ability to manage and control their emotions. They write briefly about a time when they lost control of their emotions and about a time they controlled their emotions. They pair up with another learner and share their experiences. Some may choose to share in the large group.
  - Discuss methods for developing greater emotional intelligence and better emotional control.
- Emotional release:
  - Define the term.
  - Present and discuss the reasons clients sometimes experience emotions during a massage session.
  - Present and discuss the types of emotional behaviors clients might demonstrate as part of an emotional release.
  - Discuss school-selected principles for managing client emotional release.
  - Present and discuss the school-selected procedure for managing a client’s emotional release process.
  - Present and discuss the behaviors of a therapist who handles a client’s emotional release process badly and the ramifications for the client.

**Demonstration: Managing a Client Emotional Release Process**

Classroom time: 45 minutes

Description: The instructor demonstrates appropriate and effective language and behaviors to manage a client’s emotional release process by applying the school-selected principles and following the school-selected procedure.

**Activity: Managing a Client’s Emotional Release Process**

Classroom minutes: 60 minutes

Description: Learners pair up and develop a scene in which the “client” experiences an emotional release and the “therapist” manages the emotional release process professionally and effectively by applying the school-selected principles and following the

school-selected procedure. Peers switch places so that each role plays the “client” and each acts as the “therapist.” They role play their scene to two other peer groups for feedback and give feedback to two other groups on their scenes.

### **Interactive Lecture: Managing Intimacy, Touch, and Sexual Arousal Responses**

Classroom time: 90 minutes

Key Concepts:

- Define *intimacy* as it is used in a massage practice and discuss the healthy nonsexual intimacy that is established with therapeutic massage.
- Sexual arousal responses:
  - Define the term.
  - Present and discuss the physiological reasons sexual arousal responses occur when a client is not seeking sexual gratification from the massage session.
  - Present and discuss the steps one would follow when managing a client experiencing an unwanted sexual arousal response.
  - Discuss the appropriate and effective languages and behaviors a therapist uses to manage a client’s sexual arousal response.
  - Discuss the negative effect on a client if the therapist uses inappropriate or unprofessional language and behaviors to manage a client experiencing a sexual arousal response.
  - Demonstrate the steps and professional language and behaviors to effectively manage a client experiencing a sexual arousal response.
  - Right-now practice: learners pair up and imitate the steps, language, and behaviors the instructor used to effectively manage a client with a sexual arousal response.
- Clients seeking sexual gratification:
  - Present and discuss methods for discouraging clients seeking sexual gratification from coming to a massage practice.
  - Present and discuss the behaviors of a client who is seeking sexual gratification from the massage session.
  - Present and discuss the steps one would follow when managing a client who is seeking sexual gratification from the massage session.
  - Discuss the professional and effective language and behaviors a therapist uses to terminate the session if the client is seeking sexual gratification.
  - Demonstrate the steps and professional language and behaviors to effectively manage a client seeking sexual gratification from the session.
  - Right-now practice: learners pair up and imitate the steps, language, and behaviors the instructor used to effectively manage a client seeking sexual gratification from the session.

### **Activity: Managing Sexual Issues Effectively**

Classroom time: 60 minutes

Description: Learners pair up and develop two role-play scenes. In the first, the “client” experiences an unwanted sexual arousal response and the “therapist” manages the situation professionally and effectively. In the second, the “client” is seeking sexual gratification from the massage session and the “therapist” manages the situation professionally and effectively. Learners switch roles so that they both role play the client and the therapist in both situations. They share their scenes with one other peer group for



feedback and discussion.

**Review: Ethics and the Therapeutic Relationship**

Classroom time: 60 minutes

Description: Learners review terms and concepts in preparation for written and practical evaluations.

**Written Examination: Boundaries and the Therapeutic Relationship**

Classroom time: 45 minutes

Questions: 30

**Practical Examination: Boundaries and the Therapeutic Relationship**

Classroom time: 120 minutes

Description: Learners pair up. The instructor gives each pair a written scenario of client-therapist situation involving boundaries, emotional release, or sexual issues. Learner pairs have 20 minutes to practice their scenarios and then role play them for the class demonstrating effective and professional therapist language and behaviors. For larger groups, instructors may need to break learners into two separate demonstration groups and use an additional instructor to evaluate scenarios.

Key Skills: Learners receive scenarios in one of these areas:

- A situation in which the therapist must establish boundaries at the beginning of a massage session.
- A situation in which a client keeps reaching out during the massage session to touch the therapist on the arm, leg, or hand.
- A situation in which a client tells a therapist a story and becomes emotional, raising the voice and swearing excessively.
- A situation in which a client shares political views in opposition to the therapist's views.
- A situation in which a client shares religious views in opposition to the therapist's views.
- A situation in which a client states to a therapist, "I don't know what I would do without you. You are the only good thing in my world. I would be devastated without you!"
- A situation in which a client experiences an emotional release during the session.
- A situation in which a client experiences an unwanted sexual arousal response during the session.
- A situation in which a client demonstrates behaviors that indicates the client is seeking sexual gratification from the session.

**80 Hours**

## **HOURS RATIONALE**

### **Anatomy, Physiology, and Pathology**

<b>Topic</b>	<b>Orientation to the Human Body (13.0)</b>
Sub-Topics	<ul style="list-style-type: none"><li>• Using Anatomic and Health Care Terminology</li><li>• Organization of the Body</li><li>• Structure and Function of Cells</li><li>• Structure and Function of Tissues and Membranes</li><li>• An Overview of Health and Disease</li></ul>
<b>Topic</b>	<b>The Integumentary System (5.0)</b>
Sub-Topics	<ul style="list-style-type: none"><li>• The Structure and Function of the Integumentary System</li><li>• Pathologies of the Integumentary System</li></ul>
<b>Topic</b>	<b>The Skeletal System (10.0)</b>
Sub-Topics	<ul style="list-style-type: none"><li>• The Skeleton and Bones</li><li>• Joints</li><li>• Pathologies of the Skeletal System</li></ul>
<b>Topic</b>	<b>The Fascial System (6.0)</b>
Sub-Topics	<ul style="list-style-type: none"><li>• The Structure and Function of the Fascial System</li><li>• Fascial Dysfunctions</li></ul>
<b>Topic</b>	<b>The Muscular System (13.0)</b>
Sub-Topics	<ul style="list-style-type: none"><li>• The Structure and Function of the Muscular System</li><li>• Muscle Contractions</li><li>• Pathologies of the Muscular System</li></ul>
<b>Topic</b>	<b>The Nervous System (16.0)</b>
Sub-Topics	<ul style="list-style-type: none"><li>• The Structure and Function of the Nervous System</li><li>• The Peripheral Nervous System</li><li>• The Central Nervous System</li><li>• The Anatomy of Pain</li><li>• Pathologies of the Nervous System</li></ul>

Topic	The Cardiovascular System ( 4.0)
Sub-Topics	<ul style="list-style-type: none"> <li>• The Structure and Function of the Cardiovascular System</li> <li>• Pathologies of the Cardiovascular System</li> </ul>
Topic	Other Body Systems (13.0)
Sub-Topics	<ul style="list-style-type: none"> <li>• The Lymphatic System</li> <li>• The Immune System</li> <li>• The Digestive System</li> <li>• The Respiratory System</li> <li>• The Endocrine System</li> <li>• The Reproductive System</li> <li>• The Urinary System</li> </ul>

## HOURS TABULATION METHOD

Learning experiences are classroom events or activities where learners experience something that results in a change in thinking, knowledge, skills, values, or behaviors.

The ELAP work group's recommendation of minimum hours for topics and subjects is based on the conversion of learning objectives into learning experiences appropriate for adult education, and a tabulation of the time it would take an average adult learner to attain the stated learning assuming competent instruction. Please note that the tabulation of hours is based on the idea that only the defined content is taught and that class time is well structured and used appropriately.

Therefore, the learning experiences outlined in this Hours Rationale document do not mandate specific classroom activities, but illustrate how the ELAP work group arrived at a particular hours recommendation. Also, note that 10 minutes of break time for every hour of lecture time is added into the total hours recommendation for the topic (thus the total is greater than the sum of its parts); final hours are also rounded up or down to the nearest half-hour at the topic level, and up or down to the nearest hour at the subject level. Again, note that the hours presented here are informed approximations, not precise mandates.

We want to emphasize that we encourage schools and instructors to adopt teaching strategies and learning experiences based on their philosophy of education. ELAP suggests the use of interactive lecture, completion of written worksheets like graphic organizers or diagrams, use of case studies and scenarios, peer discussion and problem solving, group projects, instructor demonstrations and modeling, structured hands-on practice time, role playing, written session planning, and simulations of client interactions, as primary methods to move learners from point A to point B in the Blueprint. However, other types of learning experiences could easily be substituted for those described in the

Blueprint within roughly the same time periods. For a detailed discussion of learning experiences in adult education, please review the Introduction to the Blueprint.

Please review the learning objectives in the Blueprint for content examples and for details of knowledge and skill components outlined in the learning experiences discussed in this document.

Subject: Anatomy, Physiology, and Pathology

## Topic: Orientation to the Human Body

### Learning Outcomes

**Conditions:** Having completed 13 hours of instruction on an orientation to the human body, the learner is expected to:

- Demonstrate knowledge of the terms and concepts related to using health care terminology, including the ability to break down unknown words into word elements, use a medical dictionary, positional and directional terms, body planes and movements, body regions, cavities, and abdominal quadrants, on a written examination.
- Demonstrate knowledge of the terms and concepts related to basic anatomy and physiology, including the structural levels of the body and the structure and function of cells, tissues, and membranes, on one or more written examinations.
- Demonstrate knowledge of the terms and concepts related to health, well-being, and disease, including aspects of well-being and predisposing causes of disease, on a written examination.

### Hours Rationale – Sample Learning Experiences

#### Interactive Lecture: Anatomic and Health Care Terminology

Classroom time: 180 minutes

Key Concepts:

- Health care terminology defined:
  - Present and discuss similarities and differences between the terms *health care terminology*, *anatomic terminology*, and *medical terminology*.
- Present and discuss the benefits of learning and using health care terminology consistently in school and in the massage profession.
- Present and discuss how health care terminology is used in the health care professions.
- Present and discuss briefly how health care terminology originated and why names are often of Greek or Roman origin.
- Word elements:
  - Define the term *word elements*.
  - Present and discuss prefix, suffix, and root words.
  - Preview common prefixes and give examples of prefixes in anatomy and physiology
  - Preview common roots and give examples of prefixes in anatomy and physiology

- Preview common suffixes and give examples of prefixes in anatomy and physiology
- Discuss ways that word elements are used to form words.
- Discuss methods for breaking down unknown words
- Activity: Learners break into pairs and the instructor sets a timer for 3 minutes. Groups attempt to match 30 word elements to their written descriptions (e.g., 10 prefixes, 10 roots, and 10 suffixes such as trans-, epi-, sub-, arthr(o), brachi(o), -algia, -cyte, -itis, etc.).
- Discuss how a medical dictionary is used and the importance of having one on hand in a massage practice.
- Activity: Learners form small peer groups of 2 or 3 people. Using a medical dictionary for a reference, they break down 20 health care words into their word parts and look up an additional 10 words to obtain their correct definition.
- Present and briefly discuss common positional and directional terms (*anatomic position, supine position, prone position, anterior, posterior, proximal, distal, medial, lateral, contralateral, ipsilateral, superior, inferior, palmar, dorsal, ventral, plantar, internal, external, superficial, deep, peripheral, central*).
- Activity: Learners break into pairs and use anatomic and health care terminology to describe positional relationships (e.g., your watch is proximal to your fingers and your nose is superior to your navel, etc.).
- Present and briefly discuss body planes (*sagittal plane, frontal plane, transverse plane*).
- Present and briefly discuss body movements (*flexion, extension, abduction, adduction, rotation, medial rotation, lateral rotation, left or right lateral flexion, supination, pronation, elevation, depression, protraction, retraction, upward rotation, downward rotation, inversion, eversion, dorsiflexion, plantar flexion, circumduction*).
- Activity: Learners complete a worksheet on which they match position, directional terms, body planes, and movements to their written descriptions.
- Identify the locations of these body regions using visual aids. Learners label them on a diagram as they are discussed by the instructor (*abdominal, acromial, antebrachial, antecubital, axillary, brachial, calcaneal, carpal, cervical, coxal, cranial, crural, cubital, digital, femoral, frontal, gluteal, inguinal, lumbar, manual, nasal, occipital, olecranal, oral, orbital, otic, palmar, patellar, pectoral, pedal, pelvic, peroneal, plantar, popliteal, pubic, sacral, scapular, spinal, sternal, sural, tarsal, temporal, thoracic, umbilical, vertebral*).
- Identify the locations of body cavities using visual aids. Learners label them on a diagram as they are discussed by the instructor (*cranial cavity, spinal cavity, thoracic cavity, abdomino-pelvic cavity*).
- Abdominal quadrants: Identify the locations of the abdominal quadrants using visual aids. Learners label them on a diagram as they are discussed by the instructor (*right upper quadrant, left upper quadrant, right lower quadrant, left lower quadrant*).

**Activity: Anatomic and Health Care Terminology**

Classroom time: 30 minutes

Description: Learners work on their own or in small peer groups to use their textbook to review terms and concepts related to anatomic and health care terminology. They match instructor-selected terms to written descriptions, fill in blanks, and label diagrams on a graded activity.

**Written Examination: Health Care Terminology**

Classroom time: 30 minutes

Questions: 20

**Interactive Lecture: Introduction to Anatomy and Physiology**

Classroom time: 90 minutes

Key Concepts:

- Anatomy defined
- Physiology defined
- Discuss the relationship between anatomy and physiology.
- Define and discuss each level of structural organization: chemical level, tissue level, organ level, organ system level, and organism level. Learners fill in a structural organization graphic organizer while the instructor presents each level and match level terms to their written descriptions.
- Chemistry: present and discuss briefly atoms, elements, molecules, ion, compounds, organic compound, inorganic compound.
- Define and discuss each organ system by providing an overview of its organs and its basic function.
  - Integumentary system
  - Skeletal system
  - Muscular system
  - Nervous system
  - Endocrine system
  - Cardiovascular system
  - Lymphatic system
  - Respiratory system
  - Digestive system
  - Urinary system
  - Reproductive system
- Activity: Learners form small peer groups and complete a written activity in which they match the eleven organ systems to their written descriptions and categorize a list of organs by placing them into a table under the proper body system heading.
- Homeostasis:
  - Define the term.
  - Present and discuss homeostatic control mechanisms including negative and positive feedback mechanisms.

**Written Examination: An Introduction to Anatomy and Physiology**

Classroom time: 15 minutes

Questions: 10

### **Interactive Lecture: The Structure and Function of Cells**

Classroom time: 60 minutes

Key Concepts:

- Cells defined.
- Anatomy of a generalized cell: present and discuss briefly the structures of cells and their functions.
  - The nucleus
  - The cytoplasm
  - The plasma membrane
- Present and discuss briefly the organelles of a generalized cell and their functions.
  - Mitochondria
  - Endoplasmic reticulum
  - Ribosomes
  - Lysosomes
  - Golgi apparatus
  - Centrosomes
  - Cytoskeleton
  - Vesicles
- Present and discuss briefly the diversity of cells in the body and provide examples of specific cell types and their functions (e.g., fibroblasts, erythrocytes, epithelial cell, macrophage, neuron).
- Present and discuss common cellular processes.
  - Transporting nutrients and wastes across plasma membranes.
  - Breaking down glucose to produce energy for cellular work.
  - Building essential proteins for growth and repair.
  - Adapting to changes in the environment.
  - Reproduction.

### **Activity: The Structure and Function of Cells**

Classroom time: 30 minutes

Description: Learners work on their own or in small peer groups to use their textbook to review terms and concepts related to the structure and function of cells. They match instructor-selected terms to written descriptions, fill in blanks, and label diagrams on a graded activity.

### **Interactive Lecture: The Structure and Function of Tissues and Membranes**

Classroom time: 60 minutes

Key Concepts:

- Body tissues:
  - Define the term.
  - Preview the four types.
  - Present and discuss each type of body tissue.
    - Epithelial
      - Location
      - Structure

- Characteristics
  - Functions
- Muscle
  - Location
  - Types (e.g., skeletal, cardiac, visceral/smooth)
  - Structure
  - Characteristics
  - Functions
- Nervous
  - Location
  - Structure
  - Characteristics
  - Functions
- Connective
  - Location
  - Types (e.g., liquid, loose, fibrous, cartilage, bone)
  - Structure
  - Characteristics
  - Functions
- Membranes
  - Define the term.
  - Preview the four types of membranes.
  - Present and discuss each type of membrane.
    - Mucous
      - Location
      - Characteristics
      - Functions
    - Serous
      - Location
      - Characteristics
      - Functions
    - Synovial
      - Location
      - Characteristics
      - Functions
    - Cutaneous
      - Location
      - Characteristics
      - Functions

**Activity: The Structure and Function of Tissues and Membranes**

Classroom time: 30 minutes

Description: Learners work on their own or in small peer groups to use their textbook to review terms and concepts related to the structure and function of tissues and membranes. They match instructor-selected terms to written descriptions, fill in blanks, and label diagrams on a graded activity.



## Written Examination: The Structure and Function of Cells, Tissues, and Membranes

Classroom time: 15 minutes

Questions: 10

## Interactive Lecture: An Overview of Health and Disease

Classroom time: 90 minutes

Key Concepts:

- Health and well-being:
  - Define health.
  - Define well-being.
  - Present and discuss briefly, each aspect of well-being:
    - Physical well-being
      - Physical health and fitness
      - Personal satisfaction with appearance
      - Personal satisfaction with ability to physically function
    - Intellectual well-being
      - Intellectual growth
      - Curiosity
      - Challenge
      - Creative expression
    - Emotional well-being
      - Exploring feelings
      - Expressiveness
      - Control
      - Use in decision making
    - Spiritual well-being
      - Search for meaning
      - Search for purpose
      - Sense of beauty, hope, and comfort
    - Occupational well-being
      - Personal satisfaction with one's work
      - Challenge
      - Growth
      - Service
    - Social well-being
      - Personal satisfaction with one's relationships
      - Sense of connection
      - Sense of community
  - Wellness models: Present and briefly discuss wellness models.
    - Defined
    - Purpose
    - Benefits
    - Different models
- Disease
  - Review the term *disease*.
  - Define the term *pathology*.

- Review disease types.
- Review pathogen types.
- Review how infectious diseases are spread.
- Review hygiene practices of health care providers.
- Review standard precautions.
- Review or define pathology-related terminology: *signs, symptoms, acute, subacute, chronic, contraindication, diagnosis, etiology, idiopathic, indication.*
- Present and discuss the predisposing causes of disease.
  - Age
  - Gender
  - Heredity (genetics)
  - Living conditions and habits
  - Emotional states and habits
  - Previous physical injury
  - Chemical damage
  - Preexisting conditions, especially high blood pressure, or diabetes
  - Stress

**Activity: The Body in Health and Disease**

Classroom time: 30 minutes

Description: Learners work on their own or in small peer groups to use their textbook to review terms and concepts related to the body in health and disease. They match instructor-selected terms to written descriptions, fill in blanks, and label diagrams on a graded activity.

**Written Examination: An Overview of Health and Disease**

Classroom time: 15 minutes

Questions: 10

## Topic: The Integumentary System

### Learning Outcomes

**Conditions:** Having completed 5 hours of instruction on the integumentary system, the learner is expected to:

- Demonstrate knowledge of the terms and concepts related to the structure, function, and pathologies of the integumentary system, on a written examination.
- Demonstrate the use of a clinical reasoning model to determine appropriate massage session action for an integumentary pathology (e.g., determine it is a contraindication and decline massage, determine it is a local contraindication, determine that another session adaptation is required, etc.), on a graded activity.

### Hours Rationale – Sample Learning Experiences

#### Interactive Lecture: The Structure and Function of the Integumentary System

Classroom time: 90 minutes

Key Concepts:

- Define *integumentary system*.
- Structure: Present and discuss simply these structures and their functions:
  - Epidermis
  - Dermis
  - Subcutaneous layer
  - Accessory structures of the skin:
    - Sebaceous glands
    - Sudoriferous glands
    - Hair
    - Nails
- Present and discuss simply these key functions of the integumentary system:
  - Protection
  - Temperature regulation
  - Excretion and absorption
  - Collection of sensory information
  - Synthesis of vitamin D
- Present and discuss simply these cutaneous sensory receptors:
  - Touch receptor
  - Temperature receptor
  - Pressure receptor
  - Nociceptor
  - Vibration receptor
- Present and discuss tactile stimulation as a necessary component of life and development. Compare and contrast the term *touch* as it is used in massage and the skin as a sensory organ.

#### Activity: The Structure and Function of the Integumentary System

Classroom time: 30 minutes

Description: Learners work on their own or in small peer groups using their textbook to review terms and concepts related to the structure and function of the integumentary system. They match instructor-selected terms to written descriptions, fill in blanks, and label diagrams on a graded activity.

### **Interactive Lecture: Pathologies of the Integumentary System**

Classroom time: 90 minutes

Key Concepts:

- Define the term *pathologies of the integumentary system*.
- Present and discuss contagious skin disorders including their signs, symptoms, and massage adaptations (e.g., absolute contraindication, local contraindication, etc.):
  - Animal parasites
  - Fungal infections
  - Herpes simplex
  - Staphylococcal infections
  - Streptococcal infections
  - Warts
- Present and discuss noncontagious inflammatory skin disorders including signs, symptoms, and massage adaptations (e.g., use of lubricants that may irritate, when area is a local contraindication, etc.):
  - Acne
  - Dermatitis
  - Eczema
  - Psoriasis
- Present and discuss skin injuries including signs, symptoms, and massage adaptations (e.g., local contraindication, use of lubricants, etc.):
  - Burns
  - Decubitus ulcers
  - Scar tissue
  - Keloid scars
  - Contracture scars
  - Others as selected by the instructor
- Present and discuss skin injuries including signs, symptoms, and massage adaptations:
  - Lacerations
  - Fissures
  - Papules
  - Vesicles
  - Pustules
  - Punctures
  - Abrasions
  - Ulcers
  - Incisions

**Activity: Using a Clinical Reasoning Model with Integumentary Pathologies**

Classroom time: 30 minutes

Description: Learners break into pairs to analyze one mock health form indicating a client has a skin condition. They use a clinical reasoning model to determine appropriate action (e.g., massage is contraindicated, massage is safe with some modifications, the client should be referred, more information is needed, etc.). They share their findings with one other peer group and turn in their results for a grade.

**Written Examination: The Integumentary System**

Classroom time: 30 minutes

Questions: 20

Subject: Anatomy, Physiology, and Pathology

**Topic: The Skeletal System****Learning Outcomes**

**Conditions:** Having completed 10 hours of instruction on the skeletal system, the learner is expected to:

- Demonstrate knowledge of the terms and concepts related to the structure and function of the skeletal system, including bones, bony landmarks, and joints and pathologies of the skeletal system, including fractures, dislocations, and subluxations, on one or more written examinations.
- Demonstrate the use of a clinical reasoning model to determine appropriate massage session actions for a skeletal system pathology (e.g., determine it is a contraindication and decline massage, determine it is a local contraindication, determine that another session adaptation is required, etc.), on a graded activity.

**Hours Rationale – Sample Learning Experiences****Interactive Lecture: The Structure and Function of the Skeleton and Bones**

Classroom time: 120 minutes

Key Concepts:

- Skeletal system, defined.
- Structure of the skeleton: present and discuss simply the two divisions of the skeleton including the bones that comprise each division:
  - Axial:
    - Cranial and facial bones
    - Hyoid bone
    - Ossicles
    - Vertebrae
    - Rib cage
  - Appendicular:

- Pectoral girdle
  - Upper extremity
  - Pelvic girdle
  - Lower extremity
- Present and discuss these functions of the skeleton:
  - Framework and support
  - Protection
  - Levers and fulcrums
  - Mineral storage
  - Blood cell production
- Present and discuss the structure of bone tissue and the functions of bone tissue components:
  - Cells found in bone:
    - Osteoblasts
    - Osteocytes
    - Osteoclasts
    - Osteogenic cells
  - Compact bone structure
  - Spongy bone structure
- Present and discuss bone classifications by shape:
  - Long
  - Short
  - Flat
  - Irregular
  - Activity: Using a textbook for a reference, learners match these bones to their classification by shape (long, short, flat, irregular): femur, tibia, fibula, humerus, ulna, radius, metatarsals, metacarpals, phalanges, carpals, tarsals, skull, pelvic girdle, sternum, ribs, scapula, vertebrae, patella.
- Present and discuss the anatomy of a typical long bone:
  - Diaphysis
  - Medullary cavity
  - Epiphysis
  - Metaphysis
  - Epiphyseal plate
  - Articular cartilage
  - Periosteum
- Bone landmarks:
  - Defined
  - Present and discuss terminology to describe projections with examples:
    - Tubercle
    - Tuberosity
    - Head
    - Condyle
    - Epicondyle
    - Process
    - Crest
  - Present and discuss terminology to describe depressions with examples:
    - Fossa

- Fovea
- Facet
- Present and discuss terminology to describe holes with examples:
  - Foramen
  - Meatus
  - Sinus
- Activity: Learners use a textbook for a reference and label two examples of a condyle, epicondyle, fossa, trochanter, and process on diagrams of the humerus, femur, and scapula.

### **Activity: Location and Identification of Bones**

Classroom time: 60 minutes

Description: Learners use a textbook to label the bones of the skeleton on diagrams for a grade. Learners should label these bones:

- Head and face: frontal, parietal, temporal, occipital, sphenoid, ethmoid, lacrimal, nasal, nasal concha, vomer, palatine, zygomatic, maxilla, mandible.
- Spinal column: 7 cervical vertebrae, 12 thoracic vertebra, 5 lumbar vertebra, 5 sacral vertebra, and 3 or 4 coccygeal vertebrae.
- Sacrum: sacral canal, superior articular process, coccyx, sacral foramen.
- Lumbar vertebra: body, superior articular processes, transverse process, spinous process, vertebral arch, lamina, pedicle, vertebral foramen, inferior articular processes.
- Thoracic vertebra: body, inferior articular process, superior articular processes, spinous process, transverse process, rib facet/articulation.
- Cervical vertebra: body, transverse foramen, vertebral foramen, spinous process, superior articular process.
- Atlas and axis: atlas, axis, articular process, transverse foramen, anterior arch, dens (odontoid process), body, transverse process, spinous process.
- Articulated thoracic vertebrae: spinous processes, transverse processes (articulates with rib), spinal cord, superior articular processes, intervertebral foramen, spinal nerves, intervertebral disc, body of vertebrae, inferior articular processes.
- Thorax: true ribs 1-7, false ribs 8-12, floating ribs 11-12, sternum, suprasternal notch, clavicular notch, manubrium, sternal angle, body of sternum, xiphoid process, intercostal spaces, costal cartilage.
- Pectoral girdle: humerus, glenoid fossa, coracoid process, acromion process, glenohumeral joint, acromioclavicular joint, scapula, clavicle, sternoclavicular joint, clavicular notch, manubrium, sternum.
- Scapula (label these parts of the bone): infraspinous fossa, medial border (vertebral border), supraspinous fossa, superior angle, coracoid process, acromion process, spine, glenoid fossa, lateral border (axillary border), inferior angle, subscapular fossa, infraglenoid tubercle, superaglenoid tubercle.
- Humerus (label these parts of the bone): condyle, capitulum, lateral epicondyle, radial fossa, lateral supracondylar ridge, lesser tubercle, bicipital or intertubercular groove, greater tubercle, head, neck, deltoid tuberosity, medial supracondylar ridge, coronoid fossa, trochlea, medial epicondyle, olecranon fossa.
- Radius and ulna (label these structures): radial styloid process, ulnar notch, interosseous membrane, radial tuberosity, head of the radius, radial notch,

olecranon process, trochlear notch, coronoid process, ulnar tubercle, head of ulna, ulnar styloid process.

- Wrist and hand (label these structures): hamate, pisiform, triquetrum, trapezoid, trapezium, capitate, scaphoid, lunate, carpals, metacarpals, phalanges, metacarpophalangeal joint, proximal interphalangeal joint, distal interphalangeal joint, distal phalanx, middle phalanx, proximal phalanx.
- Pelvic girdle (label these structures): ischial tuberosity, lesser sciatic notch, acetabulum, greater sciatic notch, posterior inferior iliac spine, posterior superior iliac spine (PSIS), iliac crest, ilium, ischium, pubis, obturator foramen, anterior inferior iliac spine, anterior superior iliac spine (ASIS), iliac fossa, coccyx, sacrum, pubic arch.
- Femur (label these parts of the bone): patellar surface (groove), lateral condyle, lateral epicondyle, adductor tubercle, medial epicondyle, medial condyle, intercondylar fossa, linea aspera, shaft, lesser trochanter, neck, greater trochanter, head, fovea capitis.
- Tibia and fibula (label these structures): medial malleolus, interosseous membrane, tibial plateau, intercondylar eminence, fibula, tibia, lateral malleolus, tibial crest, head of the fibula, tuberosity of tibia, medial condyle, lateral condyle, articular facet for tibia.
- Ankle and foot (label these structures): tarsals, metatarsals, phalanges, calcaneus, talus, cuboid, navicular cuneiforms, base of the metatarsals, shaft of the metatarsals, head of the metatarsals, proximal phalanx, middle phalanx, distal phalanx.

### **Written Examination: The Structure and Function of the Skeleton**

Classroom time: 30 minutes

Questions: 20

### **Interactive Lecture: Joints**

Classroom time: 120 minutes

Key Concepts:

- Define the term *joint*.
- Present and discuss these structural classifications of joints and give three examples of each classification:
  - Fibrous
  - Cartilaginous
  - Synovial
- Present and discuss these functional classifications of joints and give two examples of each classification:
  - Synarthroses
  - Amphiarthroses
  - Diarthroses
- Present and discuss the relationship and correlation between structural and functional classifications of synovial joints:
  - Present and discuss the structure of synovial joints, associated structural features, and the function of each structure/feature:
    - Joint capsule



- Articular (hyaline) cartilage
- Synovial membrane
- Synovial fluid
- Joint space
- Ligaments
- Bursae
- Activity: On a diagram of a synovial joint, learners label these structures: joint capsule, synovial membrane, ligaments, articulating bone, synovial cavity, articular cartilage.
- Present and discuss how synovial joints are classified according to the shape of their bone ends, how they articulate, and the movements they allow, and provide examples of each:
  - Ball and socket
  - Hinge
  - Pivot
  - Ellipsoid (condyloid)
  - Saddle
  - Gliding
- Activity: On diagrams showing all of the synovial joints, learners label each joint with one of these types: ball and socket, hinge, ellipsoid (condyloid), pivot, saddle, gliding.

#### **Written Examination: Joints**

Classroom time: 30 minutes

Questions: 20

#### **Interactive Lecture: Pathologies of the Skeletal System**

Classroom time: 120 minutes

Note: Please see learning experiences related to arthritis, bursitis, osteoporosis, and sprains in the topic Adapting Sessions for Clients with Common Pathologies.

##### **Key Concepts**

- Define the term *pathologies of the skeletal system*.
- Present, define and briefly discuss fracture types and their general causes:
  - Simple
  - Incomplete
  - Compound
  - Stress
  - Compression
- Present and discuss cautions, contraindications, and session adaptations for clients recovering from a fracture and with a history of past fracture.
- Present and discuss the benefits and effects of massage for clients recovering from fractures and with a history of past fractures.
- Present, define, and discuss dislocations including factors, signs, and symptoms.
- Present and discuss cautions, contraindications, and session adaptations for clients recovering from dislocations and with a history of past dislocation.
- Present and discuss the benefits and effects of massage for clients recovering from dislocations and with a history of past dislocation.

- Present, define, and discuss subluxations including causes of subluxations and common places where subluxations occur.
- Present and discuss the benefits and effects of massage for clients with subluxations.

**Activity: Using a Clinical Reasoning Model with Skeletal Pathologies**

Classroom time: 30 minutes

Description: Learners break into pairs to analyze one mock health form indicating a client has a pathology related to the skeletal system. They use a clinical reasoning model to determine appropriate action (e.g., massage is contraindicated, massage is safe with some modifications, the client should be referred, more information is needed, etc.). They share their findings with one other peer group and turn in their results for a grade.

**Written Examination: Pathologies of the Skeletal System**

Classroom time: 15 minutes

Questions: 10

Subject: Anatomy, Physiology, and Pathology

## Topic: The Fascial System

**Learning Outcomes**

**Conditions:** Having completed 6 hours of instruction on the fascial system, the learner is expected to:

- Demonstrate knowledge of the terms and concepts related to the structure and function of the fascial system, on a written examination.
- Demonstrate knowledge of the terms and concepts related to myofascial dysfunction on a written examination.

### Hours Rationale – Sample Learning Experiences

**Interactive Lecture: The Structure and Function of the Fascial System**

Classroom time: 120 minutes

Key Concepts:

- Define and discuss fascia, its relationship with muscle tissue, and the structure of myofascia.
- Define and discuss connective tissue and these aspects of connective tissue.
  - Present and discuss briefly the different types of connective tissue:
    - Fascia
    - Bone
    - Cartilage

- Ligaments
- Tendons
- Joint capsules
- Periosteum of bones
- Blood
- Adipose tissue
- Present and discuss the components that make up connective tissue, their structure and function:
  - Connective tissue cells
    - Fibroblasts
    - Mast cells
  - Ground substance
  - Connective tissue fibers
    - Collagen
    - Elastin
    - Reticular
- Present and discuss these properties of connective tissue and the implications for massage or bodywork:
  - Thixotropy
  - Viscoelasticity
  - Piezoelectricity
  - Adhesiveness
- Present and discuss the unique characteristics of fascia that make it different from other connective tissue and therefore more responsive to massage or bodywork methods:
  - Higher levels of ground substance
  - Links all body areas together
- Present and discuss the functions of fascia:
  - Structural integrity
    - Tensegrity
  - Protection and shock absorption
  - Immune defense
  - Cellular exchange
- Present and discuss the locations of fascia and theories of fascial organization such as the idea of horizontal planes, fascial bands, and myofascial chains. Discuss implications for these arrangements of fascia to massage and bodywork.
  - Superficial
  - Deep
  - Horizontal planes
  - Fascial bands
  - Myofascial chains

**Activity: The Structure and Function of the Fascial System**

Classroom time: 30 minutes

Description: Learners work on their own or in small peer groups to use their textbook to review terms and concepts related to the structure and function of the fascial system. They match instructor-selected terms to written descriptions, fill in blanks, and label diagrams on a graded activity.

**Written Examination: The Structure and Function of Fascia**

Classroom time: 30 minutes

Questions: 20

**Interactive Lecture: Myofascial Dysfunction**

Classroom time: 105 minutes

Key Concepts:

- Myofascial dysfunction
  - Defined
  - Present and discuss general causes and factors that lead to myofascial dysfunction:
    - Postural habits
    - Diet
    - Repetitive mechanical stress
    - Injury
    - Chronic stress
    - Lifestyle
  - Present and discuss these components of connective tissue, normal function, and dysfunction:
    - Cells (fibroblasts, chondrocytes, osteocytes)
      - Healthy function
      - Dysfunction
    - Fibers (collagen, elastin, reticulin)
      - Collagen
        - Formation: present and discuss how collagen fibers are formed.
        - Healthy function
        - Dysfunction
    - Ground substance
      - Composition
      - Function
      - Dysfunction
  - Present and discuss these properties of connective tissue and compare and contrast healthy function with dysfunction:
    - Thixotropy
      - Healthy function
      - Dysfunction
    - Viscoelasticity
      - Healthy function
      - Dysfunction
    - Piezoelectricity

- Healthy function
- Dysfunction
- Adhesiveness
  - Healthy function
  - Dysfunction
- Pain and fascia
  - Present and discuss these sensory receptors and their locations and functions:
    - Mechanoreceptors
    - Proprioceptors
    - Chemoreceptors
    - Nociceptors
  - Discuss the neurosensory role of soft tissue and the concept that fascia is more pain sensitive than muscle and transmits pain over broad distances through the fascial “web.”
- Present and discuss what happens when fascia becomes shortened.
- Present and discuss ways to promote myofascial health and implications for massage and bodywork:
  - “Melt” and “stir” ground substance.
  - Increase piezoelectricity.
  - Reduce fascial restrictions.
  - Break adhesive bonds.

#### **Written Examination: Myofascial Dysfunction**

Classroom time: 30 minutes

Questions: 20

Subject: Anatomy, Physiology, and Pathology

## **Topic: The Muscular System**

### **Learning Outcomes**

**Conditions:** Having completed 13 hours of instruction on the muscular system, the learner is expected to:

- Demonstrate knowledge of the terms and concepts related to the structure, function, and pathologies of the muscular system, on a written examination.
- Demonstrate the use of a clinical reasoning model to determine appropriate massage session action for a skeletal system pathology (e.g., determine it is a contraindication and decline massage, determine it is a local contraindication, determine that another session adaptation is required, etc.), on a graded activity.

### Interactive Lecture: The Structure and Function of the Muscular System

Classroom time: 180 minutes

Key Concepts:

- Define the term *muscular system*
- Present and discuss the structures of the muscular system:
  - Present and discuss briefly the types of muscle found in the muscular system, their location, and their basic function:
    - Skeletal muscle
    - Cardiac muscle
    - Smooth muscle
  - Present and discuss the structural components of a skeletal muscle:
    - Myosin
    - Actin
    - Myofilaments
    - Myofibrils
    - Sarcomeres
    - Myofibers (wrapped by the endomysium)
    - Fascicles (wrapped by the perimysium)
    - Muscle (wrapped by the epimysium)
    - Tendon
  - Activity: learners use their textbook to label the structures of a skeletal muscle on diagrams.
  - Present and discuss the connective tissue components of the muscular system:
    - Fascia
    - Tendon
    - Aponeurosis
    - Retinaculum
  - Present and discuss the characteristics of muscle:
    - Muscles respond to stimuli (excitable).
    - Muscles contract (contractile).
    - Muscles extend (extensible).
    - Muscle is elastic.
  - Present and discuss different types of muscle fiber arrangements:
    - Parallel
    - Fusiform
    - Circular
    - Triangular
    - Pennate
    - Unipennate
    - Bipennate
    - Multipennate
  - Activity: learners break into pairs and the instructor sets the timer for 3 minutes. Learners use a textbook to find an example of a muscle that matches each fiber arrangement (e.g., the gastrocnemius has a fusiform fiber arrangement).

- Present and discuss the muscle roles:
  - Agonist (prime mover)
  - Antagonist
  - Synergist
  - Stabilizer (fixator)
- Present and discuss the factors that influence muscle names:
  - Size
  - Shape
  - Function
  - Fiber direction
  - General location
  - Origin or insertion
  - Number of origins
- Activity: learners break into pairs and the instructor sets the timer for 3 minutes. Learners use a textbook to find an example of a muscle name to go with factors that influence naming (size, shape, function, fiber direction, general location, origin or insertion, number of origins).
- Present and briefly discuss instructor-selected muscles of each area of the body.
  - Face and head
  - Neck
  - Chest
  - Abdominal area
  - Paraspinal muscles
  - Back
  - Arm
  - Forearm
  - Pelvic girdle
  - Thigh
  - Leg
- Present and discuss the functions of the muscular system:
  - Generate force for movement .
  - Produce heat.
  - Maintain posture.
  - Stabilization of joints.

### **Activity: An Overview of Muscles**

Classroom time: 90 minutes

Description: Learners break into small peer groups. Each peer group is given a diagram of one or more body areas (depending on the number of learners in the class). Learners look up and label the muscles on the diagram of their body area. Peer groups pair up with other peer groups to share their muscles until all learners have an overview of the muscles of the body.

- On diagrams of the head and face, label these muscles: occipitalis, suboccipitals, frontalis, temporalis, masseter, medial pterygoid, lateral pterygoid, buccinators, orbicularis oris, orbicularis oculi.
- On diagrams of the neck, label these muscles: platysma, sternocleidomastoid, anterior scalene, middle scalene, posterior scalene, splenius capitis, splenius

cervicis, levator scapula.

- On diagrams of the chest, label these muscles: pectoralis major, pectoralis minor, subclavius, serratus anterior, internal intercostals, external intercostals, diaphragm.
- On diagrams of the abdominal area, label these muscles: rectus abdominis, external obliques, internal obliques, transverse abdominis, psoas major, psoas minor.
- On a diagram showing the paraspinal muscles, label these muscles: iliocostalis, longissimus, spinalis, semispinalis, multifidi, rotatores, interspinales, intertransversarii.
- On diagrams of the back, label these muscles: trapezius, latissimus dorsi, teres major, rhomboids, quadratus lumborum, supraspinatus, infraspinatus, teres minor, subscapularis.
- On diagrams of the brachium, label these muscles: deltoid, biceps brachii, coracobrachialis, brachialis, triceps brachii, supinator.
- On diagrams of the forearm, label these muscles: brachioradialis, extensorcarpi radialis longus, extensor carpi radialis brevis, extensor digitorum, extensor carpi ulnaris, pronator teres, flexor carpi radialis, palmaris longus, flexor carp ulnaris, flexor digitorum superficialis, flexor digitorum profundus.
- On diagrams of the pelvic girdle, label these muscles: gluteus maximus, gluteus medius, gluteus minimus, piriformis, tensor fasciae latae, iliacus.
- On diagrams of the thigh, label these muscles: rectus femoris, vastus medialis, vastus intermedius, vastus lateralis, Sartorius, pectineus, adductor brevis, adductor longus, adductor magus, gracilis, biceps femoris, semimembranosus, semitendinosus.
- On diagrams of the leg, label these muscles: tibialis anterior, extensor hallucis longus, extensor digitorum longus, peroneus longus, peroneus brevis, gastrocnemius, soleus, tibialis posterior, flexor hallucis longus, flexor digitorum longus.

### **Activity: The Structure and Function of the Muscular System Review**

Classroom time: 60 minutes

Description: Learners work on their own or in small peer groups to use their textbook to review terms and concepts related to the structures and functions of the muscular system. They match instructor-selected terms to written descriptions, fill in blanks, and label diagrams on a graded activity.

### **Written Examination: The Structure and Function of the Muscular System**

Classroom time: 45 minutes

Questions: 30

### **Interactive Lecture: Muscle Contraction**

Classroom time: 120 minutes

Key Concepts

- Define *muscle contraction*.
- Present and discuss the events in a muscle contraction as explained in sliding filament theory and discuss what happens if a muscle is longer or shorter than normal:



- Definition
- Events
- Implications if the muscle is elongated abnormally
- Implications if the muscle is shortened abnormally
- Present and discuss the structure and function of motor units in stimulating a muscle contraction:
  - Definitions
  - Motor neuron
  - Neuromuscular junction
  - Motor end plate
  - Neurotransmitters
  - Threshold stimulus
  - All-or-none response
  - Graded response
  - Motor unit recruitment
- Present and discuss the way the body produces energy for muscle contractions:
  - Anaerobic cellular metabolism
  - Aerobic cellular metabolism
- Present and discuss the key physiologic events in a muscle contraction:
  - Threshold stimulus from motor neuron causes stored calcium in the sarcoplasmic reticulum to be released into the sarcomere.
  - Presence of calcium stimulates chemical bonds between myofilaments.
  - This bonding between actin and myosin causes them to slide over each other to shorten the sarcomeres.
- Present and discuss different types of muscle contractions:
  - Tonic
  - Isometric
  - Isotonic
    - Concentric
    - Eccentric
- Present and discuss factors related to muscle tone:
  - Muscle tone defined
  - Hypertonicity defined
  - Hypotonicity defined
  - Flaccidity defined
  - Atrophy defined
- Present and discuss factors related to muscle fatigue (e.g., lack of oxygen, decrease in the calcium supply needed for myofilament bonding, depletion of glycogen and other fuels needed for contraction, build-up of lactic acid, build-up of ADP, or insufficient release of neurotransmitters from the motor neurons).

### **Activity: Muscular Contractions Review**

Classroom time: 60 minutes

Description: Learners work on their own or in small peer groups to use their textbook to review terms and concepts related to muscular contractions. They match instructor-selected terms to written descriptions, fill in blanks, and label diagrams on a graded activity.

**Written Examination: Muscle Contractions**

Classroom time: 30 minutes

Questions: 20

**Interactive Lecture: Pathologies of the Muscular System**

Classroom time: 135 minutes

Note: See in-depth learning objectives related to fascial dysfunctions, fibromyalgia, headaches, strains, and tendinopathies in the topic Adapting Massage for Clients with Common Pathologies.

Key Concepts:

- Spasm defined
- Cramp defined
  - Present and discuss the possible causes of spasms and cramps including nutritional factors, ischemia, exercise-associated muscle cramping, and “splinting” of an injury.
  - Present and discuss the signs and symptoms of spasms and cramps.
  - Present and discuss the cautions, contraindications, and session adaptations for spasms and cramps.
  - Present and discuss the benefits and effects of massage and particular massage techniques for spasms and cramps.
- Myofascial pain syndrome defined
  - Present and discuss the possible causes of myofascial pain syndrome.
  - Present and discuss the signs and symptoms of myofascial pain syndrome.
  - Present and discuss the cautions, contraindications, and session adaptations for myofascial pain syndrome.
  - Present and discuss the benefits and effects of massage and particular massage techniques for myofascial pain syndrome.
- Torticollis defined
  - Present and discuss the possible causes of torticollis.
  - Present and discuss the signs and symptoms of torticollis.
  - Present and discuss the cautions, contraindications, and session adaptations for torticollis.
  - Present and discuss the benefits and effects of massage and particular massage techniques for torticollis.

**Activity: Pathologies of the Muscular System Review**

Classroom time: 60 minutes

Description: Learners work on their own or in small peer groups to use their textbook to review terms and concepts related to the pathologies of the muscular system. They match instructor-selected terms to written descriptions, fill in blanks, and label diagrams on a graded activity.

**Activity: Using a Clinical Reasoning Model with Muscular System Pathologies**

Classroom time: 30 minutes

Description: Learners break into pairs to analyze one mock health form indicating a client has a pathology related to the muscular system. They use a clinical reasoning model to determine appropriate action (e.g., massage is contraindicated, massage is safe with some

modifications, the client should be referred, more information is needed, etc.). They share their findings with one other peer group and turn in their results for a grade.

**Written Examination: Pathologies of the Muscular System**

Classroom time: 30 minutes

Questions: 15

Subject: Anatomy, Physiology, and Pathology

## Topic: The Nervous System

**Learning Outcomes**

**Conditions:** Having completed 16 hours of instruction on the nervous system, the learner is expected to:

- Demonstrate knowledge of the terms and concepts related to the structure and function of the nervous system, including the central nervous system, peripheral nervous system, autonomic nervous system, somatic nervous system, the anatomy of pain, and nervous system pathologies, on a written examination.
- Demonstrate the use of a clinical reasoning model to determine appropriate massage session action for a nervous system pathology (e.g., determine it is a contraindication and decline massage, determine it is a local contraindication, determine that another session adaptation is required, etc.), on a graded activity.

### Hours Rationale – Sample Learning Experiences

**Interactive Lecture: The Structure and Function of the Nervous System**

Classroom time: 120 minutes

Key Concepts:

- Introduction to the nervous system.
  - Nervous system defined.
  - Present and discuss the general sensory function of the nervous system.
  - Present and discuss the general motor function of the nervous system.
  - Present and discuss the general integrative function of the nervous system.
- Present and discuss the overall organization of the nervous system and the basic functions of the central, peripheral, somatic, autonomic, parasympathetic, and sympathetic systems:
  - Central
    - Structures
    - Function
  - Peripheral
    - Structures
    - Function

- Divisions
    - Somatic (voluntary)
    - Autonomic
      - Parasympathetic
      - Sympathetic
  - Activity: learners label a graphic organizer representing the organization of the nervous system during the presentation and discussion.
- Present and discuss nervous tissue including the structure and function of neurons, neuroglia, and nerves.
  - Neuron
    - Defined
    - Parts
      - Cell body
      - Dendrite
      - Axon
        - Myelin
        - Axon terminals
        - Synaptic bulb
        - Neurotransmitter
    - Types classified by function:
      - Sensory
      - Motor
      - Interneurons
      - Associative neurons
  - Activity: learners label the parts of a neuron during the instructor presentation and discussion.
  - Neuroglia (glial cells) defined
  - Nerves
    - Structure
    - Functional classifications
      - Sensory
      - Motor
      - Mixed
    - Cranial nerves defined
    - Spinal nerves defined
    - Present and discuss nerve impulses (action potential) and outline the events related to nerve impulse conduction.
      - Action potential defined
      - Events related to nerve impulse conduction:
        - Synapse
        - Synaptic cleft
        - Neurotransmitter
      - Activity: learners outline the events related to nerve impulse conduction during the instructor presentation and discussion.
    - Present and discuss neuronal pathways including afferent pathways, efferent pathways, and reflex arcs:
      - Definitions

- Afferent
- Efferent
- Reflex arcs

### **Activity: The Structure and Function of the Nervous System**

Classroom time: 45 minutes

Description: Learners use their textbook to fill in a worksheet to review the terms and concepts related to the structures and functions of the nervous system including matching terms to their written descriptions, labeling structures, and fill in the blanks, on a graded activity.

### **Written Examination: The Structure and Function of the Nervous System**

Classroom time: 15

Questions: 10

### **Interactive Lecture: The Peripheral Nervous System**

Classroom time: 120 minutes

Key Concepts:

- Peripheral nervous system defined
- Present and discuss the general function of the peripheral nervous system.
- Present and discuss the structures of the peripheral nervous system and the function of each structure:
  - Present and discuss the origination of the cranial nerves, how cranial nerves are named and numbered, and each cranial nerve and its basic function:
    - Origination
    - Naming and numbering
      - I. Olfactory
      - II. Optic
      - III Oculomotor
      - IV. Trochlear
      - V. Trigeminal
      - VI. Abducens
      - VII. Facial
      - VIII. Vestibulocochlear
      - XI. Glossopharyngeal
      - X. Vagus
      - XI. Accessory
      - XII. Hypoglossal
    - Present and discuss the origination of the spinal nerves and how spinal nerves are named and numbered; briefly discuss dermatomes.
      - Origination
      - Naming and numbering
      - Dermatomes
  - Present and discuss spinal nerve plexuses, their origination, specific important nerves, and the body areas they serve:
    - Cervical
    - Brachial

- Axillary
  - Radial
  - Median
  - Musculocutaneous
  - Ulnar
- Lumbar
- Sacral
- Sciatic
- Present and discuss the basic structure and function of the somatic division of the peripheral nervous system.
  - Present and discuss sensory receptors, their locations, and the type of stimulus that stimulates each:
    - General senses
      - Locations
      - Types
        - Proprioceptors (muscle length and rate of lengthening)
        - Proprioceptors (muscle and tendon tension)
        - Nociceptors
        - Baroreceptors
        - Tactile receptors
        - Thermoreceptors
        - Chemoreceptors
    - Special senses
      - Location
      - Type
        - Photoreceptors
        - Mechanoreceptors (hearing)
        - Mechanoreceptors (equilibrium)
        - Chemoreceptors (smell- olfaction)
        - Chemoreceptors (taste – gustatory)
- Present and discuss the autonomic nervous system including structures, functions, and the sympathetic and parasympathetic divisions.
  - Sympathetic division
    - Basic structure
    - Function: flight-or-fight response
  - Parasympathetic
    - Basic structure
    - Functions

**Activity: Comparison of the Sympathetic and Parasympathetic Divisions of the Autonomic Nervous System**

Classroom time: 30 minutes

Description: Learners break into pairs. Instructors give learners descriptions of visceral effectors influenced by sympathetic or parasympathetic innervation (e.g., “sharpens close and centered vision”; “opens the nasal septum”). Learners label each description as sympathetic or parasympathetic (e.g., “maintains or returns resting respiratory rate” would be labeled parasympathetic, while “increases heart rate” would be labeled sympathetic, etc.).

**Written Examination: The Peripheral Nervous System**

Classroom time: 30 minutes

Questions: 20

**Interactive Lecture: The Central Nervous System**

Classroom time: 120 minutes

**Key Concepts**

- The central nervous system defined
- Present and discuss the general functions and structures of the central nervous system:
  - Present and discuss briefly the structures and function of the brain:
    - Brain stem
      - Structures
        - Medulla oblongata
        - Pons
        - Midbrain
        - Reticular formation
      - Key processes and functions
    - Diencephalon
      - Structures
        - Thalamus
        - Hypothalamus
      - Key processes and functions
    - Cerebrum
      - Structures
        - Cerebral cortex
        - Basal ganglia
        - Left hemisphere
        - Right hemisphere
        - Corpus callosum
        - Frontal lobe
        - Parietal lobe
        - Temporal lobe
        - Occipital lobe
      - Key processes and functions
    - Cerebellum
      - Structure

- Key processes and functions
- Limbic system
  - Structures
    - Cingulate gyri
    - Hippocampus
    - Amygdala
    - Mammillary bodies
  - Key processes and functions
- Present and discuss briefly the structures and functions of the spinal cord:
  - Structures
    - Central canal
    - White matter
    - Gray matter
    - Ascending (sensory) tracks
    - Descending (motor) tracks
    - Dorsal and ventral nerve roots
  - Functions
- Present and discuss these structures that protect the brain and spinal cord and their specific functions:
  - Dura mater
  - Arachnoid mater
  - Pia mater
  - Cerebrospinal fluid

### **Activity: The Central Nervous System**

Classroom time: 45 minutes

Description: Learners use their textbook to fill in a worksheet to review the terms and concepts related to the central nervous system, including matching terms to their written descriptions, labeling structures, and filling in the blanks on a graded activity.

### **Written Examination: The Central Nervous System**

Classroom time: 30 minutes

Questions: 20

### **Interactive Lecture: The Anatomy of Pain**

Classroom time: 75 minutes

Key Concepts:

- Introduce pain and the reasons why massage therapists should understand pain causes, sensations, and exacerbating factors.
- Pain defined.
  - Present and discuss the idea that the intensity and quality of pain due to physical trauma vary among individuals because of numerous factors including genetics, ethnicity, gender, past experiences, present expectations, cultural background, the situation and the context, a person's personality, emotional reaction patterns, and mental state.
  - Pain can be classified by time, location, tissue type, and how the pain was generated. Present and discuss these terms, their definitions, and examples:



- Time
  - Acute pain
  - Recurrent acute pain
  - Chronic pain
  - Intractable pain
- Location
  - Focal pain
  - Multifocal pain
  - Radiating pain
  - Referred pain
- Tissue type
  - Somatic pain
  - Visceral pain
  - Nociceptive pain
  - Neuropathic pain
  - Allodynia
- How the pain is generated
  - Psychogenic pain
  - Idiopathic pain
  - Phantom pain
  - Malingering
- Present and discuss nociceptors, their definition, where they are located, and how they are activated:
  - Definition
  - Locations
  - Activation
- Present and discuss the way in which pain signals are transmitted from the peripheral nervous system to the central nervous system.
  - Nociceptors activated
  - Alpha-beta axons
    - Myelinated
    - Convey information rapidly from precise locations
    - Immediate, sharp, intense pain sensations
  - C-fibers
    - Not myelinated
    - Convey information slowly from less defined locations
    - Secondary, diffuse, throbbing pain sensations
  - Role of myelin
    - Nerve injury and myelin disruption can lead to pain signals or intensify the experience of pain.
  - Role of nodes of Ranvier
    - Excitable area of the axon allowing nerve signals to travel quickly by jumping from one node to the next.
- Reception and interpretation of pain signals:
  - Thalamus receives pain information and relays it to the cerebral cortex.
  - Cerebral cortex examines and compares information with past memories, expectations, and emotional states.

- Pain sensations modified here based on cultural beliefs, past experiences, attitudes, and viewpoints.

### **Activity: Pain and Massage Therapy**

Classroom time: 60 minutes

Description: Learners pair up and conduct a search on the Internet using the search words pain and massage therapy. They identify one reliable research study that concludes that massage is effective for reducing pain. They speculate about the mechanisms at play in pain reduction (e.g., is it simply a change of attitudes brought about by feelings of being nurtured? Something else? etc.), and share their findings with two other peer groups.

### **Written Examination: The Anatomy of Pain**

Classroom time: 15 minutes

Questions: 10

### **Interactive Lecture: Pathologies of the Nervous System**

Classroom time: 90 minutes

Note: See in-depth learning objectives related to nerve compression syndromes, neuropathy, and headaches in the topic Adapting Sessions for Clients with Common Pathologies.

Key Concepts:

- Bell's palsy
  - Definition
  - Present and discuss the possible causes of Bell's palsy.
  - Present and discuss the signs and symptoms of Bell's palsy.
  - Present and discuss the cautions, contraindications, and session adaptations for Bell's palsy.
  - Present and discuss the benefits and effects of massage and particular massage techniques for Bell's palsy.
- Multiple sclerosis
  - Definition
  - Present and discuss the possible causes of multiple sclerosis.
  - Present and discuss the signs and symptoms of multiple sclerosis.
  - Present and discuss the cautions, contraindications, and session adaptations for multiple sclerosis.
  - Present and discuss the benefits and effects of massage and particular massage techniques for multiple sclerosis.
- Trigeminal neuralgia
  - Definition
  - Present and discuss the possible causes of trigeminal neuralgia.
  - Present and discuss the signs and symptoms of trigeminal neuralgia.
  - Present and discuss the cautions, contraindications, and session adaptations for trigeminal neuralgia.
  - Present and discuss the benefits and effects of massage and particular massage techniques for trigeminal neuralgia.

**Activity: Using a Clinical Reasoning Model with Nervous System Pathologies**

Classroom time: 30 minutes

Description: Learners break into pairs to analyze one mock health form indicating a client has a pathology related to the nervous system. They use a clinical reasoning model to determine appropriate action (e.g., massage is contraindicated, massage is safe with some modifications, the client should be referred, more information is needed, etc.). They share their findings with one other peer group and turn in their results for a grade.

**Written Examination: Pathologies of the Nervous System**

Classroom time: 15 minutes

Questions: 10

Subject: Anatomy, Physiology, and Pathology

**Topic: The Cardiovascular System****Learning Outcomes**

**Conditions:** Having completed 4 hours of instruction on the cardiovascular system, the learner is expected to:

- Demonstrate knowledge of the terms and concepts related to the structure, function, and pathologies of the cardiovascular system, on a written examination.
- Demonstrate the use of a clinical reasoning model to determine appropriate massage session action for a cardiovascular pathology (e.g., determine it is a contraindication and decline massage, determine it is a local contraindication, determine that another session adaptation is required, etc.), on a graded activity.

**Hours Rationale – Sample Learning Experiences****Interactive Lecture: The Cardiovascular System**

Classroom time: 140 minutes

Key Concepts:

- Introduce and discuss the basic structures and function of the cardiovascular system.
- Blood:
  - Present simply the structure of blood and the functions of plasma and formed elements.
    - Plasma
    - Formed elements
      - Thrombocytes
      - Erythrocyte
      - Leukocytes

- Present simply the function of blood as the primary transportation medium for nutrients, wastes, and chemicals like hormones that are needed to support the body's metabolic processes.
- Present these vessels and their basic functions:
  - Arteries
  - Arterioles
  - Capillaries
  - Venules
  - Veins
- Present simply these heart structures and their functions.
  - Chambers
  - Great vessels
  - Valves
  - Function (discuss briefly)
    - Conduction system
    - Regulation of heart rate
    - Arterial blood flow
    - Capillary flow and exchange
    - Venous flow
    - Regulation of circulation
- Present and discuss pathologies of the cardiovascular system.
  - Edema
    - Causes
    - Signs and symptoms
  - Hypertension
    - Causes
    - Signs and symptoms
  - Heart attack
    - Causes
    - Signs and symptoms
    - Response steps
    - Cautions, contraindications, and session adaptations for history of heart attack
    - Benefits of massage for client with history of heart attack
  - Stroke
    - Causes
    - Signs and symptoms
    - Response steps
    - Cautions, contraindications, and session adaptations for history of stroke
    - Benefits of massage for client with history of stroke
  - Varicose veins
    - Causes
    - Signs and symptoms
  - Thrombophlebitis
    - Causes
    - Signs and symptoms
  - Deep vein thrombus

- Causes
- Signs and symptoms

**Activity: The Structure and Function of the Cardiovascular System**

Classroom time: 45 minutes

Description: Learners use their textbook to fill in a worksheet to review the terms and concepts related to the cardiovascular system including matching terms to their written descriptions, labeling structures, and filling in the blanks on a graded activity.

**Activity: Using a Clinical Reasoning Model with Cardiovascular System Pathologies**

Classroom time: 30 minutes

Description: Learners break into small peer groups to analyze two mock health forms that indicate that each client has one of these conditions: hypertension, varicose veins, history of heart attack, thrombophlebitis, or history of stroke. Learners brainstorm follow-up questions to ask to during a client interview to help plan the massage session or determine other appropriate actions. They plan a course of action and session adaptations if massage is not contraindicated. They share their findings with one other peer group and turn in their results for a grade.

**Written Examination: The Cardiovascular System**

Classroom time: 30 minutes

Questions: 20

## Topic: Other Body Systems

### Learning Outcomes

**Conditions:** Having completed 13.0 hours of instruction on the lymphatic, immune, digestive, respiratory, endocrine, reproductive, and urinary systems, the learner is expected to:

- Demonstrate knowledge of the terms and concepts related to the structure, function, and pathologies of the lymphatic, immune, digestive, respiratory, endocrine, reproductive, and urinary systems, on written examinations.
- Demonstrate the use of a clinical reasoning model to determine appropriate massage session action for selected pathologies of the lymphatic, immune, digestive, respiratory, endocrine, reproductive, and urinary systems (e.g., determine it is a contraindication and decline massage, determine it is a local contraindication, determine that another session adaptation is required, etc.), on a graded activities.

### Hours Rationale – Sample Learning Experiences

#### Interactive Lecture: The Lymphatic System

Classroom time: 60 minutes

Key Concepts:

- Introduce the lymphatic system, its basic structures and functions.
- Activity: during the lecture, learners label structures, fill in blanks, match terms to their written descriptions and take structured notes on a worksheet. They use textbook to fill in missing information at the conclusion of the lecture.
  - Present and briefly discuss the structures of the lymphatic system:
    - Lymph
    - Lymph vessels
    - Lymph capillaries
    - Right lymphatic duct
    - Thoracic duct
    - Cisterna chili
    - Lymph nodes
    - Lymph catchments
    - Lymph flow
    - Other lymphoid organs
      - Spleen
      - Thymus
      - Tonsils
      - Peyer's patches
      - Appendix
  - Present and briefly discuss the functions of the lymphatic system:
    - Returns fluids and proteins to the blood
    - Absorbs fats from the digestive tract
    - Immune responses

- Lymphedema
  - Definition
  - Causes
  - Signs and symptoms
  - Implications for massage and bodywork
    - Catchments used in manual lymphatic massage methods (e.g., manual lymphatic therapists use the term *catchments* instead of *lymph node bed* because they catch and slow lymph flow to filter and carry out immune processes. Therefore, clearing the catchments can improve lymph flow and reduce edema. Specific catchments drain fluid from specific tissue regions, etc.).
    - Compare and contrast when general massage is indicated for edema versus when it is contraindicated (e.g., lymphedema is a contraindication [only special manual lymphatic techniques are safe] while general massage can benefit simple edema and edema related to musculoskeletal injuries).

### **Written Examination: The Structure, Function, and Pathologies of the Lymphatic System**

Classroom time: 15 minutes

Questions: 10

### **Interactive Lecture: The Immune System**

Classroom time: 75 minutes

Key Concepts:

- Introduce and define the immune system, and discuss simply that the immune system includes structural components of the cardiovascular, lymphatic, and endocrine system including tonsils, lymph nodes, thymus gland, spleen, Peyer's patches, and the appendix.
- Activity: during the lecture, learners label structures, fill in blanks, match terms to their written descriptions, and take structured notes on a worksheet. They use their textbook to fill in missing information at the conclusion of the lecture.
- Present and discuss these immune system structures:
  - Lymphocytes
    - B cells
    - T cells
  - Thymus
  - Lymph nodes
  - Spleen
  - Mucosa-associated lymphoid tissue
    - Tonsils
    - Peyer's patches
- Present and discuss the function of the immune system and its relationship to the lymphatic system.
  - Protects and defends the body from foreign substances:
    - General immune responses
      - Chemical barriers
      - Mechanical barriers
      - Inflammation

- Fever
  - Specific immune responses
    - Antigen specific
    - Body-wide response
- Present and discuss allergies, allergic reactions, anaphylaxis, and angioedema.
  - Signs and symptoms of acute allergic reaction.
  - Massage items that might cause allergic reactions (e.g., massage lubricants, essential oils, candles, the laundry detergent used to wash linens, synthetic aromas used to fragrance the treatment room, herbal applications, etc.).
  - Massage oils that cause hypersensitivity reactions (e.g., usually massage oils that break down into arachidonic acid on the skin such as safflower, soy, almond, sunflower, and corn oils, etc.).
  - Response steps for hypersensitivity reactions of the skin during a massage.
- Autoimmune diseases
  - Causes
  - Example autoimmune diseases

### **Written Examination: The Structure, Function, and Pathologies of the Immune System**

Classroom time: 15

Questions: 10

### **Interactive Lecture: The Digestive System**

Classroom time: 90 minutes

Key Concepts:

- Introduce the digestive system and its basic function.
- Activity: during the lecture, learners label structures, fill in blanks, match terms to their written descriptions, and take structured notes on a worksheet. They use their textbook to fill in missing information at the conclusion of the lecture.
- Present and discuss simply the structures of the digestive system:
  - Gastrointestinal tract
    - Mouth and pharynx
      - Saliva
    - Esophagus
    - Stomach
    - Small intestine
    - Large intestine
  - Accessory digestive organs
    - Liver
    - Gallbladder
    - Pancreas
- Present and discuss simply the functions of the digestive system:
  - Ingestion
  - Secretion
  - Digestion
  - Motility
  - Absorption
  - Elimination



- Present selected pathologies of the digestive system including their causes, signs, symptoms, cautions, contraindications, session adaptations, and benefits of massage.
  - Constipation
    - Causes
    - Signs and symptoms
    - Cautions, contraindications, and session adaptations
    - Benefits of massage
  - Gastroesophageal reflux disease (GERD)
    - Causes
    - Signs and symptoms
    - Cautions, contraindications, and session adaptations
    - Benefits of massage
  - Hepatitis
    - Types
      - Hepatitis A
      - Hepatitis B
      - Hepatitis C
    - Causes
    - Cautions, contraindications, and session adaptations
      - Signs and symptoms that indicate a contraindication
      - Use of standard precautions with hepatitis C
    - Benefits of massage for chronic hepatitis C

#### **Activity: Using a Clinical Reasoning Model with Digestive System Pathologies**

Classroom time: 30 minutes

Description: Learners break into pairs to analyze one mock health form indicating a client has a pathology related to the digestive system. They use a clinical reasoning model to determine appropriate actions (e.g., massage is contraindicated, massage is safe with some modifications, the client should be referred, more information is needed, etc.). They share their findings with one other peer group and turn in their results for a grade.

#### **Interactive Lecture: The Respiratory System**

Classroom time: 90 minutes

Key Concepts:

- Introduce the respiratory system including its basic function.
- Activity: during the lecture, learners label structures, fill in blanks, match terms to their written descriptions, and take structured notes on a worksheet. They use their textbook to fill in missing information at the conclusion of the lecture.
- Present and discuss the structures of the respiratory system:
  - Nose
  - Nasal cavity
  - Pharynx
  - Larynx
  - Trachea
  - Lungs

- Bronchial tree
- Alveoli
- Respiratory membrane
- Present and discuss the functions of the respiratory system, including the benefits of massage to encourage deep, relaxed breathing.
  - Ventilation
    - Muscles related to the respiratory system and ventilation
    - Posture and ventilation
  - Respiration
- Present an overview and discuss briefly these pathologies of the respiratory system and the implications for massage:
  - Acute bronchitis
  - Common cold
  - Pneumonia
  - Sinusitis
  - Tuberculosis
  - Asthma
  - Chronic bronchitis
  - Emphysema
  - Cystic fibrosis
  - Lung cancer
- Chronic obstructive pulmonary disease
  - Conditions categorized as chronic obstructive pulmonary diseases
  - Causes
  - Signs and symptoms
  - Cautions, contraindications, and session adaptations
  - Benefits of massage

### **Activity: Using a Clinical Reasoning Model with Respiratory System Pathologies**

Classroom time: 30 minutes

Description: Learners break into pairs to analyze one mock health form indicating a client has a pathology related to the respiratory system. They use a clinical reasoning model to determine appropriate actions (e.g., massage is contraindicated, massage is safe with some modifications, the client should be referred, more information is needed, etc.). They share their findings with one other peer group and turn in their results for a grade.

### **Written Examination: The Respiratory System**

Classroom time: 15 minutes

Questions: 10

### **Interactive Lecture: The Endocrine System**

Classroom time: 90 minutes

Key Concepts:

- Introduce the endocrine system including its basic function.
- Activity: during the lecture, learners label structures, fill in blanks, match terms to their written descriptions and take structured notes on a worksheet. They use their textbook to fill in missing information at the conclusion of the lecture.

- Present and discuss hormones and the organs of the endocrine system.
  - Present and discuss briefly the basic roles that hormones play in the endocrine system (e.g., they act on target cells to initiate and regulate multiple physiologic responses, etc.).
    - Present and discuss briefly selected chemical messengers including hormones (e.g., hormones, neurotransmitters, neuropeptide, neurohormone, cortisol, dopamine, endorphins, epinephrine, growth hormone, norepinephrine, oxytocin, serotonin, substance P).
    - Review an instructor-selected research study that concludes that massage influences the amount or balance of certain chemical messengers to positively influence the body.
  - Present and discuss briefly the organs of the endocrine system:
    - Hypothalamus
    - Pituitary gland
    - Pineal gland
    - Thyroid gland
    - Parathyroid gland
    - Thymus
    - Pancreas
    - Adrenal glands
    - Ovaries
    - Testes
- Present and discuss the functions of the endocrine system:
  - Communication and control of growth and development
  - Communication and control of metabolism
  - Homeostatic balance of the blood
  - Relationship of endocrine and nervous system
- Present and discuss briefly selected pathologies of the endocrine system and the implications for massage:
  - Diabetes mellitus
  - Hyperthyroidism
  - Hypoglycemia
  - Hypothyroidism
  - Metabolic syndrome

### **Written Examination: The Endocrine System**

Classroom time: 15 minutes

Questions: 10

### **Interactive Lecture: The Reproductive System**

Classroom time: 75 minutes

Key Concepts:

- Introduce the reproductive system and its basic function.
- Activity: during the lecture, learners label structures, fill in blanks, match terms to their written descriptions, and take structured notes on a worksheet. They use their textbook to fill in missing information at the conclusion of the lecture.
- Present and discuss briefly the organs of the reproductive system.

- Testes
- Penis
- Scrotum
- Ovaries
- Fallopian tubes
- Uterus
- Vagina
- Vulva
- Clitoris
- Present and discuss briefly the functions of the reproductive system:
  - Production of hormones and development of sex cells
  - Reproduction
- Present and discuss briefly selected pathologies of the reproductive system and general implications for massage.
  - Cervical cancer
  - Dysmenorrhea
  - Abortion (spontaneous and elective)
  - Endometriosis
  - Fibroid tumors
  - Prostate cancer
  - Prostatitis
  - Pelvic inflammatory disease
  - Premenstrual syndrome
  - Sexually transmitted diseases

**Activity: Using a Clinical Reasoning Model with Reproductive System Pathologies**

Classroom time: 30 minutes

Description: Learners break into pairs to analyze one mock health form indicating a client has a pathology related to the reproductive system. They use a clinical reasoning model to determine appropriate actions (e.g., massage is contraindicated, massage is safe with some modifications, the client should be referred, more information is needed, etc.). They share their findings with one other peer group and turn in their results for a grade.

**Written Examination: The Reproductive System**

Classroom time: 15 minutes

Questions: 10

**Interactive Lecture: The Urinary System**

Classroom time: 45 minutes

Key Concepts:

- Introduce the urinary system and its basic function.
- Activity: during the lecture, learners label structures, fill in blanks, match terms to their written descriptions, and take structured notes on a worksheet. They use their textbook to fill in missing information at the conclusion of the lecture.
- Present and discuss simply the structures of the urinary system:
  - Kidneys
  - Nephrons

- Ureters
  - Bladder
  - Urethra
- Present and discuss simply the functions of the urinary system:
  - Filters fluid from blood to regulate fluid volume, blood pressure, and electrolyte and pH levels
  - Eliminates liquid waste through excretion of urine
- Present and discuss these urinary system pathologies and the implications for massage:
  - Kidney stones
  - Urinary tract infection

**50 Hours**

## **HOURS RATIONALE**

### **Assessment and Documentation**

Topic	Client Assessment (43.5)
Sub-Topics	<ul style="list-style-type: none"><li>• Overview of Assessment in Massage and Bodywork</li><li>• Health Forms and Client Interviews</li><li>• General Observation and Client Level of Health</li><li>• Palpation Assessment</li><li>• Posture Assessment</li><li>• Range of Motion Assessment</li><li>• Pain Assessment</li><li>• Functional Limitations Assessment</li></ul>
Topic	Documentation and Client Files (6.5)
Sub-Topics	<ul style="list-style-type: none"><li>• Key Principles of Documentation and Keeping Good Client Files</li><li>• SOAP Charting and Other Documentation Formats</li></ul>

## **Hours Tabulation Method**

Learning experiences are classroom events or activities where learners experience something that results in a change in thinking, knowledge, skills, values, or behaviors.

The ELAP work group's recommendation of minimum hours for topics and subjects is based on the conversion of learning objectives into learning experiences appropriate for adult education, and a tabulation of the time it would take an average adult learner to attain the stated learning assuming competent instruction. Please note that the tabulation of hours is based on the idea that only the defined content is taught and that class time is well structured and used appropriately.

Therefore, the learning experiences outlined in this Hours Rationale document do not mandate specific classroom activities, but illustrate how the ELAP work group arrived at a particular hours recommendation. Also, note that 10 minutes of break time for every hour of lecture time is added into the total hours recommendation for the topic (thus the total is greater than the sum of its parts); final hours are also rounded up or down to the nearest half-hour at the topic level, and up or down to the nearest hour at the subject level. Again, note that the hours presented here are informed approximations, not precise mandates.

We want to emphasize that we encourage schools and instructors to adopt teaching strategies and learning experiences based on their philosophy of education. ELAP suggests the use of interactive lecture, completion of written worksheets like graphic organizers or diagrams, use of case studies and scenarios, peer discussion and problem solving, group projects, instructor demonstrations and

modeling, structured hands-on practice time, role playing, written session planning, and simulations of client interactions, as primary methods to move learners from point A to point B in the Blueprint. However, other types of learning experiences could easily be substituted for those described in the Blueprint within roughly the same time periods. For a detailed discussion of learning experiences in adult education, please review the Introduction to the Blueprint.

Please review the learning objectives in the Blueprint for content examples and for details of knowledge and skill components outlined in the learning experiences discussed in this document.

Subject: Assessment and Documentation

## Topic: Client Assessment

### Learning Outcomes

**Conditions:** Having completed 43.5 hours of instruction on client assessment, the learner is expected to:

- Demonstrate knowledge of the terms and concepts related to health forms, client interviews, general observation, palpation assessment, posture assessment, range of motion assessment, pain assessment and functional limitations assessment, on written examinations.
- Correctly administer a health form and conduct a client interview to rule out contraindications and plan a safe massage session, on a graded activity or practical evaluation.
- Conduct a competent palpation assessment and make four defensible observations about the quality of skin, fascia, muscles, tendons, and joint movements to inform session planning, on a graded activity or practical evaluation.
- Correctly perform a posture assessment and make two defensible observations about muscular imbalance to inform session planning, on a graded activity or practical evaluation.
- Correctly perform active and passive range of motion assessments on two joints and make two defensible observations about movement quality to inform session planning, on a graded activity or practical evaluation.
- Correctly administer a pain assessment asking effective follow-up questions to inform session planning, on a graded activity.
- Correctly administer a functional limitations assessment and set two defensible short-term and two defensible long-term functional goals with a client, on a graded activity.

## Hours Rationale – Learning Experiences

Please note: Concepts related to client assessment are reinforced in learning objectives and learning experiences in other topics of the ELAP Education Blueprint and this Hours Rationale document.

### **Interactive Lecture: Overview of Assessment in Massage**

Classroom time: 60 minutes

Key Concepts:

- Introduce assessment in massage, and define *assessment*.
- Present and discuss the reasons massage therapists perform assessments on clients (e.g., determine if massage is contraindicated, determine if the client should be referred, determine if session adaptations are necessary, determine if massage can address the client's needs/symptoms/expectations, plan the best possible massage session for the client, determine if current massage treatment is effective, determine if treatment goals should be adjusted, etc.).
- Present an overview of these assessment methods used in massage and define each:
  - Health form
  - Client interview
  - Palpation assessment
  - Posture assessment
  - Range of motion assessment
  - Pain assessment
  - Functional limitations assessment
- Present and discuss the necessary use of a health form, client interview, general assessment through observation before the session, and palpation awareness during the session as methods used with every client.
- Present and discuss key concepts in assessment:
  - Subjective data
  - Objective data
  - Quantitative measurements
  - Qualitative measurements
- Present and discuss key principles of assessment:
  - Assess bilaterally and “normal” first.
  - Assess both pre-session and post-session.
  - Always document findings professionally.
- Present and discuss benefits of assessment, including the ability to demonstrate progress to clients, the ability to adapt treatment based on previous outcomes, etc.
- Present and discuss when assessment is used during the events of a massage session.



**Activity: What Can Assessment Answer about a Client?**

Classroom time: 30 minutes

Description: Learners pair up and brainstorm all of the questions that assessment data can help them answer about a client (e.g., what are the client's symptoms, what tissues are involved in the client's physical problem, what level of pain is the client experiencing, what activities increase the client's pain levels, etc.). A complete list is captured in a large group discussion.

**Interactive Lecture: Health Forms**

Classroom time: 60 minutes

Key Concepts:

- Review the definition of *health forms*.
- Present and discuss the purpose of health forms.
- Present and discuss each section of a health form and the information that belongs in it:
  - Client contact details
  - Primary health care provider contact details
  - Current health information:
    - Wellness or health care goals
    - Medications, supplements, over-the-counter medications
    - Have you received a massage before?
    - Current symptoms
    - Current and past conditions
- Activity: learners pair up and the instructor sets a timer for 3 minutes and reveals the question (list all the pieces of information you can learn from a health form). Learners brainstorm as many responses as they can to this question in the allotted time and share findings.
  - Present and discuss when clients should update a health form (e.g., recent accident, new medication or changes in treatment for a pre-existing condition, new diagnosis from a physician, annually, etc.).
- Other important intake forms
  - Present and discuss short formats (e.g., "Today's session") used to gather current data directly before single sessions.
  - Review the components of an informed consent document.
- Activity: learners review two mock health forms and use them to answer these questions in the large group with instructor guidance: What is the client's past health history? What are the client's current symptoms? What activities cause symptoms to increase? What activities cause symptoms to decrease? What region of the body is affected?
- Review: present and discuss previously learned material such as using health forms to rule out contraindications and when to obtain a physician's release.

**Activity: Using Health Forms**

Classroom time: 30 minutes

Description: Learners pair up and carefully complete a personal health form. Learners exchange health forms and review their peer's form. They analyze each section and discuss how the information might be used to ensure health and safety. They develop four follow-up questions they would ask for each health form to gather additional important information. Each peer group pairs with another peer group to share their findings.

**Interactive Lecture: Client Interviews**

Classroom time: 45 minutes

Key Concepts:

- Review the definition of *client interviews*.
- Present and discuss the purpose of pre-session and post-session client interviews.
- Present and discuss each step of a review process. Items to consider including:
  - Put the client at ease (establish rapport).
  - Communicate the policies of the clinic (if you have not done this before) to establish a therapeutic relationship.
  - Clarify written information on the health form to rule out contraindications.
  - Determine if a physician's release is needed.
  - Determine the client's expectations and goals for the session.
  - Identify body regions where the client wants focused massage work.
  - Identify the body regions where the client does not want massage work.
  - Determine the types of techniques and depth the client likes.
  - Determine the client's preferences for music and lubricants.
- Present and compare and contrast the types of information that can be learned from a pre-session and post-session interview.
- Present and discuss session adaptations and the types of adaptations therapist might use to make the massage session more comfortable and safer for a client.

**Activity: Planning Sessions based on Health Forms and Client Interviews**

Classroom time: 60 minutes

Description: Learners administer three health forms and conduct three mock client interviews with peers, instructors, or teaching assistants. They use the forms to rule out contraindications, plan session adaptations, choose appropriate methods, and plan 1-hour sessions for all three clients, in a graded activity.

**Demonstration and Session Exchange: Client Interviews**

Classroom time: 115 minutes

Description: The instructor demonstrates effective language and behaviors during a pre-session and post-session interview. Learners pair up and practice using effective language and behaviors for pre- and post-session interviews and obtain feedback from instructors. The demonstration is allotted 40 minutes. Each exchange is allotted 30 minutes (if learners get done early they should practice a second time) with 15 minutes allotted to set up, change over, and clean up.

**Key Skills:**

- Pre-session:
  - Establish rapport and put the client at ease.
  - Ask follow-up questions to clarify information on a health form (e.g., “Can you describe exactly where you feel the pain?”).
  - Determine the client’s expectations and goals for the session.
  - Identify body regions where the client experiences symptoms (e.g., pain or muscle tension, etc.).
  - Determine the body regions where the client wants massage/bodywork and the body regions where the client does not want massage/bodywork.
  - Agree on a plan with the client.
  - Determine the types of techniques and the level of pressure and depth the client enjoys.
- Post-session:
  - Gather information about how the client feels at the conclusion of the session.
  - Offer basic recommendations for self-care activities that might support the client’s wellness goals.
  - Gather information that might support planning for future sessions.

**Written Examination: Health Forms and Client Interviews**

Classroom time: 30 minutes

Questions: 20

**Interactive Lecture: Understanding the Client’s Level of Health**

Classroom time: 60 minutes

**Key Concepts:**

- Introduce the idea that health is a spectrum. People make choices every day that move them along the spectrum towards optimal health or along the spectrum toward poor health. Similarly, disease processes or conditions can cause movement up and down the spectrum. A condition can improve and a person moves closer to optimal health; if it flares up a person move closer to poor health.
- Present and discuss the types of general observation data therapists gather during a client intake process (e.g., condition of the skin, movement quality, facial expression, breathing, mental clarity, emotional state, stress levels, etc.).
- Define and discuss these terms related to the client’s overall level of health:
  - Optimal health and wellness
  - Optimal health
  - Excellent health
  - Good health
  - Fair health
  - Poor health
  - Very poor health
  - Terminal illness and/or pre-mature death
- General massage session goals can be placed on the health continuum to match the client’s needs in each area to support session outcomes that are realistic for the client. Define and discuss these general session goals and their relationship to the

spectrum:

- Terminal illness, the dying process, and palliative care massage
- Pathology with high life impact and condition management
- Pathology with moderate-to-minimal life impact and therapeutic change
- Dysfunctional health and therapeutic change
- Functional health and therapeutic change
- Good health and therapeutic change or maintenance
- Optimal health and maintenance
- Present and discuss information that therapists learn from a general assessment of the client's overall vitality, attitudes, speech patterns, and energy levels and its influence on session planning.
- Present and discuss how therapists might use this understanding to plan sessions to match general massage goals.

### **Activity: Session Planning for General Massage Session Goals**

Classroom time: 60 minutes

Description: Learners pair up and take out textbooks for reference. Each pair is assigned a client scenario and mock client health form. They must determine if massage should be applied for palliative care, condition management, therapeutic change, or health maintenance (15 minutes). They outline 1-hour session plans in writing including session adaptations, structures requiring specific focus, sequencing of body regions, and methods (20 minutes). Groups report informally on their assignments in the large group (25 minutes).

### **Written Examination: General Observation and Client Level of Health**

Classroom time: 15 minutes

Questions: 10

### **Interactive Lecture: Palpation Assessment**

Classroom time: 90 minutes

Key Concepts:

- Introduce palpation assessment, define the term, and describe the difference between palpation to locate structures (e.g., the Blueprint subject Palpation and Movement) and palpation for assessment.
- Present and discuss each palpation objective:
  - Detect irregularity in tissue textures.
  - Detect irregularity in tissue tone.
  - Sense differences in tissue temperature.
  - Notice variations in tissue hydration.
  - Spot structural asymmetry.
  - Identify restrictions that are causing reductions in range of motion.
  - Recognize areas that are painful.
  - Locate a particular structure, or identify the fiber direction of a muscle, to apply specific methods correctly.
  - Distinguish changes in tissue from the beginning of a session to the end of the same session.
  - Distinguish changes in tissue over multiple sessions.
- Activity: learners pair up and write examples of findings for each palpation objective

(e.g., detect irregularity in tissue tone, such as the right deltoid muscle feels firmer than the left deltoid muscle, etc.).

- Activity: learners pair up and develop a complete list of descriptive word pairs for describing the way tissue feels (e.g., hot/cold, spongy/firm, grainy/smooth, hard/firm, hard/soft, dry/swollen, etc.) in a 5-minute timed activity. Learners share their results in the large group.
- Present and discuss sample palpation findings and the types of massage and bodywork methods a therapist might use to address each finding in a massage/bodywork session.
- Present and discuss abbreviations and symbols used to document palpation findings on SOAP forms.

### **Demonstration and Session Exchange: Key Palpation Skills**

Classroom time: 185 minutes

Description: The instructor demonstrates palpation skills to address each palpation objective. Learners use a textbook for guidance and imitate and practice each skill. The instructor demonstration is allotted 45 minutes. Each session is allotted 45 minutes, with 30 minutes allotted for set-up, change over, and clean-up time. Learners process their experiences in a group discussion after the exchanges (20 minutes).

Key Skills:

- Locate a specific structure through palpation.
- Distinguish among different types of tissue through palpation (e.g., muscle versus tendon or ligament).
- Differentiate between layers of tissue through palpation.
- Use words to describe the quality of a structure (e.g., spongy, hard, flaccid, hypertonic, fibrotic, etc.).
- Palpate and describe qualities of the skin, fascia, muscles, tendons, and basic joint movements.
- Make a comparison between tissue bilaterally and describe differences that are felt.

### **Activity: Plan and Execute a Palpation Session**

Classroom time: 130 minutes

Description: Learners pair up and each plans a palpation session to explore the quality of the skin, fascia, muscles, tendons, and joint movement of their peer. They document their findings on a SOAP chart and list four different massage/bodywork methods that would address palpation findings on a written, graded activity. They share their findings with the larger group. Learners are allotted 10 minutes for planning, 30 minutes each for sessions, and 30 minutes total for set-up, change-over, and clean-up. 30 minutes is allotted for class discussion of findings.

### **Written Examination: Palpation Assessment**

Classroom time: 15 minutes

Questions: 10

## Interactive Lecture: Posture Assessment

Classroom time: 150 minutes

### Key Concepts:

- Introduce and define *posture assessment* and explain its purpose in a massage practice.
- Present and discuss the position of a body with ideal posture and discuss the benefits of good posture, providing three examples of ways that massage supports good posture.
- Present and discuss the three normal spinal curves that are visible when viewing the body from the side.
- Present and discuss factors that can influence posture and might lead to postural dysfunction (e.g., heredity, disease, habits, environment, injury, lifestyle, compensation patterns, mental and emotional states, etc.).
- Present and discuss the idea of symmetry and asymmetry as they relate to a posture assessment. Provide examples and images of symmetrical and asymmetrical posture. Discuss the impact of asymmetry on opposing muscle groups.
- Define the term *postural dysfunction* and present and discuss postural dysfunctions including their definitions, the position of the body, and selected muscles and joints that are under stress from the position:
  - Hyperlordosis
  - Hyperkyphosis
  - Scoliosis
  - Anterior pelvic tilt
  - Posterior pelvic tilt
  - Lateral pelvic tilt
  - Shoulder elevation
  - Shoulder rotation (medial)
  - Shoulder protraction
  - Head-forward position
  - Head tilted laterally
- Present and discuss the four views to evaluate posture and the use of body areas or bone landmarks as visual reference guides in posture assessment for each view:
  - Anterior
  - Posterior
  - Left lateral
  - Right lateral
- Activity: up to 6 learners volunteer to stand in front of the class in various positions (showing the anterior, posterior, and lateral views, etc.). Learners in the audience brainstorm what they notice about the posture of each demonstration body while the instructor writes their observations on the white board. Discuss how the observations might translate into a plan for the massage session.
- Present a method to approach posture assessment (e.g., start with an anterior view and begin assessment at the feet working up the body, or begin assessment with a posterior view and start with the head working down the body). Discuss pre-session assessment and post-session assessment.
- Present and discuss how posture assessment findings are used to inform a massage session and how post-session findings inform future treatment.

- Activity: a learner volunteers to be the demonstration body and stands in front of the class. Using the school-selected approach to posture assessment, the class conducts a large group assessment of the volunteer and identifies four structures they believe are under stress based on their observations.
- Present and discuss the symbols and abbreviations used to document posture findings on a SOAP chart.

### **Demonstration and Exchange: Posture Assessment**

Classroom time: 150 minutes

Description: The instructor demonstrates a formal posture assessment (30 minutes). Learners pair up and each perform a posture assessment on the other, documenting their findings on SOAP charts (30 minutes). Each pair combines with another pair for peer groups of four people. Each person in the group has his or her posture assessed by the other three people in the group, and the results are documented on fresh SOAP charts (60 minutes). The first set of findings are compared to the group findings, and the results are shared in a large group discussion (30 minutes).

Key Skills: Learners imitate and practice these skills during the exchange:

- Imitate and practice the instructor's directions to move clients into correct body positions for an anterior, posterior, left lateral, and right lateral postural view.
- Imitate and practice the instructor's approach to assessment of the anterior view of posture by systematically working up or down the body, viewing and palpating body landmarks, and documenting findings on a SOAP chart.
- Imitate the instructor's approach to assessment of the posterior view of posture by systematically working up or down the body, viewing and palpating body landmarks, and documenting findings on a SOAP chart.
- Imitate the instructor's approach to assessment of both lateral views of posture by systematically working up or down the body, viewing and palpating body landmarks, and documenting findings on a SOAP chart.

### **Activity: Posture Assessment Practice Exchange**

Classroom time: 240 minutes

Description: Learners complete a pre-session posture assessment, a 1-hour massage session, and a post-session posture assessment and document their findings correctly on a SOAP chart in preparation for the posture assessment practical. Each learner receives 90 minutes to complete the activity, with 30 minutes allotted to set-up, change-over, and clean-up time and 30 minutes allotted to processing the activity with learners in the large class group.

Key Concepts and Skills:

- Correctly perform a pre-session posture assessment following a systematic and effective method of observation and palpation.
- Determine some of the structures that are under stress as the result of postural deviations observed in the posture assessment.
- Plan and deliver a 1-hour massage session to address posture assessment findings.
- Correctly perform a pre-session posture assessment following a systematic and effective method of observation and palpation.

- Determine changes to posture resulting from the methods used in the massage session.
- Document all findings and changes correctly on a SOAP chart.
- Verbally report on posture assessment findings, effective massage methods, and changes in posture pre and post session.

#### **Written Examination: Posture Assessment**

Classroom time: 30 minutes

Questions: 20

#### **Practical Examination: Posture Assessment**

Classroom time: 240 minutes

Description: Learners complete a pre-session posture assessment, a 1-hour massage session, and a post-session posture assessment and document their findings correctly on a SOAP chart. Each learner has 90 minutes to complete the activity, with 30 total minutes allotted to set-up, change-over, and clean-up time and 30 minutes allotted to processing the activity with learners in the large class group.

##### **Key Concepts and Skills:**

- Correctly perform a pre-session posture assessment following a systematic and effective method of observation and palpation.
- Determine some of the structures that are under stress as the result of postural deviations observed in the posture assessment.
- Plan and deliver a 1-hour massage session to address posture assessment findings.
- Correctly perform a pre-session posture assessment following a systematic and effective method of observation and palpation.
- Determine changes to posture resulting from the methods used in the massage session.
- Document all findings and changes correctly on a SOAP chart.
- Verbally report on posture assessment findings, effective massage methods, and changes in posture pre and post session.

#### **Interactive Lecture: Range of Motion Assessment**

Classroom time: 60 minutes

##### **Key Concepts:**

- Introduce range of motion assessment, define the term, and discuss its general purpose in massage therapy session planning.
- Review the terms and concepts related to joint structure and function (discussed in detail in other subjects) as appropriate.
- Present and discuss anatomical and physiological joint restrictions related to normal end feel.
- Present and discuss reasons why ROM might feel limited due to pathological restrictions like adhesions or tension in associated muscles, inflammation caused by injury, degeneration of the joint cartilage, inflammation of a bursa, or other instructor-selected reasons.
- Present and discuss cautions and contraindications for ROM assessment, including situations when ROM assessment is contraindicated such as recent dislocation,



- gout, septic arthritis, acute osteoarthritis, or other instructor-selected reasons.
- Present and discuss each ROM method, its purpose and use type. Note that resisted ROM is discussed here but not taught in practice sessions because profession data suggests that although learners should be able to define resisted ROM, its application is beyond the safe and competent practice of entry-level massage.
  - Active ROM:
    - Purpose of AROM assessment
    - Cautions and contraindications for AROM assessment
    - Guidelines for performing AROM assessment
    - Using information gained during AROM assessment to plan sessions
  - Passive ROM:
    - Purpose of PROM assessment
    - Cautions and contraindications for PROM assessment
    - Guidelines for performing PROM assessment
    - Using information gained during PROM assessment to plan sessions
  - Resisted ROM:
    - Purpose of resisted ROM assessment
  - Present and discuss charting methods for documentation of ROM assessment findings on SOAP forms.

### **Demonstration and Exchange: ROM Assessment**

Classroom time: 140 minutes

Description: The instructor demonstrates active and passive ROM assessment on five joints (30 minutes). Learners pair up and each perform active and passive ROM assessment on five joints, documenting their findings on a SOAP chart (30 minutes each with an additional 30 minutes allotted to set up, change over, and clean up). Learners join with another peer group to compare their experiences and discuss the way in which their findings might influence massage session planning (20 minutes).

Key Skills: Learners imitate and practice these skills during the exchange:

- Imitate and practice the instructor's language and behavior to instruct and show a client five movements to perform actively for assessment.
- Imitate and practice the instructor's methods and client communication for performing passive ROM on five joints.
- Imitate and practice using effective language to communicate with clients about the comfort of ROM assessment.
- Revise techniques, body mechanics, and client communication based on instructor and peer feedback.

### **Session Exchange: ROM Assessment Practice**

Classroom time: 210 minutes

Description: Learners pair up and perform a pre-session ROM assessment documenting their findings on a SOAP chart (15 minutes). They plan and apply a 45-minute massage session to address assessment findings including specific body areas, specific structures, and specific massage methods (45 minutes each learner). They perform a post-session ROM assessment and document changes brought about by the massage session (15 minutes each learner). They share their results in a class discussion and turn in their documentation for a grade (30 minutes with an additional 30 minutes for set up, change

over, and clean up).

#### Key Skills

- Correctly perform a pre-session ROM assessment on four peers.
- Deliver a 1-hour massage session to address findings from a pre-session ROM assessment on four peers.
- Correctly perform a post-session ROM assessment on four peers.
- Verbally report on ROM findings, effective massage methods, and changes in joint movement pre- to post-session for four peers.

#### Written Examination: Range of Motion Assessment

Classroom time: 15 minutes

Questions: 10

#### Interactive Lecture: Pain Assessment

Classroom time: 60 minutes

##### Key Concepts:

- Introduce pain assessment, define the term, and discuss the purpose of pain assessment in massage therapy.
- Review the terms and concepts related to pain sensations discussed in detail in the Blueprint subject Anatomy, Physiology, and Pathology.
- Present and discuss the signs and symptoms of pain including the words clients use to describe their pain.
- Present and discuss pain cautions and contraindications, reviewing medications used to reduce pain sensation and their influence on a client's ability to give accurate feedback as to the comfort of massage methods.
- Present and discuss the benefits of conducting pain assessments before and after massage sessions.
- Present, discuss, and show examples of two or more visual analog measures used to capture pain information.
- Present, discuss, and show examples of two pain questionnaires used to capture pain information.
- Activity: learners form small peer groups and review three mock pain assessment questionnaires or analog measures and brainstorm six different follow-up questions to ask these clients during a client interview to gather useful information about their experiences of pain (e.g., What activities of daily living make the pain worse? What do you do to combat the pain or attempt to reduce it? Where is the pain located? How large an area does the pain affect? etc.).
- Present and discuss how pain data might be used to inform massage session planning and how selected massage methods reduce pain sensations.
- Present and discuss how and when to collect pain data from clients (e.g., depending on therapist's preferences or client's experience of pain, sometimes before and after every session, sometimes every six sessions, etc.), and methods for storing pain data in client files.

**Demonstration and Exchange: Pain Assessment**

Classroom time: 80 minutes

Description: The instructor demonstrates how to administer a pain questionnaire or visual analog measure and ask useful follow up questions based on pain assessment results (20 minutes). Learners pair up and practice administration of a pain questionnaire or visual analog measure (20 minutes each). They join another peer group, share their findings, and together speculate about the types of methods they might use in massage sessions (20 minutes).

**Key Skills:**

- Imitate and practice the instructor's directions to clients as part of the administration of a pain questionnaire or visual analog measure.
- Notice the follow-up questions the instructor uses to find out more information about the client's experience of pain during the assessment process.
- Practice asking useful follow-up questions to find out more information about the client's experience of pain during the assessment process.
- Speculate about the types of massage methods that might benefit a client based on pain assessment findings.

**Written Examination: Pain Assessment**

Classroom time: 15 minutes

Questions: 10

**Interactive Lecture: Functional Limitations Assessment**

Classroom time: 60 minutes

**Key Concepts:**

- Introduce and define the term *functional limitations* and discuss generally the purpose of functional limitations assessment in massage therapy.
- Present and discuss terms and concepts related to activities of daily living (ADL).
  - Define *activities of daily living*.
  - Basic physical functions necessary to participate in daily life (e.g., seeing, hearing, walking, standing, sitting, carrying, lifting, walking up or down stairs, etc.)
  - Activities of daily life relevant to most people (e.g., getting around inside a home, getting in and out of bed, bathing, dressing, eating, housecleaning, driving, etc.)
  - Activities that provide meaning for people's lives (e.g., walks with a spouse or friend, recreational activities like riding bikes, going to movies, going out for meals, etc.)
- Present and discuss the impact of an injury or pathology on people (e.g., a person can no longer independently brush hair, care for children, bathe; a person may be unable to participate in activities related to physical fitness or activities that bring a sense of joy to life, such as working out, painting, playing an instrument, or participating in recreation that builds relationships like family gatherings, etc.).
- Present and discuss activities that aggravate and activities that relieve client symptoms.
- Present and discuss in more depth the purpose of functional limitation assessments

in a massage practice (e.g., identify activities of daily living impacted by injury or pathology, identify activities that aggravate or relieve the client's symptoms, identify regions that need further assessment, support functional goal setting processes, etc.).

- Present and discuss the benefits of performing functional limitations assessments in a massage practice (e.g., helps therapist focus on decreasing symptoms or addressing regions that have the most impact on activities of daily living important to the client, attainment of specific functional goals demonstrate progress, etc.).
- Present and discuss functional goals including the definition of the term, how to ask the right questions to help clients determine their functional goals, the structure of SMART goals, where to document functional goals on SOAP forms, and how to use goals to plan massage sessions.
  - Define *functional goals*.
  - Asking the right questions to help clients determine functional goals
    - Activity: the instructor sets a timer for 3 minutes and learners brainstorm questions to support clients in determining functional goals and share their findings in the large group.
  - Writing SMART goals (specific, measurable, attainable, relevant, time-bound)
  - Where and how to document functional goals
  - Using functional goals to inform massage session planning
- Activity: learners pair up and analyze three health forms. They write two short-term and two long-term functional goals for each client and share their results with the large group.

#### **Demonstration: Functional Limitations Assessment**

Classroom time: 110 minutes

Description: The instructor demonstrates how to conduct a functional limitations assessment on two different clients (30 minutes). Learners pair up and conduct functional limitations assessments and write two short-term and two long-term goals with client input (30 minutes each). They share their experiences in a large group discussion (20 minutes).

Key Skills:

- Learners imitate and practice the instructor's language, questions, follow-up questions, and instructions to a client to:
  - Identify the client's functional limitations that impact activities of daily living.
  - Identify activities of daily living that aggravate or relieve the client's symptoms.
  - Support clients as they prioritize activities of daily living.
  - Encourage client input to set short-term and long-term functional goals.

#### **Written Examination: Functional Limitations Assessment**

Classroom time: 15 minutes

Questions: 10

## Topic: Documentation and Client Files

### Learning Outcomes

**Conditions:** Having completed 6.5 hours of instruction on documentation and client files, the learner is expected to:

- Demonstrate knowledge of the terms and concepts related to key principles in documentation, maintenance of client files, and SOAP charting and other documentation formats as determined by the school, on a written examination.
- Demonstrate knowledgeable use of SOAP charting by documenting five practice massage sessions on SOAP forms and correctly completing each section of the form using proper abbreviations and symbols, on a graded homework assignment or during practical evaluations in hands-on classes.
- If appropriate, demonstrate knowledgeable use of an alternative method of charting (as determined by the school) by documenting five practice massage sessions correctly on the appropriate form, as part of a graded homework assignment or during practical evaluations in hands-on classes.

### Hours Rationale – Learning Experiences

Please note: Concepts related to documentation and client files are reinforced in learning objectives and learning experiences in other topics of the ELAP Education Blueprint and this Hours Rationale document.

#### Lecture: Key Principles of Documentation and Keeping Good Client Files

Classroom time: 60 minutes

Key Concepts:

- Introduce documentation and keeping good client files.
  - Define *documentation*.
  - Define *client files*.
  - Define *SOAP form*.
- Present and discuss reasons it is important to document sessions:
  - Client safety
  - Helps establish therapeutic relationship
  - Organization of assessment data
  - Demonstration of progress
  - Communication with a health care team
  - Necessary for insurance reimbursement
  - Reduces therapist's liability risk
- Present and discuss general guidelines for documentation:
  - Write clearly.
  - Fill in all areas of a form or mark NA.
  - Never use Whiteout.
  - Use common medical terms and standard medical abbreviations.
  - State information factually, avoiding personal opinions.

- Never record a client's personal information.
- Measure every finding and every symptom with a standard scale.
- Present and discuss common measurements and the scale used by health care professionals to quantify data (e.g., within normal limits, mild minus, mild, mild plus, moderate minus, moderate, moderate plus, severe minus, severe, severe plus, disabled).
- Present and discuss the language therapists use to qualify what they observe and palpate (e.g., "the joint feels moderately restricted when approaching the end of the joint's range of motion," etc.).
- Review terms, concepts, and basic procedures related to the Health Insurance Portability and Accountability Act (HIPAA) and the security of client files.
- Present each section of a SOAP form and the types of documentation provided in each section including quantifying and qualifying all data.
  - S – Subjective
  - O- Objective
  - A – Assessment
  - P – Plan

### **Interactive Lecture: SOAP Charting and Other Documentation Formats**

Classroom time: 160 minutes

#### **Key Concepts:**

- Introduce SOAP charting and explain why it is the preferred method for documentation of massage therapy sessions (e.g., it is the standard format used by physicians, physical therapists, chiropractors, nurses, and other professional health care providers, it is the form therapists must use if they work on a health care team, etc.), and why it might not be used in a some setting such as spa or wellness setting (e.g., may be too formal or time consuming, etc.).
- Present and discuss common symbols used in SOAP charting, their purpose and benefits.
- Present and discuss common abbreviations used in SOAP charting, their purpose and benefits.
- Present and discuss the use of human figures for documentation on SOAP charts, their purpose and benefits.
- Present and discuss the top section of a SOAP form that provides the therapist's name and basic client information.
- Present and discuss each heading in the S (subjective) section and provide examples of documentation for each section.
  - Focus/Health Concerns: Prioritize
  - Symptoms:
    - Location
    - Intensity
    - Frequency
    - Duration
    - Onset
  - Activities of Daily Living:
    - Aggravating
    - Relieving

- Present and discuss each heading in the O (objective) section and provide examples of documentation for each section.
  - Findings:
    - Visual
    - Palpable
    - Test results
  - Techniques/Modalities:
    - Location/duration
  - Response to Treatment
- Present and discuss each heading in the A (assessment) section and provide examples of documentation for each section.
  - Goals:
    - Long term
    - Short term
  - Functional Outcomes
- Present and discuss each heading in the P (plan) section and provide examples of documentation for each section.
  - Future Treatment
  - Frequency
  - Homework/Self-Care
- Present and discuss the bottom section of the SOAP chart including the therapist's signature and the legend.
- Present and discuss when short documentation formats might be used, and share example formats with learners. Compare and contrast the differences in a SOAP format and a short format.

### **Activity: SOAP Charting**

Classroom time: 60 minutes

Description: Learners work on their own or in small peer groups using their textbook to review terms, concepts, and methods related to SOAP charting. In order to meet learning objectives, tasks should include:

- Match instructor-selected terms to written descriptions.
- Place examples of written data into the correct places on a SOAP form (e.g., "Swedish massage 1 time a month for 2 months and then reevaluate" would go in the Plan section while "60 minutes Swedish massage with focus on the neck, low back, and shoulders" would go in the Techniques/Modalities section, etc.).
- Translate assessment findings and changes into symbols on the human figures by charting these conditions: moderate + elevation of the right shoulder, mild headache pain, bilateral mild minus hypertonicity in the hamstrings and moderate minus hypertonicity in the trapezius muscles, trigger points in the right scalenes muscles, mild spasm in the right quad muscles, severe numbness in the left bicep, adhesions in the rhomboids (others as determined by the school curriculum).

**Activity: Translation into Abbreviations and Symbols**

Classroom time: 30 minutes

Description: Learners receive SOAP forms with information written in longhand on the form. On a clean form, they translate the longhand information into correct abbreviations and symbols.

**Written Examination: SOAP Charting and Client Files**

Classroom time: 30 minutes

Questions: 20

**Note:** It is assumed that learners will use SOAP charting on an ongoing basis to reinforce skills by charting practice sessions and student client sessions correctly. In some situations (see Hours Rationale for Massage and Bodywork Application) additional class minutes have been added for ongoing development of SOAP charting skills.



<b>175 Hours</b>	<b>HOURS RATIONALE</b>
<b>Topic</b>	<b>Massage and Bodywork Application</b>
<b>Topic</b>	<b>Foundation Principles and Skills (13.0)</b>
Sub-Topics	<ul style="list-style-type: none"> <li>• Overview of Massage and Bodywork Forms and Styles</li> <li>• Positioning Clients for Comfort and Safety</li> <li>• Draping Methods</li> </ul>
<b>Topic</b>	<b>Massage and Bodywork Application Methods (82.0)</b>
Sub-Topics	<ul style="list-style-type: none"> <li>• Core Concepts in Massage and Bodywork Application</li> <li>• Forces and Soft-Tissue Deformation</li> <li>• Gliding Methods</li> <li>• Torsion Methods</li> <li>• Shearing Methods</li> <li>• Elongation Methods</li> <li>• Oscillating Methods</li> <li>• Percussive Methods</li> <li>• Static Methods</li> <li>• Joint Movement Methods</li> <li>• Hot and Cold Methods</li> </ul>
<b>Topic</b>	<b>The Massage or Bodywork Session (30.0)</b>
Sub-Topics	<ul style="list-style-type: none"> <li>• Overview of the Events in a Massage or Bodywork Session</li> <li>• Integrating Methods into a Form and Session Plan</li> <li>• Customization of the Session to Meet Client Wants and Needs</li> <li>• Suggesting Client Self-Care</li> </ul>
<b>Topic</b>	<b>Option 1: Western Integration of Application Methods (50.0)</b>
Sub-Topics	<ul style="list-style-type: none"> <li>• Swedish Massage</li> <li>• Myofascial Approaches</li> <li>• Neuromuscular Approaches</li> </ul>
<b>Topic</b>	<b>Option 2: Eastern Integration of Application Methods (50.0)</b>
Sub-Topics	<ul style="list-style-type: none"> <li>• Basic Concepts of Traditional Chinese Medicine</li> <li>• Shiatsu</li> <li>• Tuina</li> <li>• Thai Massage</li> </ul>

## Hours Tabulation Method

Learning experiences are classroom events or activities where learners experience something that results in a change in thinking, knowledge, skills, values, or behaviors.

The ELAP work group's recommendation of minimum hours for topics and subjects is based on the conversion of learning objectives into learning experiences appropriate for adult education, and a tabulation of the time it would take an average adult learner to attain the stated learning assuming competent instruction. Please note that the tabulation of hours is based on the idea that only the defined content is taught and that class time is well structured and used appropriately.

Therefore, the learning experiences outlined in this Hours Rationale document do not mandate specific classroom activities, but illustrate how the ELAP work group arrived at a particular hours recommendation. Also, note that 10 minutes of break time for every hour of lecture time is added into the total hours recommendation for the topic (thus the total is greater than the sum of its parts); final hours are also rounded up or down to the nearest half-hour at the topic level, and up or down to the nearest hour at the subject level. Again, note that the hours presented here are informed approximations, not precise mandates.

We want to emphasize that we encourage schools and instructors to adopt teaching strategies and learning experiences based on their philosophy of education. ELAP suggests the use of interactive lecture, completion of written worksheets like graphic organizers or diagrams, use of case studies and scenarios, peer discussion and problem solving, group projects, instructor demonstrations and modeling, structured hands-on practice time, role playing, written session planning, and simulations of client interactions, as primary methods to move learners from point A to point B in the Blueprint. However, other types of learning experiences could easily be substituted for those described in the Blueprint within roughly the same time periods. For a detailed discussion of learning experiences in adult education, please review the Introduction to the Blueprint.

Please review the learning objectives in the Blueprint for content examples and for details of knowledge and skill components outlined in the learning experiences discussed in this document.

## Topic: Foundation Principles and Skills

Learning Outcomes	<p><b>Conditions:</b> Having completed 13 hours of instruction in foundation principles and skills, the learner is expected to:</p> <ul style="list-style-type: none"> <li>• Demonstrate knowledge of the key terms and concepts related to an overview of massage/bodywork forms and styles, positioning, and draping, on a written examination.</li> <li>• Correctly bolster clients safely and comfortably in the prone, supine, side-lying, and semi-reclined positions, on a practical evaluation.</li> <li>• Correctly drape clients modestly and comfortably while exposing appropriate body areas for massage/bodywork, on a practical evaluation.</li> <li>• Correctly assist a client on and off a massage table while keeping the client draped, on a practical evaluation.</li> </ul>
-------------------	---

### Hours Rationale – Sample Learning Experiences

#### Interactive Lecture: An Overview of Massage/Bodywork Forms and Styles

Classroom time: 60 minutes

**Note:** Schools can choose which massage or bodywork approaches and forms/styles they discuss. The idea is to provide learners with a broad understanding that many different forms and styles are practiced in the profession. Schools may wish to introduce the forms/styles they teach and to introduce the idea of lifelong learning through continuing education. 45 minutes is allotted to this lecture because it is unlikely any school would present all of these different forms/styles. Choose those most appropriate.

#### Key Concepts:

- Introduce and discuss the differences between the terms *massage* and *bodywork* and the idea that over 260 different forms have been identified and defined.
- Present and discuss the idea that systems of massage/bodywork can be categorized based on their philosophy and general approaches to the body. Provide a preview of school-selected approaches and the philosophy upon which they are based.
  - Wellness/relaxation approaches
  - Clinical/treatment oriented approaches
  - Structural integration approaches
  - Neuromuscular approaches
  - Myofascial approaches
  - Movement approaches
  - Psychological mind-body approaches
  - Energetic approaches
  - Eastern approaches
- Present and discuss school-selected massage/bodywork forms/styles. Possible forms/styles might include:
  - Swedish massage

- “Deep tissue” massage
- Craniosacral therapy
- Spa therapy
- Aromatherapy
- Reflexology
- Hot stone massage
- Manual lymphatic drainage
- Esalen Massage
- Seated massage
- Touch for health
- Manual lymphatic drainage
- Others as appropriate
- Present and discuss school-selected massage/bodywork forms from other countries or cultures. Possible forms/styles might include:
  - Lomilomi
  - Russian massage
  - Ayurvedic massage
  - Thai massage
  - Tuina
  - Others as appropriate
- Present and discuss the forms and styles of massage/bodywork the learner will learn in the school program, including the philosophy behind the form, why the school chooses to teach this form, and exciting aspects of offering the form to clients.
- Present and discuss the idea that foundational entry-level education provides learners with the knowledge and skills they need for safe and competent practice and that professional therapists are always developing new knowledge and skill to pursue mastery, such as through continuing education.
- Activity: learners share their thoughts about the massage/bodywork forms, styles, and approaches that appeal to them and their ideas about future training after graduation.

### **Interactive Lecture: Positioning Clients for Comfort and Safety**

Classroom time: 30 minutes

Key Concepts:

- Introduce the topic of positioning clients for comfort and safety and explain why clients are usually bolstered during massage/bodywork sessions.
- Define the term *bolster* and show different bolster shapes and sizes and how they are used to position the client in these positions:
  - Supine
  - Prone
  - Side-lying
  - Semi-reclining
  - Seated
- Compare the benefits and drawbacks of starting a session with the client in a prone position with the benefits and drawbacks of starting a session with the client in the supine position.

- Present and discuss instances when a client might need assistance getting on and off the massage table.

### **Demonstration: Positioning Clients for Comfort and Safety**

Classroom time: 40 minutes

Description: The instructor demonstrates effective methods for helping a client onto the massage table, positioning the client safely and comfortably, turning the client between positions, and helping a client off the massage table.

Key Skills:

- Help a client onto a massage table.
- Bolster a client in the supine position.
- Bolster a client in the prone position.
- Check the position of the face cradle and adjust it if necessary.
- Turn a client between a supine and prone position.
- Bolster a client in the side-lying position.
- Bolster a client in a semi-reclining position.
- Help a client off a massage table.

### **Session Exchange: Positioning Clients for Comfort and Safety**

Classroom time: 110 minutes

Description: Learners pair up and practice effective methods for helping a client on the massage table, positioning the client safely and comfortably, turning the client between positions, and helping a client off the massage table with feedback from the instructor (40 minute sessions with 30 total minutes to set up, change over, and clean up).

Key Skills:

- Help a client onto a massage table.
- Bolster a client in the supine position.
- Bolster a client in the prone position.
- Check the position of the face cradle and adjust it if necessary.
- Turn a client between a supine and prone position.
- Bolster a client in the side-lying position.
- Bolster a client in a semi-reclining position.
- Help a client off a massage table.

### **Interactive Lecture: Draping Methods**

Classroom time: 30 minutes

Key Concepts:

- Introduction to and definition of draping
- Types of draping materials (e.g., sheet, bath towel, hand towels, pillow cases, etc.).
- Benefits of draping:
  - Protects client modesty
  - Protects therapist modesty
  - Provides warmth and security
  - Establishes the boundaries of a therapeutic relationship
- Draping mistakes and how to handle them

- Learning concerns about draping

### **Demonstration and Guided Practice: Draping Methods**

Classroom time: 230 minutes

Description: Learners pair up. Learners acting as clients leave their clothes on to protect their modesty against draping mishaps. Learners set up their massage stations and join the instructor at the demonstration table. The instructor demonstrates one draping skill. Learners go back to the table and practice it while the instructor walks around the class and gives feedback. Learners rejoin the instructor at the demonstration table to view the second skill and so on until the group has worked through all of the appropriate skills. Learners change roles and the instructor leads the second group through the demonstration and guided practice (each guided session is allotted 90 minutes with 30 minutes to set up, change over, and clean up and 20 minutes to process learner experiences).

Key Skills:

- Expose the client's arm for massage/bodywork in the supine, prone, and side-lying positions.
- Expose the client's leg for massage/bodywork in the supine, prone, and side-lying positions.
- Expose the client's back for massage/bodywork in the prone and side-lying positions.
- Expose the client's abdominal area using a breast drape.
- Expose both anterior legs using an anterior pelvic drape.
- Expose both posterior legs and the back using a gluteal drape.
- Keep the client draped modestly while turning the client between a supine and prone position.
- Keep the client draped modestly while assisting the client on and off the massage table.

### **Exchange Session, Practical Evaluation, Discussion**

Classroom time: 200 minutes

Description: Learners pair up and those acting as clients remove their outer clothing but leave on underclothing. The learners acting as therapists work through each positioning and draping skill, and instructors give feedback and check off that learners have achieved basic competence. Learners change roles and repeat the exchange (75-minute sessions with 30 total minutes allotted to set up, change over, and clean up). At the end of exchange sessions learners process their experiences, discuss possible feelings of vulnerability, and share ideas about what constitutes safe and modest draping (30 minutes).

Key Skills:

- Help a client onto a massage table.
- Bolster a client in the supine position.
- Bolster a client in the prone position.
- Check the position of the face cradle and adjust it if necessary.
- Turn a client between a supine and prone position.

- Bolster a client in the side-lying position.
- Bolster a client in a semi-reclining position.
- Help a client off a massage table.
- Expose the client's arm for massage/bodywork in the supine, prone, and side-lying positions.
- Expose the client's leg for massage/bodywork in the supine, prone, and side-lying positions.
- Expose the client's back for massage/bodywork in the prone and side-lying positions.
- Expose the client's abdominal area using a breast drape.
- Expose both anterior legs using an anterior pelvic drape.
- Expose both posterior legs and the back using a gluteal drape.
- Keep the client draped modestly while turning the client between a supine and prone position.
- Keep the client draped modestly while assisting the client on and off the massage table.

**Written Examination: Massage and Bodywork Principles and Skills**

Classroom time: 30 minutes

Questions: 20

## Topic: Application Methods

Learning Outcomes	<p><b>Conditions:</b> Having completed 82 hours of instruction in the application of massage and bodywork methods, the learner is expected to:</p> <ul style="list-style-type: none"> <li>• Demonstrate knowledge of the key terms and concepts related to massage and bodywork application, forces and soft-tissue deformation, gliding, torsion, shearing, elongation, oscillating, percussive, static, joint movements, and hot and cold methods, on written examinations.</li> <li>• Demonstrate the correct application of gliding, torsion, shearing, elongation, oscillating, percussive, static, joint moment, and hot and cold methods, including variations in methods, the use of appropriate pace, depth, rhythm, therapeutic intent, proper body mechanics, correct client positioning methods, modest draping, and effective client communication, on practical evaluations.</li> </ul>
-------------------	---

### Hours Rationale – Sample Learning Experiences

#### Interactive Lecture: Core Concepts for Massage and Bodywork Application

Classroom time: 75 minutes

Key Concepts:

- Introduce massage and bodywork application.
- Present and discuss the factors that contribute to *quality of touch* (e.g., warm, soft, dry, open, and confident hands that sink into the tissue at just the right depth and maintain regular and continuous contact, etc.).
- Present and discuss the characteristics of therapists who hold strong *therapeutic intention* and contrast them with characteristics of therapists who lack strong therapeutic intention.
- Present and discuss considerations when *using lubricant* during sessions (e.g., lubricant should always be used in moderation, for deeper, slower work; for work where fascia is the focus, little or no lubricant is used; clients should have a choice in the type of lubricant used; attention must be paid to skin sensitivities, etc.).
- Present and discuss concepts of *pacing and leading* during massage/bodywork application (e.g., the idea that the therapist matches the client's personal pace when entering the session and then leads the client towards a more relaxing pace as the session progresses, etc.).
- Present and discuss concepts related to *engaging the tissue* during massage/bodywork application (e.g., clear communication regarding the agreed upon session goals, the approaches that work best, and the agreed upon depth of pressure leads to a massage/bodywork session that is therapeutic and satisfying for the client, etc.).
- Present and discuss concepts of working on a *therapeutic edge* (e.g., the particular pace and depth of work for the specific client that allows for the greatest therapeutic change in the tissue, etc.).
- Present and discuss concepts related to *rhythm* in the application of massage/bodywork methods (e.g., the idea that strokes should be applied in regular patterns at a regular pace or tempo to elicit the parasympathetic nervous system



response.; strokes delivered in uneven patterns or at an irregular pace are jarring for the nervous system and the client has more difficulty relaxing, etc.).

- Present and discuss concepts related to *flow and continuity* in massage/bodywork application (e.g., the idea that methods flow from one technique to another and from one body area to another through smooth transitions; strokes should flow in one uninterrupted action so that the client experiences the constant and steady pressure of hands, etc.).
- Present and discuss concepts related to *variety* in massage/bodywork application (e.g., the idea that therapists want to use a variety of methods to work in layers and to engage the interest of the client, and that muscles in particular areas respond better to certain methods and techniques; variety of methods also reduces stress on the therapist body that might be produced through overly repetitive motions, etc.).
- Present and discuss concepts related to *stroke length* in massage and bodywork sessions (e.g., in general wellness or relaxation sessions, long strokes are used that connect body areas together and completely cover appropriate areas; strokes should travel the length of muscles or muscle groups when possible, as cutting a stroke short can leave a client feeling frustrated, etc.).
- Present and discuss concepts related to *general versus specific work* (e.g., the idea that broad and general application methods lead to more specific or focused methods and then back to broad, general methods as the session closes, and that there is a difference between what a client experiences with general work versus specific, focused work in just one area, etc.).
- Present and discuss considerations related to *working in layers* (e.g., therapists often work superficial, to deep, and back to superficial, avoid changing the depth of work sporadically and jumping between layers of tissue, etc.).
- Present and discuss concepts related to working at *oblique angles* (e.g., in some situations therapists drop straight down into the tissue but most often work at oblique angles no greater than 45 degrees; this ensures that blood vessels, lymph vessels and nerves won't be pinched, etc.).
- Present and discuss considerations to ensure that *resistant tissue* is not forced during a stroke (e.g., slow down and wait for the tissue to release, make sure that tissue is warmed up sufficiently, find the therapeutic edge and work in layers, etc.).
- Present and discuss the *use of breath* during sessions to benefit the client (e.g., it helps the client relax through potentially uncomfortable methods, it can support the release of tension, it can reduce sensations of pain, it can positively influence lymphatic movement, it can lead to greater relaxation, etc.).
- Present and discuss common ways that *clients communicate perceptions* about massage with therapists (e.g., a client might request "deep tissue massage" but simply mean that he or she wants the tissue engaged at a meaningful level, etc.).
- Review concepts related to client *emotional release* and emotional release protocol from other classes.

### **Written Examination: Core Concepts in Massage and Bodywork Application**

Classroom time: 15 minutes

Questions: 10

## Interactive Lecture: Forces and Soft-Tissue Deformation

Classroom time: 135 minutes

### Key Concepts:

- Review anatomy and physiology concepts of the skeletal, muscular, fascial and nervous systems in relationship to massage and bodywork application.
- Review the key benefits and effects of massage and bodywork application for soft-tissue structures.
- Review proprioceptors in relationship to massage and bodywork application: Golgi tendon organs, muscle spindles.
- Present and discuss these terms:
  - *Soft-tissue deformation* (e.g., the change in the shape of soft tissue as a result of applied forces, etc.).
  - *Forces* (e.g., something that internally or externally causes the movement of the body to change or soft-tissue structures to deform, etc.).
  - *Tissue load* (e.g., the amount of stress soft-tissue structures are under due to forces; too much load and the tissue might fail and be injured).
- Present and discuss the way external forces create loads on soft tissue (e.g., forces create external loads by pushing or pulling on the body in a variety of ways).
- Present and discuss the way internal forces create loads on soft tissue (e.g., misaligned joints or poor body mechanics cause soft tissue to shorten, tighten, lengthen and/or weaken, which may load surrounding tissue; for example, a tight muscle or tendon could compress a nerve running close by and cause pain or dysfunction, etc.).
- Review the properties and characteristics of soft tissue that allow it to benefit from deformation (e.g., thixotropy, viscoelasticity, piezoelectricity, adhesiveness, etc.).
- Present and discuss the categories of forces:
  - Primary forces (e.g., compression, tension, and shear, etc.).
  - Combined forces (e.g., two forces acting at the same time on a soft-tissue structure: torsion and bending).
- Define, present, and discuss gravity as a force, the meaning of the term *center of gravity*, and the way gravity's downward pull influences the body.
- Present and discuss each of these forces, the way it acts on soft-tissue structures to cause deformation, the way a therapist applies the force with the hands, and the benefits for the tissue:
  - Compression or compressive forces
    - Definition
    - Deformation of soft tissue
    - Position of therapist's hands for application
    - Benefits to the tissue
  - Tension or tensile forces
    - Definition
    - Deformation of soft tissue
    - Position of therapist's hands for application
    - Benefits to the tissue
  - Shearing or shear forces
    - Definition
    - Deformation of soft tissue
    - Position of therapist's hands for application

- Benefits to the tissue
- Torsion or twisting forces
  - Definition
  - Deformation of soft tissue
  - Position of therapist's hands for application
  - Benefits to the tissue
- Bending or bending forces
  - Definition
  - Deformation of soft tissue
  - Position of therapist's hands for application
  - Benefits to the tissue
- Present and discuss the differences between a force applied externally that benefits soft tissue and a force applied externally that causes injury to soft tissue (e.g., a force applied with the right amount of intensity deforms the tissue in a positive way, such as with a massage method that elongates a shortened muscle encouraging it to return to a normal resting length; a force applied with too little intensity might not produce enough tissue deformation to cause a positive change but still feels enjoyable; a force applied with too much intensity might produce so much tissue deformation that injury results, such as when a muscle is overstretched and muscle fibers are torn, etc.).

### **Session Exchange: Exploration of Forces and Soft-Tissue Deformation**

Classroom time: 190 minutes

Description: After learners discuss forces that deform soft tissue, they work in small peer groups of three people to explore soft-tissue deformation by completing the following tasks. Each learner acts as the client for 40 minutes, with 40 minutes allotted to set up, change over, and clean up. At the conclusion of the exchange time, learners discuss their experiences (30 minutes).

#### **Exploration Tasks:**

- Try to find two ways to deform tissue using a compressive force on three different body areas.
- Try to find two ways to deform tissue using a tensile force on three different body areas.
- Try to find two ways to deform tissue using a shearing force on three different body areas.
- Try to find two ways to deform tissue using a torsion force on three different body areas.
- Try to find two ways to deform tissue using a bending force on three different body areas.
- Ask the client for regular feedback to determine if methods are applied at a comfortable depth.
- Pay attention to felt sensations when acting as a client and report on sensations to classmates.

**Written Examination: Forces and Soft-Tissue Deformation**

Classroom time: 15 minutes

Questions: 10

**Interactive Lecture: Gliding Methods**

Classroom time: 30 minutes

Key Concepts:

- Introduce and define gliding methods.
- Present and discuss the way soft tissue is deformed by gliding methods.
- Present and discuss the uses and goals of gliding methods.
- Present and discuss the benefits and effects of gliding methods.
- Present and discuss conditions that require cautious application of gliding methods or session adaptations.
- Present and discuss conditions or situations that contraindicate the use of gliding methods.
- Present and discuss the guidelines for the proper application of gliding methods.
- Present and discuss variations for gliding methods, the use of different “anatomical tools,” different pacing, and depth.
- Provide examples of gliding methods in three different massage/bodywork forms or styles.

**Demonstration and Session Exchange: Gliding Methods**

Classroom time: 200 minutes

Description: The instructor demonstrates gliding methods using a skill checklist (30 minutes). Learners pair up and exchange gliding strokes using the checklist and feedback from the instructor as a guide. They also practice proper draping and safe and comfortable client positioning (60-minute sessions with 30 minutes allotted to set up, change over, and clean up and 20 minutes allotted to processing learner experiences at the end of the session).

Key Skills:

- Imitate and practice the amount of lubricant the instructor used to apply gliding strokes.
- Imitate and practice gliding strokes applied at three speeds (slow, moderate, and fast) on three or more body areas.
- Imitate and practice gliding strokes applied at three depths (light, moderate, and deep) on three or more body areas.
- Imitate and practice gliding strokes with two different anatomical tools (e.g., palms, forearms, fingertips, knuckles, etc.).
- Imitate and practice gliding stroke variations (e.g., “shingling” use of fingertips on the face, etc.) on two or more body areas.
- Imitate and practice gliding strokes on each area of the body where massage/bodywork is appropriate.
- Pay attention to palpatory sensations that signal that soft tissue is changing as a result of gliding strokes.
- Pay attention to felt sensations when acting as the client and receiving gliding strokes.

- Imitate and practice the language the instructor used to communicate with the client about depth, pace, and comfort of gliding strokes.
- Correct body mechanics in response to instructor feedback during the application of gliding strokes.

### **Interactive Lecture: Torsion Methods**

Classroom time: 30 minutes

Key Concepts:

- Introduce and define torsion methods.
- Present and discuss the way soft tissue is deformed by torsion methods.
- Present and discuss the uses and goals of torsion methods.
- Present and discuss the benefits and effects of torsion methods.
- Present and discuss conditions that require cautious application of torsion methods or session adaptations.
- Present and discuss conditions or situations that contraindicate the use of torsion methods.
- Present and discuss the guidelines for the proper application of torsion methods.
- Present and discuss variations for torsion methods, the use of different anatomical tools, different pacing and depth.
- Provide examples of torsion methods in three different massage/bodywork forms or styles.

### **Demonstration and Guided Practice: Torsion Methods**

Classroom time: 200 minutes

Description: The instructor demonstrates torsion methods using a skill checklist (30 minutes). Learners pair up and exchange torsion methods using the checklist and feedback from the instructor as a guide. They also practice proper draping, safe and comfortable client positioning, and integration with gliding strokes (60-minute sessions with 30 minutes allotted to set up, change over, and clean up, and 20 minutes allotted to processing learner experiences at the end of the session).

Key Skills:

- Imitate the proper application of instructor-selected torsion methods (e.g., kneading, skin rolling, fulling, wringing, fascial torquing).
- Try each instructor-selected torsion method on one to four body areas as appropriate.
- Pay attention to palpatory sensations that signal that soft tissue is changing as a result of torsion methods.
- Try transitioning into and out of torsion methods using gliding strokes.
- Modify one's skills based on peer and instructor feedback.
- Correct one's body mechanics based on instructor feedback.
- Pay attention to felt sensations when acting as the client and receiving torsion methods.
- Reproduce the language the instructor used to communicate with the client about depth, pace, and comfort of torsion methods.
- Correct one's body mechanics in response to instructor feedback during the application of torsion methods.

**Session Exchange: Integration of Methods**

Classroom time: 230 minutes

Description: Learners pair up and practice their skills during an exchange with feedback from the instructor (90-minute sessions with 30 minutes allotted to set up, change over, and clean up, and 20 minutes to ask questions after exchanges are completed).

**Written Examination: Torsion methods**

Classroom time: 15 minutes

Questions: 10

**Interactive Lecture: Shearing Methods**

Classroom time: 30 minutes

Key Concepts:

- Introduce and define shearing methods.
- Present and discuss the way soft tissue is deformed by shearing methods.
- Present and discuss the uses and goals of shearing methods.
- Present and discuss the benefits and effects of shearing methods.
- Present and discuss conditions that require cautious application of shearing methods or session adaptations.
- Present and discuss conditions or situations that contraindicate the use of shearing methods.
- Present and discuss the guidelines for the proper application of shearing methods.
- Present and discuss variations for shearing methods, the use of different anatomical tools, different pacing and depth.
- Provide examples of shearing methods in three different massage/bodywork forms or styles.

**Demonstration and Guided Practice: Shearing Methods**

Classroom time: 245 minutes

Description: The instructor demonstrates shearing methods using a skill checklist (45 minutes). Learners pair up and exchange shearing methods using the checklist and feedback from the instructor as a guide. They also practice proper draping, safe and comfortable client positioning, and integration with gliding and torsion methods (75-minute sessions with 30 minutes allotted to set up, change over, and clean up, and 20 minutes allotted to processing learner experiences at the end of the session).

Key Skills:

- Imitate the proper application of instructor-selected shearing methods (e.g., superficial friction, linear friction, circular friction, cross-fiber friction, muscle separation, fascial cutting).
- Try each instructor-selected shearing method on every area of the body where it is appropriate.
- Try deep, slow, broad shearing methods on two areas of the body.
- Try instructor-selected shearing methods using two different anatomical tools (e.g., knuckles, reinforced fingers, reinforced thumb, elbow, etc.).
- Pay attention to palpatory sensations that signal that soft tissue is changing as a result of shearing methods.

- Try transitioning into and out of shearing methods using gliding strokes.
- Pay attention to felt sensations when acting as the client and receiving shearing methods.
- Reproduce the language the instructor used to communicate with the client about depth, pace, and comfort of shearing methods.
- Correct one's body mechanics in response to instructor feedback during the application of shearing methods.

### **Written Examination: Shearing Methods**

Classroom time: 15 minutes

Questions: 10

### **Interactive Lecture: Elongation Methods**

Classroom time: 45 minutes

Key Concepts:

- Introduce and define elongation methods.
- Present and discuss the way soft tissue is deformed by elongation methods.
- Present and discuss the uses and goals of elongation methods.
- Present and discuss the benefits and effects of elongation methods.
- Present and discuss conditions that require cautious application of elongation methods or session adaptations.
- Present and discuss conditions or situations that contraindicate the use of elongation methods.
- Present and discuss the guidelines for the proper application of elongation methods.
- Present and discuss variations for elongation methods, the use of different anatomical tools, different pacing and depth.
- Provide examples of elongation methods in three different massage/bodywork forms or styles.

### **Demonstration and Guided Practice: Elongation Methods**

Classroom time: 245 minutes

Description: The instructor demonstrates elongation methods using a skill checklist (45 minutes). Learners pair up and exchange elongation methods using the checklist and feedback from the instructor as a guide. (75-minute sessions with 30 minutes allotted to set up, change over, and clean up, and 20 minutes allotted to processing learner experiences at the end of the session).

Key Skills:

- Imitate the proper application of instructor-selected elongation methods (e.g., crossed hands stretch, fascial spreading, pin and stretch, arm pulling, leg pulling, traction).
- Try each instructor-selected elongation method on one to four appropriate areas of the body.
- Pay attention to palpatory sensations that signal that soft tissue is changing as a result of elongation methods.
- Try transitioning into and out of elongation methods using gliding strokes.

- Pay attention to felt sensations when acting as the client and receiving elongation methods.
- Reproduce the language the instructor used to communicate with the client about depth, pace, and comfort of elongation methods.
- Correct one's body mechanics in response to instructor feedback during the application of elongation methods.

### **Written Examination: Elongation Methods**

Classroom time: 15 minutes

Questions: 10

### **Interactive Lecture: Oscillating Methods**

Classroom time: 30 minutes

Key Concepts:

- Introduce and define oscillating methods.
- Present and discuss the way soft tissue is deformed by oscillating methods.
- Present and discuss the uses and goals of oscillating methods.
- Present and discuss the benefits and effects of oscillating methods.
- Present and discuss conditions that require cautious application of oscillating methods or session adaptations.
- Present and discuss conditions or situations that contraindicate the use of oscillating methods.
- Present and discuss the guidelines for the proper application of oscillating methods.
- Present and discuss variations for oscillating methods, the use of different anatomical tools, different pacing and depth.
- Provide examples of oscillating methods in three different massage/bodywork forms or styles.

### **Demonstration and Practice: Oscillating Methods**

Classroom time: 245 minutes

Description: The instructor demonstrates oscillating methods using a skill checklist (45 minutes). Learners pair up and exchange oscillating methods using the checklist and feedback from the instructor as a guide. (75-minute sessions with 30 minutes allotted to set up, change over, and clean up, and 20 minutes allotted to processing learner experiences at the end of the session).

Key Skills:

- Imitate instructor-selected oscillating methods on two or more body areas or joints as appropriate.
- Try transitioning into and out of oscillating methods using gliding strokes.
- Pay attention to felt sensations when acting as the client and receiving oscillating methods.
- Reproduce the language the instructor used to communicate with the client about depth, pace, and comfort of oscillating methods.
- Correct one's body mechanics in response to instructor feedback during the application of oscillating methods.



**Written Examination: Oscillating Methods**

Classroom time: 15 minutes

Questions: 10

**Practice Exchange: Integration of Methods**

Classroom time: 240 minutes

Description: Learners pair up and practice all of the skills learned to date with the support of a checklist. Skills to date include positioning, draping, gliding methods, torsion methods, shearing methods, elongation methods, and oscillating methods. Timing: 30 minutes allotted to instructor clarification of skills including demonstrations based on learner questions, 30 minutes allotted to set up, change over, and clean up, and 90 minutes allotted to each learner for sessions.

**Interactive Lecture: Percussive Methods**

Classroom time: 30 minutes

Key Concepts:

- Introduce and define percussive methods.
- Present and discuss the way soft-tissue is deformed by percussive methods.
- Present and discuss the uses and goals of percussive methods.
- Present and discuss the benefits and effects of percussive methods.
- Present and discuss conditions that require cautious application of percussive methods or session adaptations.
- Present and discuss conditions or situations that contraindicate the use of percussive methods.
- Present and discuss the guidelines for the proper application of percussive methods.
- Present and discuss variations for percussive methods, the use of different anatomical tools, different pacing and depth.
- Provide examples of percussive methods in three different massage/bodywork forms or styles.

**Demonstration and Practice: Percussive Methods**

Classroom time: 170 minutes

Description: The instructor demonstrates percussive methods using a skill checklist (30 minutes). Learners pair up and exchange percussive methods using the checklist and feedback from the instructor as a guide (45-minute sessions with 30 minutes allotted to set up, change over, and clean up, and 20 minutes allotted to processing learner experiences at the end of the session).

Key Skills:

- Imitate percussive methods on appropriate areas of the body.
- Imitate light percussive methods applied with the fingertips to the face.
- Try percussive methods with various anatomical tools.
- Try percussive methods at three depths (e.g., light, moderate, and deeper).
- Pay attention to palpatory sensations that signal that soft tissue is changing as a result of percussive methods.
- Reproduce the language the instructor used to communicate with the client about depth, pace, and comfort of percussive methods.

- Correct one's body mechanics in response to instructor feedback during the application of percussive methods.

### **Written Examination: Percussive Methods**

Classroom time: 15 minutes

Questions: 10

### **Preparation for the Practical Exchange: All Methods to Date**

Classroom time: 245 minutes

Description: The instructor reviews the grading rubric that will be used to evaluate all of the methods that learners currently have learned on an upcoming practical evaluation and demonstrates correct and incorrect application as needed for learner clarity (45 minutes). Learners pair up and practice their skills during an exchange with feedback from the instructor (75-minute sessions with 30 minutes allotted to set up, change over, and clean up, and 20 minutes to ask questions after exchanges are completed).

### **Practical Evaluation: All Current Methods**

Classroom time: 170 minutes

Description: Learners pair up and demonstrate their skills in a practical evaluation exchange. Instructors may wish to also evaluate for therapist hygiene, professional appearance, and draping and positioning as part of the grade (60 minute sessions with 30 total minutes to set up, change over, and clean up and 20 minutes for processing learner experiences at the end of the evaluation).

### **Interactive Lecture: Static Methods**

Classroom time: 60 minutes

Key Concepts:

- Introduce and define static methods.
- Present and discuss the way soft tissue is deformed by static methods.
- Present and discuss the uses and goals of static methods.
- Present and discuss the benefits and effects of static methods.
- Present and discuss conditions that require cautious application of static methods or session adaptations.
- Present and discuss conditions or situations that contraindicate the use of static methods.
- Present and discuss the guidelines for the proper application of static methods.
- Present and discuss variations for static methods, the use of different anatomical tools, different pacing and depth.
- Provide examples of static methods in three different massage/bodywork forms or styles (e.g., use in neuromuscular approaches to address trigger points).

**Demonstration and Practice: Static Methods**

Classroom time: 245 minutes

Description: The instructor demonstrates static methods using a skill checklist (45 minutes). Learners pair up, warm up the tissue as appropriate, and exchange static methods using the checklist and feedback from the instructor as a guide (75-minute sessions with 30 minutes allotted to set up, change over, and clean up, and 20 minutes allotted to processing learner experiences at the end of the session).

**Key Skills:**

- Imitate instructor-selected static methods on three appropriate areas of the body.
- Imitate static compression with three different “anatomical tools”.
- Pay attention to palpatory sensations that signal that soft tissue is changing as a result of static methods.
- Reproduce the language the instructor used to communicate with the client about depth, and comfort of static methods.
- Correct one’s body mechanics in response to instructor feedback during the application of static methods.

**Written Examination: Static Methods**

Classroom time: 15 minutes

Questions: 10

**Interactive Lecture: Joint Movement Methods**

Classroom time: 45 minutes

**Key Concepts:**

- Introduce and define joint movement methods.
- Present and discuss the way soft tissue is deformed by joint movement methods.
- Present and discuss the uses and goals of joint movement methods.
- Present and discuss the benefits and effects of joint movement methods.
- Present and discuss conditions that require cautious application of joint movement methods or session adaptations.
- Present and discuss conditions or situations that contraindicate the use of joint movement methods.
- Present and discuss the guidelines for the proper application of joint movement methods.
- Present and discuss variations for joint movement methods, the use of different anatomical tools, different pacing and depth.
- Provide examples of joint movement methods in three different massage/bodywork forms or styles.

**Demonstration and Practice: Joint Movement Methods**

Classroom time: 245 minutes

Description: The instructor demonstrates joint movement methods using a skill checklist (45 minutes). Learners pair up, warm up the tissue as appropriate, and exchange joint movement methods using the checklist and feedback from the instructor as a guide (75-minute sessions with 30 minutes allotted to set up, change over, and clean up, and 20 minutes allotted to processing learner experiences at the end of the session).

**Key Skills:**

- Imitate active resisted methods on two joints.
- Imitate passive joint movement methods on two joints.
- Imitate passive stretching methods on two joints.
- Pay attention to palpatory sensations that signal that soft tissue is changing as a result of joint movement methods.
- Pay attention to felt sensations as a joint nears the end of its range.
- Reproduce the language the instructor used to communicate with the client about comfort during joint movement application.
- Correct one's body mechanics in response to instructor feedback during the application of joint movement methods.

**Practice Exchange: Joint Movement Methods**

Classroom time: 170 minutes

Description: Learners pair up and practice the application of joint movement methods on all appropriate body areas, incorporating gliding, twisting, shearing, elongation, oscillating, percussive, and static methods, proper client positioning skills, and draping skills (60-minute sessions with 30 total minutes to set up, change over, and clean up and 20 minutes for processing learner experiences at the end of the exchange).

**Session Exchange: Integration of Methods**

Classroom time: 170 minutes

Description: Learners pair up and practice all of their skills during an exchange with feedback from the instructor (75-minute sessions with 30 minutes allotted to set up, change over, and clean up, and 20 minutes to ask questions after exchanges are completed).

**Written Examination: Joint Movement Methods**

Classroom time: 15 minutes

Questions: 10

**Interactive Lecture: Hot and Cold Methods**

Classroom time: 60 minutes

**Key Concepts:**

- Introduce and define hot and cold methods.
- Review terms and concepts of homeostasis related to hydrotherapy application.
- Present and discuss terms and concepts related to hydrotherapy practice.
- Discuss the characteristics of water that make it useful as a therapeutic modality (e.g., stores and transmits heat, good conductor, changes states over a narrow

temperature range, effective cooling agent, etc.).

- Define hot and cold methods.
- Describe temperature ranges of cold, neutral, warm, and hot.
- Present and discuss factors that influence homeostasis and the body's response to hot and cold (e.g., the greater the temperature difference between the body and the hydrotherapy application the greater the physiological effect on the body, the length of the hydrotherapy application influences the physiological effect on the body, the larger the body area treated by hydrotherapy the greater the effect on the body, etc.).
- Review the stages of the inflammatory response learned in other sub-topics and match effective hot or cold applications with the correct stage of the inflammatory response (e.g., cold applications for the acute stage, hot applications for the maturation stage, etc.).
- Present and discuss the uses and goals of hot and cold methods.
- Present and discuss the benefits and effects of hot and cold methods.
- Present and discuss conditions that require cautious application of hot and cold methods or session adaptations.
- Present and discuss conditions or situations that contraindicate the use of hot and cold methods.
- Present and discuss the guidelines for the proper application of hot and cold methods.
- Present and discuss hydrotherapy variations for hot and cold methods.
- Provide examples of hot and cold methods in three different massage/bodywork forms or styles.

### **Demonstration and Practice: Hot and Cold Methods**

Classroom time: 210 minutes

Description: The instructor demonstrates hot and cold methods using a skill checklist (45 minutes). Learners pair up and exchange hot and cold methods using the checklist and feedback from the instructor as a guide (60-minute sessions with 30 minutes allotted to set up, change over, and clean up, and 20 minutes allotted to processing learner experiences at the end of the session).

Key Skills:

- Imitate the methods the instructor used to remove a hydrocollator pack from a hydrocollator, wrap it in four to six layers of towels, and apply it to a client.
- Imitate the methods the instructor used to prepare a cold pack by wrapping it in one thin layer and applying it to a client.
- Reproduce the language the instructor used to prepare the client for the application of a hot or cold pack and sensations possibly experienced from hydrotherapy applications.
- Reproduce the language the instructor used to ensure that a hot or cold application remains at a temperature that is comfortable for a client.
- Try applying warm and cold packs to different body areas while gathering feedback about the client's felt experience of different temperatures.
- Imitate the methods an instructor used to apply ice massage to a client.
- Imitate set-up, clean-up, and sanitation methods the instructor used during hot and

cold applications.

**Written Examination: Hot and Cold Methods**

Classroom time: 30 minutes

Questions: 20

**Session Exchange: Integration of Methods**

Classroom time: 170 minutes

Description: Learners pair up and practice all of their skills during an exchange with feedback from the instructor (75-minute sessions with 30 minutes allotted to set up, change over, and clean up, and 20 minutes to ask questions after exchanges are completed).

**Session Exchange: Preparation for the Final Practical on All Methods**

Classroom time: 260 minutes

Description: The instructor reviews the grading rubric that will be used to evaluate all methods on an upcoming practical evaluation and demonstrates correct and incorrect application as needed for learner clarity (60 minutes). Learners pair up and practice their skills during an exchange with feedback from the instructor (75-minute sessions with 30 minutes allotted to set up, change over, and clean up, and 20 minutes to ask questions after exchanges are completed).

**Practical Evaluation: All Methods**

Classroom time: 210 minutes

Description: Learners pair up and demonstrate their skills in a practical evaluation exchange. For big practical evaluations, it works well to have learners draw one to six index cards (each representing a skill) out of a jar at the beginning of the exchange. They can practice the skills to refine them while waiting for their turn with an evaluator (30 minutes to set up and review the events of the practical, 60 minutes allotted to evaluation of the first group, 15 minutes to change over, 60 minutes allotted to evaluation of the second group, 15 minutes to clean up, and 30 minutes allotted to processing learner experiences at the end of the practical).

## Topic: The Massage or Bodywork Session

Learning Outcomes	<p><b>Conditions:</b> Having completed 30 hours of instruction in the massage or bodywork session, the learner is expected to:</p> <ul style="list-style-type: none"> <li>• Demonstrate knowledge of the key terms and concepts related to an overview of a massage session, session planning, customization of a session, and suggesting client self-care activities, on a written examination.</li> <li>• Demonstrate a fluid and enjoyable 1-hour session including effective methods for opening the session, sequencing body regions, sequencing strokes, and using an enjoyable 10-minute face routine and 20-minute foot routine, on a practical evaluation.</li> <li>• Effectively negotiate a customized session and deliver the agreed session via a massage integrating an effective opening, sequencing of body regions to meet the client's specifications, techniques and depth of work to meet the client's specifications, an effective closing, and the suggestion of one appropriate client self-care activity, on a practical evaluation.</li> </ul>
-------------------	---

### Hours Rationale – Sample Learning Experiences

#### Interactive Lecture: Planning a Session

Classroom time: 60 minutes

Key Concepts:

- Introduce and define the massage or bodywork session.
- Review an outline of session components from a previous lecture.
- Present and discuss the purpose of planning an effective opening, methods for opening sessions, and examples of openings from different massage/bodywork forms.
  - Purpose of a planned opening
  - Methods for opening sessions:
    - Holding strokes
    - Breathing exercise
    - Use of an auditory cue
    - Use of an olfactory cue
- Present and discuss considerations for planning the sequence of body regions.
  - Benefits and drawbacks of starting in a prone position
  - Benefits and drawbacks of starting in a supine position
  - Where would the client like focus?
  - What will lead to the best therapeutic result?
- Present and discuss considerations for planning the sequence of methods.
  - What are the goals of the session?
  - How much depth has the client requested?
  - How much warm-up is needed?
  - What will feel enjoyable?
- Present and discuss considerations for planning and using routines.

- When is the use of a routine effective and appropriate?
- When is the use of a routine not effective or appropriate?
- Planning a routine for the face
- Planning a routine for the feet
- Present and discuss considerations for planning how to increase client enjoyment.
  - Keeping the session client-centric
  - Client warmth
  - Use of music
- Present and discuss methods for closing a session effectively.
  - Holding strokes
  - Breathing activity
  - Auditory cue
  - Olfactory cue
- Activity: Learners pair up and the instructor sets a timer for 3 minutes. Learner pairs brainstorm all of the elements and factors that make a massage/bodywork session enjoyable and effective. Learners share their findings in the large group.

### **Demonstration and Exchange Session: Planning a Massage/Bodywork Session**

Classroom time: 185 minutes

Description: The instructor demonstrates methods for opening and closing the massage and discusses sequencing options beginning in the prone position and then in the supine position. The instructor discusses and demonstrates the sequencing of methods to enhance client comfort and enjoyment (45 minutes for the demonstration). Learners pair up and practice skills with client feedback (45 minutes each with 30 minutes allotted to set up, change over, and clean up, and 20 minutes allotted to a class discussion of experiences after practice time).

Key Skills:

- Methods to open a session
- Methods to close a session
- Sequencing body regions starting from a prone position
- Sequencing body regions starting from a supine position
- Sequencing methods to enhance client comfort and enjoyment

### **Session Exchange: Planning a Massage/Bodywork Session #1**

Classroom time: 185 minutes

Description: Learners pair up and each outlines in writing a 1-hour session including an opening, the sequence of body areas, and a closing (15 minutes). They exchange their 1-hour sessions and then discuss what worked effectively and what could use improvement (60-minute sessions with 30 minutes allotted to set up, change over, and clean up). They form a peer group with one other pair to discuss their findings and share experiences (20 minutes). Learners turn in their written outlines and feedback forms for a grade.

Key Skills:

- Planning the opening of a session
- Planning the sequence of body regions for the session
- Refining the sequencing of methods



- Planning the closing of a session

**Activity: Choreographing a Fluid and Enjoyable Face Routine**

Classroom time: 120 minutes

Description: Learners form small peer groups of 4 to 6 people and work together to choreograph a fluid and enjoyable 10-minute face routine. They can approach the work in any way they wish but the goal is that all members of the peer group can demonstrate a fluid 10-minute face routine for the instructor at the conclusion of the activity. (One group, for example, may approach this task by having just one person on the massage table acting as the client while other members show their favorite methods for the face in a round-robin format. They then plan the sequencing of their favorite methods, write them in an outline, and set up practice tables for everyone to learn the routine.)

**Activity: Choreographing a Fluid and Enjoyable Foot Routine**

Classroom time: 180 minutes

Description: Learners form small peer groups of 4 to 6 people and work together to choreograph a fluid and enjoyable 20-minute foot routine. They can approach the work in any way they wish but the goal is that all members of the peer group can demonstrate a fluid 20-minute foot routine for the instructor at the conclusion of the activity or after an additional practice session.

**Session Exchange: Planning a Massage/Bodywork Session #2**

Classroom time: 185 minutes

Description: Learners pair up and each outlines in writing a 1-hour session including an opening, the sequence of body areas, and a closing (15 minutes). This outline should demonstrate the use of different methods to open and close the session, a different sequence of body areas from the previous outline, and a fluid foot and face routine. Learners exchange their 1-hour sessions and discuss what worked effectively and what could use improvement (60-minute sessions with 30 minutes allotted to set up, change over, and clean up). They form a peer group with one other pair to discuss their findings and share experiences (20 minutes). Learners turn in their written outlines and feedback forms for a grade.

**Key Skills:**

- Planning an alternate opening of a session
- Planning an alternate sequence of body regions for the session
- Refining the sequencing of methods
- Refining face and foot routines
- Planning an alternate closing of a session

**Practical Evaluation: A Fluid and Enjoyable Massage/Bodywork Session**

Classroom time: 170 minutes

Description: Learners pair up to demonstrate a fluid and enjoyable massage/bodywork session demonstrating effective opening methods, a logical sequencing of body regions, the fluid and enjoyable sequencing of methods, a fluid and enjoyable face and foot routine, and effective closing methods for a grade (each learner is allotted 60 minutes for their session and 30 total minutes for set up, change over, and clean up time, and 20 minutes to process learner experiences at the end of the practical).

### **Interactive Lecture: Customization of a Session**

Classroom time: 60 minutes

Key Concepts:

- Introduce and explain the term *customization* of a session.
- Present and discuss the types of wants and needs a therapist can meet during a massage/bodywork session.
- Present and discuss the types of client wants and needs a therapist might decline when planning a session.
- Present and discuss the considerations when customizing a massage/bodywork session for a client:
  - The client's past experience with massage/bodywork
  - The client's expectation of session results
  - The client's wellness or health care goals
  - The body regions where the client would like focused massage/bodywork
  - The body regions where the client would not like to receive massage/bodywork
  - The types of techniques/methods the client has found effective in the past (if applicable)
  - The types of techniques/methods the client would like to experience
  - The amount of depth the client found effective in the past (if applicable)
  - The amount of depth the client would like to experience
  - The client's preferences for music, lubricants, etc.
- Present and discuss methods, questions, and follow-up questions the therapist asks to negotiate the session with the client and arrive at an agreed upon plan.
- Activity: learners pair up and the instructor sets a timer for 3 minutes. Pairs brainstorm all the questions they might ask a client that would help them better negotiate and plan a session. Pairs share their findings in the large group.

### **Demonstration: Negotiating a Customized Session**

Classroom time: 45 minutes

Description: The instructor conducts four client interviews to show effective methods, language, and behaviors for negotiating a customized session. It can be helpful to learners to also show ineffective methods, language, and behaviors first as a means of comparison.

### **Activity: Negotiating a Customized Session**

Classroom time: 130 minutes

Description: Peers break into two groups (one group is therapists and one group is clients) and place their chairs opposite one another (10 minutes to introduce and set up the activity). The instructor sets a timer for 5 minutes. Therapists lead clients through a negotiation process to determine a plan for a 1-hour massage session. When the timer goes off, therapists switch to new clients and repeat the process for four rounds (20 minutes plus 10 minutes for change-over, etc.). At the end of four rounds, the instructor holds a class discussion to identify therapists' behaviors that led to effective negotiation processes (30 minutes). The groups reverse roles and repeat the process (60 minutes).

### **Interactive Lecture: Suggesting Client Self Care**

Classroom time: 45 minutes

Key Concepts:

- Introduce and define client self-care.
- Present and discuss benefits of suggesting and demonstrating self-care activities:
  - Prolong benefits of massage
  - Enhance benefits of massage
  - Encourage client participation in meeting session goals
  - Encourage client to be proactive about their physical condition
  - Supports symptom reduction
- Present and discuss common self-care activities:
  - Use of warm packs
  - Ice packs
  - Lying on a tennis ball
  - Stretches
  - Use of therapeutic baths (e.g., Epsom)
  - Referral to other health care providers (e.g., fitness trainer for weak muscles, etc.)
- Present and discuss self-care stretches for different muscles.
  - Demonstrate each stretch.
  - Have learners perform movements actively.
- Activity: learners pair up and analyze two mock client health forms and interview responses and suggest appropriate self-care for each client.

### **Demonstration: Client Self-Care**

Classroom time: 30 minutes

Description: The instructor demonstrates the language and behaviors to discuss self-care with clients and demonstrates appropriate self-care methods to clients.

Key Skills:

- The use of warm packs
- The use of ice packs
- The use of tennis ball to release tight muscles
- The use of self-care stretches
- The use of self-massage techniques

### **Session Exchange: Client Self Care**

Classroom time: 130 minutes

Description: Learners pair up and practice the language and behaviors to discuss self-care with clients and demonstrate different self-care methods (45 minute sessions with a 10-minute break and 30 minutes for discussion after the exchange).

### **Practical Evaluation: A Fluid and Enjoyable Massage/Bodywork Session**

Classroom time: 220 minutes

Description: Learners demonstrate how to effectively negotiate a customized session and deliver the agreed session via a massage integrating an effective opening, sequencing of body regions to meet the client's specifications, techniques and depth of work to meet the

client's specification, an effective closing, and the suggestion and demonstration of one appropriate self-care activity, in a practical evaluation (10-minute negotiations, 60-minute sessions, 10 minutes for self-care suggestions and demonstrations, 30 minutes to set up, change over, and clean up, 30 minutes to process learner experiences after exchanges).

**Written Examination: The Massage/Bodywork Session**

Classroom time: 30 minutes

Questions: 20

Subject: Massage and Bodywork Application

**Topic: Sample Forms - Western or Eastern Integration of Application Methods**

Learning  
Outcomes

**Note:** Schools can choose to integrate application methods using a Western or Eastern approach or an approach based on their philosophy of massage or bodywork (50 hours total). The ELAP Work Group recommends Swedish massage, myofascial approaches, and neuromuscular approaches because profession stakeholder survey results indicate that these forms are those most widely practiced and valued by professional massage therapists. Swedish massage and "deep tissue" (which incorporates methods from myofascial and neuromuscular approaches) are the forms most widely requested by consumers.

**Conditions:** Having completed 50 hours of instruction and practice integrating application methods from a western paradigm, including Swedish massage, myofascial approaches, and neuromuscular approaches, the learner is expected to:

- Demonstrate knowledge of the terms and concepts related to Swedish massage, myofascial approaches, and neuromuscular approaches, their therapeutic paradigms, their specific strokes, their physiological effects, their variations, conditions that require cautious work or session adaptations and contraindications, on a written examination.
- Work from a Swedish massage therapeutic paradigm to integrate application methods in a fluid 1-hour general Swedish massage session with an effective opening, with the traditional sequencing of Swedish strokes, and with attention to time management, safe and comfortable client positioning, modest draping, professional and effective client communication, and proper body mechanics, on a practical evaluation.
- Work from a myofascial therapeutic paradigm to integrate application methods in a fluid 1-hour general myofascial massage session with an effective opening, with the correct application and sequencing of myofascial methods, and with attention to time management, safe and comfortable client positioning, modest draping, professional and effective client communication, and proper body mechanics, on a practical

evaluation.

- Work from a neuromuscular therapeutic paradigm to integrate application methods in a 1-hour general neuromuscular session using an effective opening, appropriate warm up of the tissue, the correct application and sequencing of neuromuscular methods, and with attention to time management, safe and comfortable client positioning, modest draping, professional and effective client communication, and proper body mechanics, on a practical evaluation.

*Or:*

**Conditions:** Having completed 50 hours of instruction and practice integrating application methods from an Eastern paradigm, including shiatsu, tuina, and Thai massage, the learner is expected to:

- Demonstrate knowledge of the terms and concepts related to Traditional Chinese Medicine concepts that underlie many Asian bodywork therapies and basic concepts related to shiatsu, tuina, and Thai massage, their therapeutic paradigms, their specific strokes or methods, their physiological effects, their variations, conditions that require cautious work or session adaptations and contraindications, on a written examination.
- Work from an Eastern therapeutic paradigm to integrate application methods in a 1-hour general shiatsu session demonstrating the correct application of instructor-selected methods, and with attention to time management, safe and comfortable client positioning, professional and effective client communication, and proper body mechanics, on a practical evaluation.
- Work from an Eastern therapeutic paradigm to integrate application methods in a 1-hour general tuina session demonstrating the correct application of instructor-selected methods, and with attention to time management, safe and comfortable client positioning, professional and effective client communication, and proper body mechanics, on a practical evaluation.
- Work from an Eastern therapeutic paradigm to integrate application methods in a 1-hour general Thai massage session demonstrating the correct application of instructor-selected methods, and with attention to time management, safe and comfortable client positioning, professional and effective client communication, and proper body mechanics, on a practical evaluation.

## Hours Rationale – Sample Learning Experiences

Having achieved the learning objectives and outcomes in Foundation Principles and Skills, Application Methods, and the Massage or Bodywork Session, learners should be able to learn specific systems and forms easily. For example, it is not difficult to compare Swedish strokes to strokes that comprise gliding, torsion, shearing, elongation, oscillating, percussive, static, and joint movement methods. At this point learners already know the application methods; now they simply match individual methods to their system names (e.g., gliding becomes effleurage in the Swedish system), sequence those strokes in accordance with system guidelines (e.g., in the Swedish system effleurage progresses to petrissage, friction, vibration, tapotement, and joint movement, etc.), and learn the therapeutic paradigm of the system in which they are working. Swedish massage, with the background provided in the ELAP Blueprint, could arguably be taught in as little as 8-16 hours after the stroke methods were learned. The goal of this section of the ELAP Blueprint is to provide learning objectives for popular forms and styles of massage and bodywork while leaving time for diversity. A school might choose to teach one form or up to four forms in this timeframe. They might choose only Western or Eastern forms, or mix and match from both paradigms. To allow for and encourage diversity, no sample learning experiences have been developed for this section of the Blueprint.

**71 Hours**

## **HOURS RATIONALE**

### **Palpation and Movement**

#### **Topic**

#### **Orientation to Palpation and Movement (4.0)**

##### Sub-Topics

- Developing Palpation Skills
- Basics of Human Movement

#### **Topic**

#### **The Shoulder and Arm (9.5)**

##### Sub-Topics

- Bones and Bony Landmarks
- Joints, Ligaments, and Range of Motion
- Muscles and their Actions

#### **Topic**

#### **The Elbow, Forearm, Wrist, and Hand (9.5)**

##### Sub-Topics

- Bones and Bony Landmarks
- Joints, Ligaments, and Range of Motion
- Muscles and their Actions

#### **Topic**

#### **The Spine and Thorax (9.5)**

##### Sub-Topics

- Bones and Bony Landmarks
- Joints, Ligaments, and Range of Motion
- Muscles and their Actions

#### **Topic**

#### **The Head, Neck, and Jaw (9.5)**

##### Sub-Topics

- Bones and Bony Landmarks
- Joints, Ligaments, and Range of Motion
- Muscles and their Actions

#### **Topic**

#### **The Pelvis and Hip (9.5)**

##### Sub-Topics

- Bones and Bony Landmarks
- Joints, Ligaments, and Range of Motion
- Muscles and their Actions

Topic	The Thigh and Knee (9.5)
Sub-Topics	<ul style="list-style-type: none"><li>• Bones and Bony Landmarks</li><li>• Joints, Ligaments, and Range of Motion</li><li>• Muscles and their Actions</li></ul>



Topic	The Leg, Ankle, and Foot (9.5)
Sub-Topics	<ul style="list-style-type: none"><li>• Bones and Bony Landmarks</li><li>• Joints, Ligaments, and Range of Motion</li><li>• Muscles and their Actions</li></ul>



## Hours Tabulation Method

Learning experiences are classroom events or activities where learners experience something that results in a change in thinking, knowledge, skills, values, or behaviors.

The ELAP work group's recommendation of minimum hours for topics and subjects is based on the conversion of learning objectives into learning experiences appropriate for adult education, and a tabulation of the time it would take an average adult learner to attain the stated learning assuming competent instruction. Please note that the tabulation of hours is based on the idea that only the defined content is taught and that class time is well structured and used appropriately.

Therefore, the learning experiences outlined in this Hours Rationale document do not mandate specific classroom activities, but illustrate how the ELAP work group arrived at a particular hours recommendation. Also, note that 10 minutes of break time for every hour of lecture time is added into the total hours recommendation for the topic (thus the total is greater than the sum of its parts); final hours are also rounded up or down to the nearest half-hour at the topic level, and up or down to the nearest hour at the subject level. Again, note that the hours presented here are informed approximations, not precise mandates.

We want to emphasize that we encourage schools and instructors to adopt teaching strategies and learning experiences based on their philosophy of education. ELAP suggests the use of interactive lecture, completion of written worksheets like graphic organizers or diagrams, use of case studies and scenarios, peer discussion and problem solving, group projects, instructor demonstrations and modeling, structured hands-on practice time, role playing, written session planning, and simulations of client interactions, as primary methods to move learners from point A to point B in the Blueprint. However, other types of learning experiences could easily be substituted for those described in the Blueprint within roughly the same time periods. For a detailed discussion of learning experiences in adult education, please review the Introduction to the Blueprint.

Please review the learning objectives in the Blueprint for content examples and for details of knowledge and skill components outlined in the learning experiences discussed in this document.



## Topic: Orientation to Palpation and Movement

### Learning Outcomes

**Conditions:** Having completed 4 hours of instruction on an orientation to palpation and movement, the learner is expected to:

- Demonstrate knowledge of the key terms and concepts related to the development of palpation skills and the basics of human movement on a written examination.

### Hours Rationale – Sample Learning Experiences

#### Interactive Lecture: Developing Palpation Skills

Classroom time: 45 minutes

Key Concepts:

- Introduce and define palpation.
  - Compare and contrast palpation for assessment with palpation for locating structures.
- Present and discuss the benefits of developing strong palpation skills (e.g., better understand the health of the client's tissue, locate specific structures, compare tissue from one session to the next, choose effective techniques during a massage, inform session goal setting, etc.).
- Present and discuss the anatomical tools used for palpation (e.g., fingertips, palms, knuckles, forearms, elbows, etc.).
- Present and discuss the goals of palpation (e.g., detect irregularity in tissue textures, detect irregularity in tissue tone, sense differences in tissue temperature, notice variations in tissue hydration, spot structural asymmetry, identify restrictions that are causing a reduction in range of motion, recognize areas that are painful, locate a specific structure, identify fiber direction of a muscle to apply a specific technique correctly, distinguish between changes in tissue from the beginning of a session to the end of a session, etc.).
- Palpation Skills:
  - Present and discuss these general palpation skills:
    - Cognitive skills (e.g., the knowledge that informs touch such as the ability to name body landmarks in a particular region, etc.)
    - Kinesthetic discrimination skills (e.g., *the ability to sense, feel, and interpret normal and altered qualities of the body's tissues such as temperature, texture, fiber direction, density, depth, hydration, and tone, etc.*)
    - Communication skills (e.g., the ability to name sensations so that perceptions of tissue can be categorized and analyzed more easily, etc.)
  - Present and discuss these specific skills and provide examples:
    - Locate a specific structure through touch (e.g., find the gastrocnemius).
    - Differentiate between two structures in the same region (e.g., "I know that I am on the teres minor and not on the infraspinatus because..." etc.).
    - Differentiate layers of tissue through touch (e.g., "I know I have sunk through the gluteus maximus to palpate the piriformis because..." etc.).
    - Assess the quality or condition of soft-tissue structures through touch (e.g.,

- the ability to recognize if a muscle is hypertonic, hypotonic, or healthy).
  - Make comparisons between tissue bilaterally, before and after sessions, and from one session to another through touch (e.g. “the right scalene feels like X while the left scalene feels like Y,” etc.).
  - Verbally describe palpable findings using the correct pronunciation of structure names and technical language (e.g., “There is a palpable adhesion in the muscle just inferior to the proximal attachment site,” etc.).
  - Verbally describe palpable findings using a rich vocabulary of personal descriptive words (e.g., “This tendon feels bound, ropy, and grainy,” etc.).
- Present and discuss a specific step-by-step approach to the palpation of a region (e.g., the school or instructor should determine the approach students are expected to take when palpating structures in a region; in a general example, one approach might be to (1) review the anatomical structures present in a specific region and make a list of structures to palpate, (2) look at the surface area of the region to palpate and visualize the structures using a textbook, (3) use a full palmar surface to palpate, (4) work from superficial layers to deeper layers, (5) palpate “normal” first, (6) palpate muscle tissue in at least two different directions, (7) utilize isometric muscle contractions to make the target muscle easier to identify, and (8) ask the client to give feedback on the sensations noticed while the tissue is palpated, etc.).

### **Demonstration and Palpation Exchange: Developing Palpation Skills**

Classroom time: 80 minutes

Description: Learners pair up and one group gets on the massage table (10 minutes). The instructor leads the first group on a palpation exploration using the school-selected approach to palpation outlined in the lecture and focused on the skills below (30 minutes). The groups change places (10 minutes) and the instructor leads the second group through the exploration (30 minutes). After groups clean up (10 minutes), they discuss their experiences and findings in the large group (20 minutes).

#### **Key Skills:**

- Sense possible temperature differences when palpating regions of the body. (e.g., some regions may feel noticeably warmer while others feel noticeably cooler, etc.).
- Sense tissue quality and notice tissue variations during palpation of the skin’s surface (e.g., notice dryness, moistness, bumps, roughness, decreased elasticity, skin color, skin temperature, etc.).
- Sense tissue quality and notice tissue variations during palpation of the superficial fascia (e.g., notice if lymph nodes can be felt, amount of “lift,” if fascia feels “glued down,” can it glide easily over underlying muscle, etc.).
- Sense tissue quality and notice tissue variations during palpation of bony landmarks (e.g., notice that bones feel hard, have irregular shapes with knobs, grooves, holes, spines, depressions, and angles, etc.).
- Sense tissue quality and notice tissue variations during palpation of skeletal muscles (e.g., notice that muscles are layered and that deeper muscles are palpated by dropping through superficial layers, notice if muscles glide easily past or over one another, notice the differences between muscle bellies and where the muscle transitions into tendon at attachment sites, notice if the edges of muscles can be felt, notice if muscle feels “plump,” “springy,” “full,” “pliable,” “dense,” “hard,”

“ropy,” etc.).

- Sense tissue quality and notice tissue variations during palpation of tendons and ligaments (e.g., notice that tendon feels smoother and denser than muscle, notice that ligaments tend to feel taut regardless of the position of the joint, etc.).
- Verbally describe three palpable findings for each palpation step during a palpation exploration.

### **Written Examination: Developing Palpation Skills**

Classroom time: 15 minutes

Questions: 10

### **Interactive lecture: Basics of Human Movement**

Classroom time: 60 minutes

**Note:** This material has already been covered in depth in the subject Anatomy, Physiology, and Pathology in the Blueprint, and the lecture here is meant to review an instructor might choose. The time allotted to this lecture assumes that students have a basic grasp of this material already.

#### **Key Concepts:**

- Introduce the topic of human movement and recall other classes where learners discuss concepts related to human movement.
- Review the structures involved in human movement, their functions, and the roles they play in human movement:
  - Joints
    - Review the three categories used to describe a joint’s structure (fibrous, cartilaginous, and synovial).
    - Review the three categories used to describe a joint’s function (synarthrotic, amphiarthrotic, diarthrotic).
    - Review the unique features related to the structure of synovial joints (e.g., joint capsule including the fibrous capsule and synovial membrane, synovial fluid, joint cavity, bursae, etc.).
    - Review synovial joint types that allow different movement possibilities (e.g., ball and socket, hinge, pivot, ellipsoid/condyloid, saddle, gliding).
    - List two normal factors that naturally limit a joint’s range of motion (e.g., anatomical restrictions caused by the structures that make up the joint and physiological restrictions that limit the movement of a joint before anatomical restrictions are reached such as when muscles reach the extent of their ability to lengthen, etc.).
    - Match the three different types of end feel to their written descriptions (hard, soft, and firm).
    - Review two possible pathological restrictions that might abnormally limit a joint’s range of motion (e.g., inflammation and fluid accumulation in the area, injury, adhesions in muscle or fascia, weakened muscles, degeneration of joint cartilage, bursitis, etc.).
    - Review these terms and concepts: range of motion, active range of motion, passive range of motion, resisted range of motion.
  - Bones
    - Review the structure and function of bones as they relate to movement

(e.g., bones act as rigid levers upon which muscles pull to produce movement, bones articulate to form joints, when the body is stationary bones, muscles, and outside forces such as gravity work to maintain the body's position in space, etc.).

- Ligaments
- Muscles
  - Review the properties of skeletal muscle (extensibility, elasticity, excitability, conductivity, contractility).
  - Review the physiology of muscle contraction (e.g., how nerves and muscles communicate during muscle contraction, etc.).
  - Review concepts related to motor unit recruitment.
  - Review skeletal muscle fiber types (slow twitch fibers, fast twitch fibers, intermediate fibers, and distribution of fiber types).
  - Review types of muscle contractions (isometric, isotonic, concentric, eccentric, and integrating contraction types in human movement, etc.).
  - Review muscle roles and relationships (agonists, synergists, antagonists).
- Tendons
- Fascia
- Review these directional terms: superior, inferior, posterior, anterior, proximal, distal, lateral, medial, superficial, deep.
- Review these body planes: sagittal plane, frontal plane, transverse plane.
- Review these axes: frontal axis, sagittal axis, longitudinal axis.
- Present and discuss each plane (sagittal, frontal, transverse) and axis (frontal, sagittal, and longitudinal) in relationship to these movements: flexion, extension, abduction, adduction, rotation (e.g., sagittal plane and frontal axis are matched to flexion, etc.).
- Review terms and concepts related to proprioception.

### **Activity: Experiencing Human Movement**

Classroom time: 30 minutes

Description: Learners pair up and consult the textbook to move their bodies actively through each movement on a checklist as described in key skills (30 minutes). The instructor brings the large group together and test knowledge by calling out a movement and having learners perform the movement without looking at a textbook (30 minutes).

Key Skills: Learners move their bodies actively through these actions:

- Flexion and extension of the neck at the cervical spinal joints
- Right and left lateral flexion of the neck at the cervical spinal joints
- Right and left rotation of the neck at the cervical spinal joints
- Flexion and extension of the trunk at the spinal joints
- Right and left lateral flexion of the trunk at the spinal joints
- Right and left rotation of the trunk at the spinal joints
- Posterior tilt of the pelvis at the lumbosacral joint and coxal joints while standing
- Anterior tilt of the pelvis at the lumbosacral joint and coxal joints while standing
- Flexion and extension of the thigh at the coxal joint
- Abduction and adduction of the thigh at the coxal joint
- Lateral and medial rotation of the thigh at the coxal joint

- Flexion and extension of the leg at the tibiofemoral joint
- Lateral and medial rotation of the leg at the tibiofemoral joint
- Dorsiflexion and plantar flexion of the foot at the talocrural joint
- Eversion and inversion of the foot at the tarsal joints
- Elevation and depression of the scapula at the scapulothoracic joint
- Upward rotation and downward rotation of the scapula at the scapulothoracic joint
- Protraction (abduction) and retraction (adduction) of the scapula at the scapulothoracic joint
- Flexion and extension of the arm at the glenohumeral joint
- Abduction and adduction of the arm at the glenohumeral joint
- Lateral rotation and medial rotation of the arm at the glenohumeral joint
- Flexion and extension of the forearm at the humeroulnar and humeroradial joint
- Pronation and supination of the forearm at the radioulnar joint
- Flexion and extension of the hand at the radiocarpal joint
- Radial deviation (abduction) and ulnar deviation (adduction) of the hand at the radiocarpal joint
- Sense movement quality while moving all joints listed above passively through their respective movements (e.g., notice if the movement feels free, smooth, full or irregular, restricted, stiff, or shortened, etc.).

## Topic: The Shoulder and Arm

### Learning Outcomes

**Conditions:** Having completed 9.5 hours of instruction on the shoulder and arm, the learner is expected to:

- Demonstrate knowledge of the key terms and concepts related to the bones, bony landmarks, ligaments, joints, muscles, and actions of the shoulder and arm, on a written examination.
- Locate instructor-selected bones, bony landmarks, joints, ligaments, and muscles and identify muscle fiber direction and muscle actions, on a practical evaluation.

### Hours Rationale – Sample Learning Experiences

#### Interactive Lecture: The Shoulder and Arm

Classroom time: 180 minutes

**Note:** Instructors may choose to break this lecture into two separate learning experiences (the Bones and Joints, and the Muscles and Movements) depending on the way in which classes are structured at the school.

#### Key Concepts:

- Introduce the shoulder and arm region.
- Activity: Pass out diagrams and worksheets for the shoulder and arm. Include a complete list of structures the learner is expected to know based on school-developed practical and written examinations. Learners label the diagrams, fill in worksheets, and check off the structures as they are discussed by the instructor. This provides learners with a sense of progress, helps them keep information neatly organized, and provides useful notes for study.
- **Bones and Bony Landmarks of the Shoulder and Arm**
  - Present and discuss each selected bone and bony landmark of the shoulder and arm.
    - Correctly pronounce the name of the structure and ask learners to repeat it.
    - Show its location with an overhead diagram.
    - Ask learners to locate and palpate the structure on physical models of a skeleton
    - Ask learners to locate and palpate the structure on themselves or a classmate if possible
    - Describe its function related to locating structures or movement
  - Scapula: acromion, coracoid process, superior angle, medial border, subscapular fossa, inferior angle, lateral border, infraglenoid tubercle, glenoid cavity, supraglenoid tubercle, infraspinous fossa, spine of the scapula, and supraspinous fossa
  - Humerus: greater tubercle, head of the humerus, lesser tubercle, intertubercular groove, deltoid tuberosity
  - Clavicle: acromial end, sternal end.

- **Joints of the Shoulder and Arm**
  - Present and discuss each joint in depth (for details of specific structures see the learning objectives in the Blueprint). Learners label their diagrams during the discussion and actively move their bodies through the movements of each joint.
  - Sternoclavicular joint (SC):
    - Instructor pronounces the joint name
    - Learners pronounce the joint name
    - Definition
    - Joint type
    - Bones that articulate to make up the joint
    - Major ligaments
    - Movements at the joint
    - Other information about the joint as appropriate
  - Acromioclavicular joint (AC)
    - Instructor pronounces the joint name
    - Learners pronounce the joint name
    - Definition
    - Joint type
    - Bones that articulate to make up the joint
    - Major ligaments
    - Movements at the joint
    - Other information about the joint as appropriate
  - Scapulothoracic articulation (ST)
    - Instructor pronounces the joint name
    - Learners pronounce the joint name
    - Definition
    - Joint type
    - Bones that articulate to make up the joint
    - Major ligaments
    - Movements at the joint
    - Other information about the joint as appropriate
  - Glenohumeral joint (GH)
    - Instructor pronounces the joint name
    - Learners pronounce the joint name
    - Definition
    - Joint type
    - Bones that articulate to make up the joint
    - Major ligaments
    - Movements at the joint
    - Other information about the joint as appropriate
- **Muscles of the Shoulder and Arm**
  - Introduce the muscles of the shoulder and arm.
  - Discuss the movements that occur at the shoulder.
  - Present each muscle by:
    - Pronouncing the muscle name and asking learners to repeat it out loud
    - Identifying the general location of the muscle by using a diagram, physical model, or overhead image
    - Asking learners to palpate the muscle on their own bodies or on a classmate

- if appropriate
  - Presenting the origin and insertion of the muscle
  - Presenting the actions of the muscle and its roles in movement and stabilization
  - Learners move their bodies through the actions of the muscle
  - Other important information about the muscle as appropriate
- Present these muscles:
  - Deltoid
  - Supraspinatus
  - Infraspinatus
  - Teres minor
  - Teres major
  - Latissimus dorsi
  - Rhomboid major
  - Rhomboid minor
  - Pectoralis major
  - Serratus anterior
  - Biceps brachii
  - Triceps brachii
  - Subscapularis
  - Pectoralis minor
  - Coracobrachialis
  - Brachialis

**Activity: Complete Written Worksheets and Diagrams/Other Activity**

Classroom time: 45 minutes

Description: Learners form small peer groups and use their reference books to complete their written worksheets or to ask questions to clarify information. This time might also be used for other activities such as drawing in structures with grease pencils or drilling muscle origins and insertions with peers. For a list of specific tasks to include on worksheets, see the detailed learning objectives in the ELAP Blueprint.

**Activity: Palpation of the Bones, Joints, and Muscles of the Shoulder and Arm**

Classroom time: 225 minutes

**Note:** For specific palpation tasks and objectives, please see the detailed learning objectives in the ELAP Blueprint.

Description: Learners pair up with one person on the massage table acting as the body (10 minutes). The instructor provides learners with a palpation checklist of bones, joints, muscles, and palpation activities (e.g., passively moving a joint through its range of motion, etc.) to cover during the session. The instructor uses diagrams and images projected on a screen and learners use textbooks for further reference during the activity. The instructor leads learners through the palpation checklist of the bones, bony landmarks, joints, and muscles of the shoulder and arm (90 minutes). Learners change places (10 minutes) and the instructor leads the second group through the exercise (90 minutes). After learners clean up and put away equipment (10 minutes), they discuss their challenges, successes, sensations, and experiences and ask any clarifying questions (15 minutes).



## Written Examination: The Shoulder and Arm

Classroom time: 30 minutes

Questions: 20

Subject: Palpation and Movement

## Topic: The Elbow, Forearm, Wrist, and Hand

### Learning Outcomes

**Conditions:** Having completed 9.5 hours of instruction on the elbow, forearm, wrist, and hand, the learner is expected to:

- Demonstrate knowledge of the key terms and concepts related to the bones, bony landmarks, ligaments, joints, muscles, and actions of the elbow, forearm, wrist, and hand, on a written examination.
- Locate instructor-selected bones, bony landmarks, joints, ligaments, and muscles and identify muscle fiber direction, and muscle actions, on a practical evaluation.

### Hours Rationale – Sample Learning Experiences

#### Interactive Lecture: The Elbow, Forearm, Wrist and Hand

Classroom time: 180 minutes

**Note:** Instructors may choose to break this lecture into two separate learning experiences (the Bones and Joints, and the Muscles and Movements) depending on the way in which classes are structured at the school.

#### Key Concepts:

- Introduce the forearm, wrist, and hand.
- Activity: pass out diagrams and worksheets for the forearm, wrist, and hand. Include a complete list of structures the learner is expected to know based on school-developed practical and written examinations. Learners label the diagrams, fill in worksheets, and check off the structures as they are discussed by the instructor. This provides learners with a sense of progress, helps them keep information neatly organized, and provides useful notes for study.
- **Bones and Bony Landmarks of the Elbow, Forearm, Wrist, and Hand**
  - Present and discuss each selected bone and bony landmark of the forearm, wrist, and hand.
    - Correctly pronounce the name of the structure and ask learners to repeat it.
    - Show its location with an overhead diagram or image.
    - Ask learners to locate and palpate the structure on physical models of a



- Definition
- Joint type
- Bones that articulate to make up the joint
- Major ligaments
- Movements at the joint
- Other information about the joint as appropriate
- Radiocarpal joint
  - Instructor pronounces the joint name
  - Learners pronounce the joint name
  - Definition
  - Joint type
  - Bones that articulate to make up the joint
  - Major ligaments
  - Movements at the joint
  - Other information about the joint as appropriate
- Midcarpal joints
  - Instructor pronounces the joint name
  - Learners pronounce the joint name
  - Definition
  - Joint type
  - Bones that articulate to make up the joint
  - Major ligaments
  - Movements at the joint
  - Other information about the joint as appropriate
- Carpometacarpal joints
  - Instructor pronounces the joint name
  - Learners pronounce the joint name
  - Definition
  - Joint type
  - Bones that articulate to make up the joint
  - Major ligaments
  - Movements at the joint
  - Other information about the joint as appropriate
- Metacarpophalangeal joints
  - Instructor pronounces the joint name
  - Learners pronounce the joint name
  - Definition
  - Joint type
  - Bones that articulate to make up the joint
  - Major ligaments
  - Movements at the joint
  - Other information about the joint as appropriate
- Proximal, middle and distal interphalangeal joints
  - Instructor pronounces the joint name
  - Learners pronounce the joint name
  - Definition
  - Joint type
  - Bones that articulate to make up the joint

- Major ligaments
- Movements at the joint
- Other information about the joint as appropriate
- **Muscles of the Elbow, Forearm, Wrist, and Hand**
  - Introduce the muscles of the elbow, forearm, wrist, and hand.
  - Discuss the movements that occur at the elbow, forearm, wrist, and hand.
  - Present each muscle by:
    - Pronouncing the muscle name and asking learners to repeat it out loud
    - Identifying the general location of the muscle by using a diagram, physical model, or overhead image
    - Asking learners to palpate the muscle on their own bodies or on a classmate if appropriate
    - Presenting the origin and insertion of the muscle
    - Presenting the actions of the muscle and its roles in movement and stabilization
    - Learners move their bodies through the actions of the muscle
    - Other important information about the muscle as appropriate
- Present these muscles:
  - Brachioradialis
  - Extensor digitorum
  - Extensor carpi radialis longus
  - Extensor carpi ulnaris
  - Palmaris longus
  - Flexor carpi ulnaris
  - Flexor carpi radialis
  - Extensor carpi radialis brevis
  - Flexor digitorum superficialis
  - Flexor digitorum profundus
  - Pronator teres
  - Supinator

**Activity: Complete Written Worksheets and Diagrams/Other Activity**

Classroom time: 45 minutes

Description: Learners form small peer groups and use their reference books to complete their written worksheets or to ask questions to clarify information. This time might also be used for other activities such as drawing in structures with grease pencils or drilling muscle origins and insertions with peers. For a list of specific tasks to include on worksheets, see the detailed learning objectives in the ELAP Blueprint.

**Activity: Palpation of the Bones, Joints, and Muscles of the Elbow, Forearm, Wrist, and Hand**

Classroom time: 225 minutes

**Note:** For specific palpation tasks and objectives, please see the detailed learning objectives in the ELAP Blueprint.

Description: Learners pair up with one person on the massage table acting as the body (10 minutes). The instructor provides learners with a palpation checklist of bones, joints, muscles, and palpation activities (e.g., passively moving a joint through its range of motion, drawing in the origin or insertion points of muscles with grease pencils, etc.) to cover

during the session. The instructor uses diagrams and images projected on a screen and learners use textbooks for further reference during the activity. The instructor leads learners through the palpation checklist of the bones, bony landmarks, joints, and muscles of the elbow, forearm, wrist, and hand (90 minutes). Learners change places (10 minutes) and the instructor leads the second group through the exercise (90 minutes) After learners clean up and put away equipment (10 minutes), they discuss their challenges, successes, sensations, and experiences and ask any clarifying questions (15 minutes).

**Written Examination: The Elbow, Forearm, Wrist, and Hand**

Classroom time: 30 minutes

Questions: 20

Subject: Palpation and Movement

**Topic: The Spine and Thorax**

**Learning Outcomes**

**Conditions:** Having completed 9.5 hours of instruction on the spine and thorax, the learner is expected to:

- Demonstrate knowledge of the key terms and concepts related to the bones, bony landmarks, ligaments, joints, muscles, and actions of the spine and thorax, on a written examination.
- Locate instructor-selected bones, bony landmarks, joints, ligaments, and muscles and identify muscle fiber direction and muscle actions, on a practical evaluation.

**Hours Rationale – Sample Learning Experiences**

**Interactive Lecture: The Spine and Thorax**

Classroom time: 180 minutes

**Note:** Instructors may choose to break this lecture into two separate learning experiences (the Bones and Joints, and the Muscles and Movements) depending on the way in which classes are structured at the school.

**Key Concepts:**

- Introduce the spine and thorax.
- Activity: Pass out diagrams and worksheets for the spine and thorax. Include a complete list of structures the learner is expected to know based on school-developed practical and written examinations. Learners label the diagrams, fill in worksheets, and check off the structures as they are discussed by the instructor. This provides learners with a sense of progress, helps them keep information neatly organized, and provides useful notes for study.
- **Bones and Bony Landmarks of the Spine and Thorax**

- Present and discuss each selected bone and bony landmark of the spine and thorax.
  - Correctly pronounce the name of the structure and ask learners to repeat it.
  - Show its location with an overhead diagram or image.
  - Ask learners to locate and palpate the structure on physical models of a skeleton.
  - Ask learners to locate and palpate the structure on themselves or a classmate if possible.
  - Describe its function related to locating structures or movement.
  - Discuss the names and/or numbers of the 24 vertebrae of the vertebral column (e.g., atlas C1, axis C2, cervical vertebrae 3-7, thoracic vertebrae 1-12) and lumbar vertebrae 1-5).
- Anterior view of the thorax : clavicle, ribs, costal cartilage, intervertebral discs, xiphoid process, body of the sternum, sternal angle, manubrium, first rib
- Posterior view of the spine and thorax: atlas, axis, C3-C7, T1-T12, L1-L5, ribs, sacrum, coccyx
- Lateral and superior views of the atlas: posterior tubercle, transverse process, transverse foramen, superior and inferior facets, articular facet for odontoid process, transverse process, vertebral foramen
- Lateral and superior views of the axis: spinous process, transverse process, transverse foramen, superior and inferior facets, odontoid process (or dens), vertebral foramen
- Lateral and superior view of a cervical vertebra: transverse process, spinous process, canal for spinal nerve, transverse foramen, body, lamina groove, superior and inferior facets
- Lateral and superior view of a thoracic vertebra: transverse process, superior and inferior facets, body, costal facets, spinous process, vertebral foramen, body, lamina groove, lamina
- Lateral and superior view of a lumbar vertebra: spinous process, transverse process, body, superior and inferior facets, lamina groove, vertebral foramen
- Sternum: manubrium, body, xiphoid
- Thorax: true ribs 1-7, false ribs 8-12, floating ribs 11-12
- Rib: sternal end, vertebral end, head, neck, tubercle, angle (note the first rib has no angle)
- **Joints of the Spine and Thorax:**
  - Present and discuss each joint in depth (for details of specific structures see the learning objectives in the ELAP blueprint). Learners label their diagrams during the discussion and actively move their bodies through the movements of each joint. For each joint discuss as appropriate:
    - Instructor pronounces the joint name
    - Learners pronounce the joint name
    - Definition
    - Joint type
    - Bones that articulate to make up the joint
    - Major ligaments
    - Movements at the joint
    - Other information about the joint as appropriate
  - Atlanto-occipital joint

- Atlanto-axial joint
- Intervertebral joints
- Costotransverse joints
- Costovertebral joints
- Sternocostal joints
- Costochondral joints
- **Muscles of the Spine and Thorax**
  - Introduce the muscles of the spine and thorax>
  - Discuss the movements that occur at the spine and thorax.
  - Present each muscle by:
    - Pronouncing the muscle name and asking learners to repeat it out loud
    - Identifying the general location of the muscle by using a diagram, physical model, or overhead image
    - Asking learners to palpate the muscle on their own bodies or on a classmate if appropriate
    - Presenting the origin and insertion of the muscle
    - Presenting the actions of the muscle and its roles in movement and stabilization
    - Learners move their bodies through the actions of the muscle
    - Other important information about the muscle as appropriate
  - Present these muscles:
    - Rectus abdominis
    - External obliques
    - Internal obliques
    - Erector spinae group
    - Quadratus lumborum
    - Transverse abdominis
    - Spinalis
    - Longissimus
    - Iliocostalis
    - Multifidi
    - Rotatores
    - Respiratory diaphragm

**Activity: Complete Written Worksheets and Diagrams/Other Activity**

Classroom time: 45 minutes

Description: Learners form small peer groups and use their reference books to complete their written worksheets or to ask questions to clarify information. This time might also be used for other activities such as drawing in structures with grease pencils or drilling muscle origins and insertions with peers. For a list of specific tasks to include on worksheets, see the detailed learning objectives in the ELAP Blueprint.

**Activity: Palpation of the Bones, Joints, and Muscles of the Spine and Thorax**

Classroom time: 225 minutes

**Note:** For specific palpation tasks and objectives, please see the detailed learning objectives in the ELAP Blueprint.

Description: Learners pair up with one person on the massage table acting as the body (10 minutes). The instructor provides learners with a palpation checklist of bones, joints, muscles, and palpation activities (e.g., passively moving a joint through its range of motion, drawing in the origin or insertion points of muscles with grease pencils, etc.) to cover during the session. The instructor uses diagrams and images projected on a screen and learners use textbooks for further reference during the activity. The instructor leads learners through the palpation checklist of the bones, bony landmarks, joints, and muscles of the spine and thorax (90 minutes). Learners change places (10 minutes), and the instructor leads the second group through the exercise (90 minutes) After learners clean up and put away equipment (10 minutes), they discuss their challenges, successes, sensations, and experiences and ask any clarifying questions (15 minutes).

**Written Examination: The Spine and Thorax**

Classroom time: 30 minutes

Questions: 20

Subject: Palpation and Movement

**Topic: The Head, Neck, and Jaw****Learning Outcomes**

**Conditions:** Having completed 9.5 hours of instruction on the evolution of massage, the learner is expected to:

- Demonstrate knowledge of the key terms and concepts related to the bones, bony landmarks, ligaments, joints, muscles, and actions of the head, neck, and jaw on a written examination.
- Locate instructor-selected bones, bony landmarks, joints, ligaments, and muscles and identify muscle fiber direction and muscle actions of the head, neck, and jaw, on a practical evaluation.

**Hours Rationale – Sample Learning Experiences****Interactive Lecture: The Head, Neck, and Jaw**

Classroom time: 180 minutes

**Note:** Instructors may choose to break this lecture into two separate learning experiences (the Bones and Joints, and the Muscles and Movements) depending on the way in which



classes are structured at the school.

**Key Concepts:**

- Introduce the head, neck, and jaw.
- Activity: Pass out diagrams and worksheets for the head, neck, and jaw. Include a complete list of structures the learner is expected to know based on school-developed practical and written examinations. Learners label the diagrams, fill in worksheets, and check off the structures as they are discussed by the instructor. This provides learners with a sense of progress, helps them keep information neatly organized, and provides useful notes for study.
- **Bones and Bony Landmarks of the head, neck, and jaw**
  - Present and discuss each selected bone and bony landmark of the head, neck, and jaw.
    - Correctly pronounce the name of the structure and ask learners to repeat it.
    - Show its location with an overhead diagram or image.
    - Ask learners to locate and palpate the structure on physical models of a skeleton.
    - Ask learners to locate and palpate the structure on themselves or a classmate if possible.
    - Describe its function related to locating structures or movement.
  - Skull: frontal, temporal, ethmoid, lacrimal, maxilla, parietal, sphenoid, nasal, zygomatic, vomer, mandible, occiput, external occipital protuberance, temporal lines of the parietal bones, coronal suture, external auditory meatus, mastoid process, styloid process of the temporal bone, zygomatic arch.
  - Mandible: body, submandibular fossa, angle, ramus, condyle, mental foramen, coronoid process.
- **Joints of the Head, Neck, and Jaw**
  - Present and discuss each joint in depth (for details of specific structures see the learning objectives in the ELAP blueprint). Learners label their diagrams during the discussion and actively move their bodies through the movements of each joint. For each joint discuss as appropriate:
    - Instructor pronounces the joint name
    - Learners pronounce the joint name
    - Definition
    - Joint type
    - Bones that articulate to make up the joint
    - Major ligaments
    - Movements at the joint
    - Other information about the joint as appropriate
  - Review: Atlanto-occipital joint
  - Review: Atlanto-axial joint
  - Review: Cervical intervertebral joints
  - Review: Superior and inferior facets
  - Temporomandibular joint.
- **Muscles of the Head, Neck, and Jaw**
  - Introduce the muscles of the head, neck, and jaw.
  - Discuss the movements that occur at the head, neck, and jaw.
  - Present each muscle by:
    - Pronouncing the muscle name and asking learners to repeat it out loud

- Identifying the general location of the muscle by using a diagram, physical model, or overhead image
- Asking learners to palpate the muscle on their own bodies or on a classmate if appropriate
- Presenting the origin and insertion of the muscle
- Presenting the actions of the muscle and its roles in movement and stabilization
- Learners move their bodies through the actions of the muscle
- Other important information about the muscle as appropriate
- Present these muscles:
  - Trapezius
  - Levator scapulae
  - Sternocleidomastoid
  - Anterior scalene
  - Middle scalene
  - Posterior scalene
  - Masseter
  - Temporalis
  - Splenius capitis
  - Frontalis
  - Occipitalis

**Activity: Complete Written Worksheets and Diagrams/Other Activity**

Classroom time: 45 minutes

Description: Learners form small peer groups and use their reference books to complete their written worksheets or to ask questions to clarify information. This time might also be used for other activities such as drawing in structures with grease pencils or drilling muscle origins and insertions with peers. For a list of specific tasks to include on worksheets, see the detailed learning objectives in the ELAP Blueprint.

**Activity: Palpation of the Bones, Joints, and Muscles of the Head, Neck, and Jaw**

Classroom time: 225 minutes

**Note:** For specific palpation tasks and objectives, please see the detailed learning objectives in the ELAP Blueprint.

Description: Learners pair up with one person on the massage table acting as the body (10 minutes). The instructor provides learners with a palpation checklist of bones, joints, muscles, and palpation activities (e.g., passively moving a joint through its range of motion, drawing in the origin or insertion points of muscles with grease pencils, etc.) to cover during the session. The instructor uses diagrams and images projected on a screen and learners use textbooks for further reference during the activity. The instructor leads learners through the palpation checklist of the bones, bony landmarks, joints, and muscles of the head, neck, and jaw (90 minutes). Learners change places (10 minutes), and the instructor leads the second group through the exercise (90 minutes) After learners clean up and put away equipment (10 minutes), they discuss their challenges, successes, sensations, and experiences and ask any clarifying questions (15 minutes).

## Written Examination: The Head, Neck, and Jaw

Classroom time: 30 minutes

Questions: 20

Subject: Palpation and Movement

## Topic: The Pelvis and Hip

### Learning Outcomes

**Conditions:** Having completed 9.5 hours of instruction on the pelvis and hip, the learner is expected to:

- Demonstrate knowledge of the key terms and concepts related to the bones, bony landmarks, ligaments, joints, muscles, and actions of the pelvis and hip, on a written examination.
- Locate instructor-selected bones, bony landmarks, joints, ligaments, and muscles and identify muscle fiber direction and muscle actions of the pelvis and hip, on a practical evaluation.

### Hours Rationale – Sample Learning Experiences

#### Interactive Lecture: The Pelvis and Hip

Classroom time: 180 minutes

**Note:** Instructors may choose to break this lecture into two separate learning experiences (the Bones and Joints, and the Muscles and Movements) depending on the way in which classes are structured at the school.

#### Key Concepts:

- Introduce the pelvis and hip.
- Activity: Pass out diagrams and worksheets for the pelvis and hip. Include a complete list of structures the learner is expected to know based on school-developed practical and written examinations. Learners label the diagrams, fill in worksheets, and check off the structures as they are discussed by the instructor. This provides learners with a sense of progress, helps them keep information neatly organized, and provides useful notes for study.
- **Bones and Bony Landmarks of the Pelvis and Hip**
  - Present and discuss each selected bone and bony landmark of the pelvis and hip.
    - Correctly pronounce the name of the structure and ask learners to repeat it.
    - Show its location with an overhead diagram or image.
    - Ask learners to locate and palpate the structure on physical models of a skeleton.
    - Ask learners to locate and palpate the structure on themselves or a

- classmate if possible.
  - Describe its function related to locating structures or movement.
- Ilium: anterior superior iliac spine (ASIS), anterior inferior iliac spine (AIIS), iliac crest, posterior inferior iliac spine (PIIS), posterior superior iliac spine (PSIS), iliac tubercle
- Pubis: symphysis pubis, pubic tubercle
- Ischium: ramus of the ischium, ischial tuberosity, ischial spine
- Sacrum: coccyx, acetabulum, obturator foramen
- Femur: greater trochanter, head, neck, lesser trochanter, intertrochanteric line, gluteal tuberosity
- **Joints of the Pelvis and Hip**
  - Present and discuss each joint in depth (for details of specific structures see the learning objectives in the ELAP blueprint). Learners label their diagrams during the discussion and actively move their bodies through the movements of each joint. For each joint discuss as appropriate:
    - Instructor pronounces the joint name
    - Learners pronounce the joint name
    - Definition
    - Joint type
    - Bones that articulate to make up the joint
    - Major ligaments
    - Movements at the joint
    - Other information about the joint as appropriate
  - Pubic symphysis
  - Sacroiliac joint
  - Coxofemoral (hip)
- **Muscles of the Pelvis and Hip**
  - Introduce the muscles of the pelvis and hip.
  - Discuss the movements that occur at the pelvis and hip.
  - Present each muscle by:
    - Pronouncing the muscle name and asking learners to repeat it out loud
    - Identifying the general location of the muscle by using a diagram, physical model, or overhead image
    - Asking learners to palpate the muscle on their own bodies or on a classmate if appropriate
    - Presenting the origin and insertion of the muscle
    - Presenting the actions of the muscle and its roles in movement and stabilization
    - Learners move their bodies through the actions of the muscle
    - Other important information about the muscle as appropriate
- Present these muscles:
  - Tensor fascia latae
  - Gluteus maximus
  - Gluteus medius
  - Gluteus minimus
  - Psoas, iliacus
  - Piriformis
  - Quadratus femoris

- Adductor magnus
- Adductor longus
- Adductor brevis
- Pectineus

**Activity: Complete Written Worksheets and Diagrams/Other Activity**

Classroom time: 45 minutes

Description: Learners form small peer groups and use their reference books to complete their written worksheets or to ask questions to clarify information. This time might also be used for other activities such as drawing in structures with grease pencils or drilling muscle origins and insertions with peers. For a list of specific tasks to include on worksheets, see the detailed learning objectives in the ELAP Blueprint.

**Activity: Palpation of the Bones, Joints, and Muscles of the Pelvis and Hip**

Classroom time: 225 minutes

**Note:** For specific palpation tasks and objectives, please see the detailed learning objectives in the ELAP Blueprint.

Description: Learners pair up with one person on the massage table acting as the body (10 minutes). The instructor provides learners with a palpation checklist of bones, joints, muscles, and palpation activities (e.g., passively moving a joint through its range of motion, drawing in the origin or insertion points of muscles with grease pencils, etc.) to cover during the session. The instructor uses diagrams and images projected on a screen, and learners use textbooks for further reference during the activity. The instructor leads learners through the palpation checklist of the bones, bony landmarks, joints, and muscles of the pelvis and hip (90 minutes). Learners change places (10 minutes), and the instructor leads the second group through the exercise (90 minutes) After learners clean up and put away equipment (10 minutes), they discuss their challenges, successes, sensations, and experiences and ask any clarifying questions (15 minutes).

**Written Examination: The Pelvis and Hip**

Classroom time: 30 minutes

Questions: 20

## Topic: The Thigh and Knee

### Learning Outcomes

**Conditions:** Having completed 9.5 hours of instruction on the thigh and knee, the learner is expected to:

- Demonstrate knowledge of the key terms and concepts related to the bones, bony landmarks, ligaments, joints, muscles, and actions of the thigh and knee, on a written examination.
- Locate instructor-selected bones, bony landmarks, joints, ligaments, and muscles and identify muscle fiber direction and muscle actions of the thigh and knee, on a practical evaluation.

### Hours Rationale – Sample Learning Experiences

## **Interactive Lecture: The Thigh and Knee**

Classroom time: 180 minutes

**Note:** Instructors may choose to break this lecture into two separate learning experiences (the Bones and Joints, and the Muscles and Movements) depending on the way in which classes are structured at the school.

### **Key Concepts:**

- Introduce the thigh and knee.
- Activity: Pass out diagrams and worksheets for the thigh and knee. Include a complete list of structures the learner is expected to know based on school-developed practical and written examinations. Learners label the diagrams, fill in worksheets, and check off the structures as they are discussed by the instructor. This provides learners with a sense of progress, helps them keep information neatly organized, and provides useful notes for study.
- **Bones and Bony Landmarks of the Thigh and Knee**
  - Present and discuss each selected bone and bony landmark of the thigh and knee.
    - Correctly pronounce the name of the structure and ask learners to repeat it.
    - Show its location with an overhead diagram or image.
    - Ask learners to locate and palpate the structure on physical models of a skeleton.
    - Ask learners to locate and palpate the structure on themselves or a classmate if possible.
    - Describe its function related to locating structures or movement.
  - Patella
  - Femur: shaft, adductor tubercle, medial epicondyle, medial condyle, lateral epicondyle, lateral condyle, linea aspera
  - Tibia: tibial tuberosity, tibial plateau, pes anserinus attachment site, lateral tibial tubercle (Gerdy's tubercle)
  - Fibula: head of the fibula
- **Joints of the Thigh and Knee**
  - Present and discuss each joint in depth (for details of specific structures see the learning objectives in the ELAP blueprint). Learners label their diagrams during the discussion and actively move their bodies through the movements of each joint. For each joint discuss as appropriate:
    - Instructor pronounces the joint name
    - Learners pronounce the joint name
    - Definition
    - Joint type
    - Bones that articulate to make up the joint
    - Major ligaments
    - Movements at the joint
    - Other information about the joint as appropriate
  - Tibiofemoral
  - Patellofemoral
- **Muscles of the Thigh and Knee**
  - Introduce the muscles of the thigh and knee.

- Discuss the movements that occur at the thigh and knee.
- Present each muscle by:
  - Pronouncing the muscle name and asking learners to repeat it out loud
  - Identifying the general location of the muscle by using a diagram, physical model, or overhead image
  - Asking learners to palpate the muscle on their own bodies or on a classmate if appropriate
  - Presenting the origin and insertion of the muscle
  - Presenting the actions of the muscle and its roles in movement and stabilization
  - Learners move their bodies through the actions of the muscle
  - Other important information about the muscle as appropriate
- Present these muscles:
  - Biceps femoris
  - Semitendinosus
  - Semimembranosus
  - Rectus femoris
  - Sartorius
  - Vastus lateralis
  - Vastus medialis
  - Gracilis
  - Vastus intermedius

**Activity: Complete Written Worksheets and Diagrams/Other Activity**

Classroom time: 45 minutes

Description: Learners form small peer groups and use their reference books to complete their written worksheets or to ask questions to clarify information. This time might also be used for other activities such as drawing in structures with grease pencils or drilling muscle origins and insertions with peers. For a list of specific tasks to include on worksheets, see the detailed learning objectives in the ELAP Blueprint.

**Activity: Palpation of the Bones, Joints, and Muscles of the Thigh and Knee**

Classroom time: 225 minutes

**Note:** For specific palpation tasks and objectives, please see the detailed learning objectives in the ELAP Blueprint.

Description: Learners pair up with one person on the massage table acting as the body (10 minutes). The instructor provides learners with a palpation checklist of bones, joints, muscles, and palpation activities (e.g., passively moving a joint through its range of motion, drawing in the origin or insertion points of muscles with grease pencils, etc.) to cover during the session. The instructor uses diagrams and images projected on a screen, and learners use textbooks for further reference during the activity. The instructor leads learners through the palpation checklist of the bones, bony landmarks, joints, and muscles of the thigh and knee (90 minutes). Learners change places (10 minutes), and the instructor leads the second group through the exercise (90 minutes) After learners clean up and put away equipment (10 minutes), they discuss their challenges, successes, sensations, and experiences and ask any clarifying questions (15 minutes).



## Written Examination: The Thigh and Knee

Classroom time: 30 minutes

Questions: 20

Subject: Palpation and Movement

## Topic: The Leg, Ankle, and Foot

### Learning Outcomes

**Conditions:** Having completed 9.5 hours of instruction on the leg, ankle, and foot, the learner is expected to:

- Demonstrate knowledge of the key terms and concepts related to the bones, bony landmarks, ligaments, joints, muscles, and actions of the leg, ankle, and foot on a written examination.
- Locate instructor-selected bones, bony landmarks, joints, ligaments, and muscles and identify muscle fiber direction and muscle actions of the leg, ankle, and foot, on a practical evaluation.

### Hours Rationale – Sample Learning Experiences

#### Interactive Lecture: The Leg, Ankle, and Foot

Classroom time: 180 minutes

**Note:** Instructors may choose to break this lecture into two separate learning experiences (the Bones and Joints, and the Muscles and Movements) depending on the way in which classes are structured at the school.

#### Key Concepts:

- Introduce the leg, ankle, and foot.
- Activity: pass out diagrams and worksheets for the leg, ankle, and foot. Include a complete list of structures the learner is expected to know based on school-developed practical and written examinations. Learners label the diagrams, fill in worksheets, and check off the structures as they are discussed by the instructor. This provides learners with a sense of progress, helps them keep information neatly organized, and provides useful notes for study.
- **Bones and Bony Landmarks of the Leg, Ankle, and Foot**
  - Present and discuss each selected bone and bony landmark of the leg, ankle, and foot.
    - Correctly pronounce the name of the structure and ask learners to repeat it.
    - Show its location with an overhead diagram or image.
    - Ask learners to locate and palpate the structure on physical models of a skeleton.
    - Ask learners to locate and palpate the structure on themselves or a

- classmate if possible.
  - Describe its function related to locating structures or movement.
- Tibia: shaft, medial malleolus
- Fibula: lateral malleolus, shaft
- Metatarsals: base, heads, shafts, styloid process of the fifth metatarsal
- Phalanges
- **Joints of the Leg, Ankle, and Foot**
  - Present and discuss each joint in depth (for details of specific structures see the learning objectives in the ELAP blueprint). Learners label their diagrams during the discussion and actively move their bodies through the movements of each joint. For each joint discuss as appropriate:
    - Instructor pronounces the joint name
    - Learners pronounce the joint name
    - Definition
    - Joint type
    - Bones that articulate to make up the joint
    - Major ligaments
    - Movements at the joint
    - Other information about the joint as appropriate
  - Distal tibiofibular joint
  - Talocrural joint
  - Subtalar joint
  - Transverse tarsal joint
  - Tarsometatarsal joints
  - Metatarsophalangeal joints
  - Interphalangeal joints
- **Muscles of the Leg, Ankle, and Foot**
  - Introduce the muscles of the leg, ankle, and foot.
  - Discuss the movements that occur at the leg, ankle, and foot.
  - Present each muscle by:
    - Pronouncing the muscle name and asking learners to repeat it out loud
    - Identifying the general location of the muscle by using a diagram, physical model, or overhead image
    - Asking learners to palpate the muscle on their own bodies or on a classmate if appropriate
    - Presenting the origin and insertion of the muscle
    - Presenting the actions of the muscle and its roles in movement and stabilization
    - Learners move their bodies through the actions of the muscle
    - Other important information about the muscle as appropriate
- Present these muscles:
  - Tibialis anterior
  - Extensor digitorum longus
  - Peroneus longus
  - Peroneus brevis
  - Gastrocnemius
  - Soleus
  - Tibialis posterior

- Extensor hallucis longus
- Flexor digitorum longus
- Flexor hallucis longus

**Activity: Complete Written Worksheets and Diagrams/Other Activity**

Classroom time: 45 minutes

Description: Learners form small peer groups and use their reference books to complete their written worksheets or to ask questions to clarify information. This time might also be used for other activities such as drawing in structures with grease pencils or drilling muscle origins and insertions with peers. For a list of specific tasks to include on worksheets, see the detailed learning objectives in the ELAP Blueprint.

**Activity: Palpation of the Bones, Joints, and Muscles of the Leg, Ankle, and Foot**

Classroom time: 225 minutes

**Note:** For specific palpation tasks and objectives, please see the detailed learning objectives in the ELAP Blueprint.

Description: Learners pair up with one person on the massage table acting as the body (10 minutes). The instructor provides learners with a palpation checklist of bones, joints, muscles, and palpation activities (e.g., passively moving a joint through its range of motion, drawing in the origin or insertion points of muscles with grease pencils, etc.) to cover during the session. The instructor uses diagrams and images projected on a screen, and learners use textbooks for further reference during the activity. The instructor leads learners through the palpation checklist of the bones, bony landmarks, joints, and muscles of the leg, ankle, and foot (90 minutes). Learners change places (10 minutes), and the instructor leads the second group through the exercise (90 minutes) After learners clean up and put away equipment (10 minutes), they discuss their challenges, successes, sensations, and experiences and ask any clarifying questions (15 minutes).

**Written Examination: The Leg, Ankle, and Foot**

Classroom time: 30 minutes

Questions: 20

**80 Hours**

## **HOURS RATIONALE**

### **Adapting Sessions for Clients**

<b>Topic</b>	<b>Adapting Sessions for the Stages of Healing (11.0)</b>
--------------	---

- |            |   |
|------------|---|
| Sub-Topics | <ul style="list-style-type: none"><li>• An Overview of the Inflammatory Response and Healing Cycle</li><li>• The Acute Stage of Healing</li><li>• The Subacute Stage of Healing</li><li>• The Maturation Stage of Healing</li></ul> |
|------------|---|

<b>Topic</b>	<b>Adapting Sessions for Clients with Common Pathologies (40.0)</b>
--------------	---

- |            |  |
|------------|--|
| Sub-Topics | <ul style="list-style-type: none"><li>• Sessions for Clients with Arthritis</li><li>• Sessions for Clients with Bursitis</li><li>• Sessions for Clients with Cancer</li><li>• Sessions for Clients with Diabetes</li><li>• Sessions for Clients with Fasciitis</li><li>• Sessions for Clients with Fibromyalgia</li><li>• Sessions for Clients with Headaches</li><li>• Sessions for Clients with Nerve Compression Syndromes</li><li>• Sessions for Clients with Osteoporosis</li><li>• Sessions for Clients with Skin Cancer</li><li>• Sessions for Clients with Sprains</li><li>• Sessions for Clients with Stress</li><li>• Sessions for Clients with Strains</li><li>• Sessions for Clients with Tendinopathies</li></ul> |
|------------|--|

<b>Topic</b>	<b>Adapting Sessions for Special Populations (29.0)</b>
--------------	---

- |            |  |
|------------|--|
| Sub-Topics | <ul style="list-style-type: none"><li>• Sessions for Clients Who Are Over 55</li><li>• Sessions for Clients Who Are Obese</li><li>• Sessions for Clients Who Are Children</li><li>• Sessions for Clients Who Are Pregnant</li><li>• Sessions for Clients Who Are Athletes or Fitness Oriented</li><li>• Sessions for Clients Who Are at the End of Life</li><li>• Sessions for Clients with Disabilities</li></ul> |
|------------|--|

## Hours Tabulation Method

Learning experiences are classroom events or activities where learners experience something that results in a change in thinking, knowledge, skills, values, or behaviors.

The ELAP work group's recommendation of minimum hours for topics and subjects is based on the conversion of learning objectives into learning experiences appropriate for adult education, and a tabulation of the time it would take an average adult learner to attain the stated learning assuming competent instruction. Please note that the tabulation of hours is based on the idea that only the defined content is taught and that class time is well structured and used appropriately.

Therefore, the learning experiences outlined in this Hours Rationale document do not mandate specific classroom activities, but illustrate how the ELAP work group arrived at a particular hours recommendation. Also, note that 10 minutes of break time for every hour of lecture time is added into the total hours recommendation for the topic (thus the total is greater than the sum of its parts); final hours are also rounded up or down to the nearest half-hour at the topic level, and up or down to the nearest hour at the subject level. Again, note that the hours presented here are informed approximations, not precise mandates.

We want to emphasize that we encourage schools and instructors to adopt teaching strategies and learning experiences based on their philosophy of education. ELAP suggests the use of interactive lecture, completion of written worksheets like graphic organizers or diagrams, use of case studies and scenarios, peer discussion and problem solving, group projects, instructor demonstrations and modeling, structured hands-on practice time, role playing, written session planning, and simulations of client interactions, as primary methods to move learners from point A to point B in the Blueprint. However, other types of learning experiences could easily be substituted for those described in the Blueprint within roughly the same time periods. For a detailed discussion of learning experiences in adult education, please review the Introduction to the Blueprint.

Please review the learning objectives in the Blueprint for content examples and for details of knowledge and skill components outlined in the learning experiences discussed in this document.

## Topic: Adapting Sessions for the Stages of Healing

### Learning Outcomes

**Conditions:** Having completed 11 hours of instruction on adapting sessions for the stages of healing, the learner is expected to:

- Demonstrate knowledge of the terms and concepts related to the acute stage, subacute stage, and maturation stage of healing, on a written examination.
- Plan and conduct one-hour sessions for clients with different injuries in the acute stage, subacute stage, and maturation stage of healing, demonstrating the ability to adapt sessions appropriately, choose effective application methods, and address compensating structures on graded activities or practical evaluations.

### Hours Rationale – Sample Learning Experiences

#### Interactive Lecture: The Inflammatory Response and Healing Cycle

Classroom time: 90 minutes

Key Concepts:

- Introduce the inflammatory response and healing cycle by defining terms.
- Present and discuss the causes of inflammation.
  - Any type of tissue damage
    - Infection
    - Autoimmune disease
    - Exposure to chemicals
    - Sensitivity to irritants
    - Illnesses
    - Soft-tissue injury
      - Acute traumatic events
      - Overexertion
      - Overuse of musculoskeletal structures
  - Compare and contrast local inflammation like soft-tissue injury to systemic inflammation like autoimmune disease.
- Present and discuss the purpose of inflammation in the body.
  - Protects the body from pathogenic invasion
  - Limits the range of contamination
  - Prepares damaged tissue for healing
- Overview of the healing cycle
  - Acute stage (from injury to 72 hours)
  - Subacute stage (72 hours to 6 weeks)
  - Maturation stage (6 weeks to 1 year)
  - Overlap in timeframes and physiological events
- The acute stage of the inflammatory response
  - Definition

- Timeframe
- Signs and symptoms
- Physiological events
  - Events (e.g., vascular changes such as vasodilation and an increase in the permeability of blood vessels lead to tissue swelling,)
  - Relationship to signs and symptoms (e.g., swelling: when soft tissue is damaged, blood and fluids spill out of the damaged tissue into the surrounding area causing primary edema, etc.)
- Massage therapy during the acute stage of healing
  - Cautions, contraindications, and session adaptations
  - Session goals
  - Application methods
    - Include a discussion of RICE (R = rest, I = Ice, C = compression, E = elevation, S = stabilization)
  - Client self-care suggestions
- The subacute stage of the inflammatory response
  - Definition
  - Timeframe
  - Signs and symptoms
  - Physiological events
    - Events
    - Relationship to signs and symptoms
  - Massage therapy during the subacute stage of healing
    - Cautions, contraindications, and session adaptations
    - Session goals
    - Application methods
    - Client self-care suggestions
- The maturation stage of the inflammatory response
  - Definition
  - Timeframe
  - Signs and symptoms
  - Physiological events
    - Events
    - Relationship to signs and symptoms
  - Massage therapy during the maturation stage of healing
    - Cautions, contraindications, and session adaptations
    - Session goals
    - Application methods
    - Client self-care suggestions
- Activity (20 minutes): Learners pair up and receive a scenario depicting a client with a soft-tissue injury (scenarios should be different for each group; e.g., acute ankle sprain, subacute wrist sprain, chronic low back strain, etc.). They outline a 1-hour session plan including session adaptations, session goals, application methods to meet session goals, and sequencing of body regions. Learners informally share their plans in the large group.

### **Demonstration and Session Exchange: Massage for the Acute Stage of Healing**

Classroom time: 170 minutes

Description: The instructor reviews session adaptations, session goals, and application methods for the acute stage of healing. Learners pair up and use a checklist to review and practice skills for adapting massage for clients with acute soft-tissue injury. Demonstration (30 minutes), sessions (45 minutes each), set-up (10 minutes), change-over (10 minutes), clean-up (10 minutes), and process learner experiences (20 minutes).

#### **Key Skills:**

- Demonstrate methods to comfortably position clients with localized inflammation of an extremity (e.g., elevate an injured wrist or ankle, etc.).
- Demonstrate hydrotherapy methods to reduce localized swelling (e.g., use of ice massage, application of a cold pack, etc.).
- Demonstrate methods to reduce muscle guarding around an injury site (e.g., identification of and massage to muscles proximal to the injury site that are in spasm, etc.).
- Demonstrate methods to reduce sympathetic nervous system activity (e.g., soothing strokes applied for relaxation, encouragement of deep relaxed breathing, etc.).
- Demonstrate methods to maintain available pain-free range of motion (e.g., encouragement of active ROM so long as movement does not increase pain, passive range of motion techniques, etc.).
- Demonstrate effective communication with the client during the massage session.
- Encourage appropriate client self-care activities for a client healing from a soft-tissue injury.

### **Demonstration and Session Exchange: Massage for the Subacute Stage of Healing**

Classroom time: 170 minutes

Description: The instructor reviews session adaptations, session goals, and application methods for the subacute stage of healing. Learners pair up and use a checklist to review and practice skills for adapting massage for clients with subacute soft-tissue injury. Demonstration (30 minutes), Sessions (45 minutes each), set up (10), changeover (10), clean up (10), process learner experiences (20).

#### **Key Skills:**

- Demonstrate the use of contrast (hot and cold) hydrotherapy applications.
- Demonstrate the correct use of trigger point therapy to reduce trigger points in a region of soft-tissue injury.
- Demonstrate the correct use of friction techniques to promote proper collagen alignment of healing tissue.
- Demonstrate the correct use of range of motion techniques to increase ROM in an area of soft-tissue injury.
- Demonstrate effective communication with the client during the massage session.
- Encourage appropriate client self-care activities for a client healing from a soft-tissue injury.



**Demonstration and Session Exchange: Massage for the Maturation Stage of Healing**

Classroom time: 170 minutes

Description: The instructor reviews session adaptations, session goals, and application methods for the maturation stage of healing. Learners pair up and use a checklist to review and practice skills for adapting massage for clients with soft-tissue injury in the maturation stage. Demonstration (30 minutes), sessions (45 minutes each), set-up (10 minutes), change-over (10 minutes), clean-up (10 minutes), process learner experiences (20 minutes).

**Key Skills:**

- Demonstrate the application of warm and hot hydrotherapy.
- Demonstrate two methods to address fascial restrictions.
- Demonstrate the correct use of trigger point therapy to reduce trigger points in a region of soft-tissue injury.
- Demonstrate the correct use of friction techniques to promote proper collagen alignment of healing tissue.
- Demonstrate the correct use of range of motion techniques to increase ROM in an area of soft-tissue injury.
- Demonstrate effective communication with the client during the massage session.
- Encourage appropriate client self-care activities for a client with a soft-tissue injury in the maturation stage of healing.

**Written Examination: The Inflammatory Response and Stages of Healing**

Classroom time: 30 minutes

Questions: 20

## Topic: Adapting Sessions for Clients with Common Pathologies

Learning Outcomes	<p><b>Conditions:</b> Having completed 40 hours of instruction on adapting sessions for clients with common pathologies, the learner is expected to:</p> <ul style="list-style-type: none"> <li>• Demonstrate knowledge of the terms and concepts related to common pathologies including arthritis, bursitis, cancer, diabetes, fibromyalgia, fasciitis, tendinopathies, headaches, nerve compression syndromes, osteoporosis, skin cancer, stress, sprains, and strains, on graded activities, or written examinations.</li> <li>• Plan and conduct one-hour sessions for clients with instructor-selected pathologies, demonstrating the ability to adapt sessions appropriately and choose effective application methods, on graded activities or practical evaluations.</li> </ul>
-------------------	---

### Hours Rationale – Sample Learning Experiences

#### Interactive Lecture: Sessions for Clients with Arthritis

Classroom time: 90 Minutes

**Note:** See the detailed learning objectives for this sub-topic in the ELAP Blueprint for examples of knowledge and skills related to items listed in this outline.

Key Concepts:

- Introduce osteoarthritis arthritis and rheumatoid arthritis and briefly compare and contrast their differences.
- Present and discuss osteoarthritis (OA):
  - Definition
  - Causes
  - Progression
  - Signs and symptoms
  - Joints commonly affected by osteoarthritis
  - Cautions, contraindications, and session adaptations
  - Benefits or effects of massage for osteoarthritis
  - Session goals for osteoarthritis
  - Application methods to reach session goals for osteoarthritis
  - Self-care recommendations
- Present and discuss rheumatoid arthritis (RA):
  - Definition
  - Causes
  - Signs and symptoms
  - Joints commonly affected by rheumatoid arthritis
  - Cautions, contraindications, and session adaptations
  - Benefits or effects of massage for rheumatoid arthritis
  - Session goals for rheumatoid arthritis
  - Application methods to reach session goals
  - Self-care recommendations

- Activity (20 minutes): Learners pair up and receive a scenario depicting a client with either OA or RA in with different symptom pictures indicating different stages of inflammation and different affected joints (each scenario should be different for each learner pair). They outline a 1-hour session plan including session adaptations, session goals, application methods to meet session goals, sequencing of body regions and self-care recommendations. Learners informally share their plans in the large group.

### **Interactive Lecture: Sessions for Clients with Bursitis**

Classroom time: 45 minutes

**Note:** See the detailed learning objectives for this sub-topic in the ELAP Blueprint for examples of knowledge and skills related to items listed in this outline.

Key Concepts:

- Present and discuss bursitis.
  - Definition
  - Types
    - Acute
    - Chronic (nonseptic)
    - Chronic (infected)
  - Causes
  - Signs and symptoms
  - Assessment findings that indicate bursitis (e.g., pain with active ROM, passive ROM, and so on)
  - Places where bursitis commonly occurs
  - Cautions, contraindications, and session adaptations
  - Benefits or effects of massage for bursitis
  - Session goals for bursitis in the acute and chronic nonseptic stages
  - Application methods to reach session goals for acute and chronic nonseptic stages
  - Self-care recommendations
- Activity: Learners pair up and receive a scenario depicting a client with either acute or chronic nonseptic bursitis (each scenario should be different for each learner pair). They outline a 1-hour session plan including session adaptations, session goals, application methods to meet session goals, sequencing of body regions and self-care recommendations. Learners informally share their plans in the large group.

### **Interactive Lecture: Sessions for Clients with Cancer**

Classroom time: 60 Minutes

**Note:** See the detailed learning objectives for this sub-topic in the ELAP Blueprint for examples of knowledge and skills related to items listed in this outline. Note that skin cancer is covered in depth in later learning experiences.

Key Concepts:

- Present and discuss cancer.
  - Terminology related to cancer (see ELAP Blueprint learning objectives for details)
  - Types of cancer (four instructor-selected types to provide general examples)
  - Body areas commonly affected by cancer (e.g., lungs, breasts, colon, prostate,

- etc.)
- Causes of cancers
- Progression of cancer cells (basic explanation: e.g., cancer cells spread through the blood stream or lymphatic system, etc.)
- Signs and symptoms of cancer
- Present and discuss briefly these cancer treatments and their cautions or contraindications for massage:
  - Surgery
  - Chemotherapy
  - Radiation
  - Bone marrow transplant
  - Hormones
- Other cautions, contraindications, or session adaptations (not covered previously)
- Benefits of massage for people living with cancer
  - Activity (20 minutes): Peers break into small groups of 2 to 4 people. The instructor passes out 2-3 different research articles that conclude that massage has benefits for people living with cancer. Learners analyze the research articles and determine the types of hands-on methods that were used in the article. They share their findings and thoughts in the large group.
- Session goals (general goals for people living with cancer)
- Application methods to reach session goals
- Activity: Learners pair up and receive a scenario depicting a client with different types of cancer, symptom pictures, and vitality levels (each scenario should be different for each learner pair). They outline a 30-minute to 1-hour session plan including session adaptations, session goals, application methods to meet session goals, and sequencing of body regions. Learners informally share their plans in the large group.

### **Written Examination: Arthritis, Bursitis, Cancer**

Classroom time: 30 minutes

Questions: 20

### **Interactive Lecture: Sessions for Clients with Diabetes**

Classroom time: 60 minutes

**Note:** See the detailed learning objectives for this sub-topic in the ELAP Blueprint for examples of knowledge and skills related to items listed in this outline.

Key Concepts:

- Present and discuss diabetes.
  - Definition
  - Types
    - Type 1 (insulin dependent)
    - Type 2 (insulin resistant)
  - Causes
  - Signs and symptoms of diabetes mellitus
  - Signs and symptoms of insulin shock
  - Conditions associated with complications of diabetes mellitus (e.g., neuropathy,

- etc.)
- Cautions, contraindications, and session adaptations
- Diabetic emergencies, how to prevent them, what to do if they occur
- Compare and contrast massage for people with mild, well-managed diabetes with that for people with advanced or poorly treated diabetes
- Benefits or effects of massage for diabetes
- Session goals for diabetes
- Application methods to reach session goals
- Self-care recommendations
- Activity: Learners pair up and review mock health forms for clients with diabetes (each mock form should be different for each learner pair, and some clients should have contraindications or require major adaptations to the session). Pairs brainstorm five follow-up questions to ask clients to clarify the extent of their condition and then outline a 1-hour session plan including session adaptations, session goals, application methods to meet session goals, sequencing of body regions and self-care recommendations. Learners informally share their plans in the large group.

### **Interactive Lecture: Sessions for Clients with Fasciitis**

Classroom time: 60 minutes

**Note:** See the detailed learning objectives for this sub-topic in the ELAP Blueprint for examples of knowledge and skills related to items listed in this outline.

Key Concepts:

- Define fasciitis.
  - Define and discuss conditions that could be classified as fasciitis.
  - Discuss the general causes of conditions classified as fasciitis.
- Present and discuss plantar fasciitis.
  - Definition
  - Causes and contributing factors
  - Signs, symptoms, and assessment findings that indicate plantar fasciitis
  - Cautions, contraindications, and session adaptations
  - Benefits or effects of massage for plantar fasciitis
  - Session goals for plantar fasciitis
  - Application methods to reach session goals
  - Self-care recommendations
- Present and discuss iliotibial syndrome
  - Definition
  - Causes and contributing factors
  - Signs and symptoms
  - Cautions, contraindications, and session adaptations
  - Benefits or effects of massage for iliotibial syndrome
  - Session goals for iliotibial syndrome
  - Application methods to reach session goals
  - Self-care recommendations
- Activity: Learners pair up and receive a scenario depicting a client with plantar fasciitis or iliotibial syndrome in different locations and at different levels of severity and inflammation (each scenario should be different for each learner pair). They

outline a 1-hour session plan including an assessment plan, session adaptations, session goals, application methods to meet session goals, sequencing of body regions, and self-care recommendations. Learners informally share their plans in the large group.

### **Demonstration and Session Exchange: Plantar Fasciitis**

Classroom time: 170 minutes

Description: Instructors demonstrate methods for addressing plantar fasciitis they find particularly effective (30 minutes). Learners pair up and practice instructor-selected methods (45 minute sessions, with 30 minutes to set up, clean up, and change over), and discuss their findings, results, and insights in the large group (20 minutes).

### **Interactive Lecture: Sessions for Clients with Fibromyalgia**

Classroom time: 45 minutes

**Note:** See the detailed learning objectives for this sub-topic in the ELAP Blueprint for examples of knowledge and skills related to items listed in this outline.

Key Concepts:

- Present and discuss fibromyalgia
  - Definition
  - Causes
  - Signs and symptoms
  - Cautions, contraindications, and session adaptations
  - Benefits or effects of massage for fibromyalgia
  - Session goals for fibromyalgia
  - Application methods to reach session goals
  - Self-care recommendations

### **Written Examination: Diabetes, Fasciitis, Fibromyalgia**

Classroom time: 15 minutes

Questions: 10

### **Interactive Lecture: Sessions for Clients with Headaches**

Classroom time: 60 minutes

**Note:** See the detailed learning objectives for this sub-topic in the ELAP Blueprint for examples of knowledge and skills related to items listed in this outline.

Key Concepts:

- Present and discuss headaches.
  - Definitions
  - Overview types
    - Tension (discuss in detail in the later section)
    - Migraine
      - Causes and contributing factors
      - Signs and symptoms
      - Discuss when massage is indicated (between attacks) and when it is contraindicated (when acute).
    - Cluster
      - Causes and contributing factors

- Signs and symptoms
- Discuss when massage is indicated (between attacks) and when it is contraindicated (when acute).
- Sinus
  - Causes and contributing factors
  - Signs and symptoms
  - Discuss when massage is indicated (between attacks) and when it is contraindicated (when acute).
- Chemical
  - Causes and contributing factors
  - Signs and symptoms
  - Massage contraindicated until imbalance resolved
- Traction and inflammatory
  - Causes and contributing factors
  - Signs and symptoms
  - Massage contraindicated until imbalance resolved
- Present and discuss tension headache
  - Definition
  - Causes
  - Signs and symptoms
  - Cautions, contraindications, and session adaptations
  - Benefits or effects of massage for tension headache
  - Session goals for tension headache
  - Application methods to reach session goals
  - Self-care recommendations

### **Demonstration and Exchange: Specific Massage Application for Tension Headaches**

Classroom time: 170 minutes

Description: Instructors demonstrate specific massage applications they have found effective for tension headaches (30 minutes). Learners pair up and practice massage skills effective for tension headaches (45 minute sessions, with 30 minutes to set up, change over, clean up) and share their findings, insights, and results in the large group (20 minutes).

### **Interactive Lecture: Sessions for Clients with Nerve Compression Syndromes**

Classroom time: 120 minutes

**Note:** See the detailed learning objectives for this sub-topic in the ELAP Blueprint for examples of knowledge and skills related to items listed in this outline.

Key Concepts:

- Present and discuss nerve compression syndromes.
  - Define the general term.
  - Overview of types
    - Thoracic outlet syndrome
    - Carpal tunnel syndrome
    - Piriformis syndrome
    - Sciatica
    - Multiple crush phenomenon

- Present and discuss thoracic outlet syndrome
  - Definition
  - Nerve compression locations
  - Causes and contributing factors
  - Signs and symptoms
  - Cautions, contraindications, and session adaptations
  - Benefits or effects of massage for thoracic outlet syndrome
  - Session goals for thoracic outlet syndrome
  - Application methods to reach session goals
  - Self-care recommendations
- Present and discuss carpal tunnel syndrome.
  - Definition
  - Nerve compression locations
  - Causes and contributing factors
  - Signs and symptoms
  - Cautions, contraindications, and session adaptations
  - Benefits or effects of massage for carpal tunnel syndrome
  - Session goals for carpal tunnel syndrome
  - Application methods to reach session goals
  - Self-care recommendations
- Present and discuss piriformis syndrome.
  - Definition
  - Nerve compression locations
  - Causes and contributing factors
  - Signs and symptoms
  - Cautions, contraindications, and session adaptations
  - Benefits or effects of massage for piriformis syndrome
  - Session goals for piriformis syndrome
  - Application methods to reach session goals
  - Self-care recommendations
- Present and discuss sciatica.
  - Definition
  - Nerve compression locations
  - Causes and contributing factors
  - Signs and symptoms
  - Cautions, contraindications, and session adaptations
  - Benefits or effects of massage for sciatica
  - Session goals for sciatica
  - Application methods to reach session goals
  - Self-care recommendations
- Present and discuss multiple crush phenomenon.
  - Definition
  - Nerve compression locations
  - Causes and contributing factors
  - Signs and symptoms
  - Cautions, contraindications, and session adaptations
  - Benefits or effects of massage for multiple crush phenomenon
  - Session goals for multiple crush phenomenon



- Application methods to reach session goals
- Self-care recommendations

### **Session Exchange: Adaption Massage for Clients with Nerve Compression Syndromes**

Classroom time: 170 minutes

Description: Learners pair up. The instructor passes out mock health intake forms to each learner (5 minutes). Each health form depicts a different nerve compression syndrome (learners in the same group should have different conditions). Learners develop 45-minute session plans independently from their session partner based on their health intake forms (15 minutes). They deliver their plans and discuss their choices with their session partner (45-minute sessions, with 40 total minutes to set up, change over, and clean up and for partner discussion). Groups share their challenges, strengths, findings, insights, and results in the large group (20 minutes) and turn in their paperwork for a grade.

### **Written Examination: Headaches and Nerve Compression Syndromes**

Classroom time: 15 minutes

Questions: 10

### **Interactive Lecture: Sessions for Clients with Osteoporosis**

Classroom time: 30 minutes

**Note:** See the detailed learning objectives for this sub-topic in the ELAP Blueprint for examples of knowledge and skills related to items listed in this outline.

Key Concepts:

- Present and discuss osteoporosis.
  - Definition
  - Causes and contributing factors
  - Signs and symptoms
  - Places where fractures commonly occur
  - Cautions, contraindications, and session adaptations
  - Discuss that bone fractures have occurred when therapists used undue pressure over bones, compression techniques, especially in seated massage or with strong joint movement methods.
  - Benefits or effects of massage for osteoporosis
  - Session goals for osteoporosis condition
  - Application methods to reach session goals
  - Self-care recommendations

### **Interactive Lecture: Sessions for Clients with Skin Cancer**

Classroom time: 45 minutes

**Note:** See the detailed learning objectives for this sub-topic in the ELAP Blueprint for examples of knowledge and skills related to items listed in this outline.

Key Concepts:

- Present and discuss skin cancer.
  - General definition of skin cancer
  - Define and discuss actinic keratosis.
  - Overview of three basic types of skin cancer:
    - Basal cell carcinoma (BCC)
    - Squamous cell carcinoma (SCC)

- Malignant melanoma (MM)
- Present and discuss the precancerous signs and symptoms for these conditions:
  - Actinic keratosis (AK)
  - Basal cell carcinoma (BCC)
  - Squamous cell carcinoma (SCC)
  - Malignant melanoma (MM)
- Causes and contributing factors
  - Discuss areas of high sun exposure where skin cancer commonly develops
- Signs and symptoms
  - Use ABCDE mnemonic to recognize a malignant melanoma (A = asymmetrical shape, B = borders irregular, C = multi-colored, D = diameter larger than 6 mm, E = elevated).
- Cautions, contraindications, and session adaptations
- Benefits or effects of massage for skin cancer
- Activity: Discuss massage therapists' special opportunity to recognize possible skin cancer when providing massage to areas clients cannot easily see themselves. Discuss language choices to alert clients to seek out medical advice.

#### **Written Examination: Osteoporosis and Skin Cancer**

Classroom time: 15 minutes

Questions: 10

#### **Interactive Lecture: Sessions for Clients with Sprains**

Classroom time: 45 minutes

**Note:** See the detailed learning objectives for this sub-topic in the ELAP Blueprint for examples of knowledge and skills related to items listed in this outline.

Key Concepts:

- Present and discuss sprains.
  - Definition
  - Common locations for sprains
  - Commonly sprained ligaments
  - Causes and contributing factors
  - Levels of severity:
    - Mild : signs, symptoms, assessment results
    - Moderate: signs, symptoms, assessment results
    - Severe: signs, symptoms, assessment results
  - Cautions, contraindications, and session adaptations for acute, subacute and maturation stages
  - Benefits or effects of massage for sprains
  - Session goals for sprains in acute, subacute and maturation stages
  - Application methods to reach session goals for acute, subacute, and maturation stages
  - Self-care recommendations

### **Session Exchange: Adaption Massage for Clients with Sprains**

Classroom time: 155 minutes

Description: Learners pair up. The instructor passes out mock health intake forms to each pair depicting clients with sprains in different locations, with different severity levels and at different stages of healing. Learners develop 45-minute session based on their health intake forms and exchange their plan (15 minutes for planning, 45-minute sessions, with 30 minutes to set up, change over, and clean up). Groups share their challenges, strengths, findings, insights, and results in the large group (20 minutes).

### **Interactive Lecture: Sessions for Clients with Strains**

Classroom time: 45 minutes

**Note:** See the detailed learning objectives for this sub-topic in the ELAP Blueprint for examples of knowledge and skills related to items listed in this outline.

Key Concepts:

- Present and discuss strains.
  - Definition
  - Causes and contributing factors
  - Common muscle and tendon strains
  - Levels of severity:
    - Mild
    - Moderate
    - Severe
  - Signs, symptoms, and assessment results
  - Cautions, contraindications, and session adaptations for each stage of healing
  - Benefits or effects of massage for strains
  - Session goals for strains in each stage of healing
  - Application methods to reach session goals in each stage of healing
  - Self-care recommendations

### **Session Exchange: Adaption Massage for Clients with Strains**

Classroom time: 155 minutes

Description: Learners pair up. The instructor passes out mock health intake forms to each pair depicting clients with strains in different locations, with different severity levels and at different stages of healing. Learners develop 45-minute session based on their health intake forms and exchange their plan (15 minutes for planning, 45 minute sessions, with 30 minutes to set up, change over, and clean up). Groups share their challenges, strengths, findings, insights, and results in the large group (20 minutes) and turn in their paperwork for a grade.

### **Interactive Lecture: Sessions for Clients with Stress**

Classroom time: 45 minutes

**Note:** See the detailed learning objectives for this sub-topic in the ELAP Blueprint for examples of knowledge and skills related to items listed in this outline.

Key Concepts:

- Present and discuss stress.
  - Definition
  - Review physiological events related to stress learned in other classes.

- Causes and contributing factors
  - Stressors that produce emotions like anxiety, fear, anger or grief
  - Life situations that increase stress like death in the family, divorce, injury, illness
- Signs and symptoms
- Implications of long-term chronic stress
- Implications of stress on other health conditions
- Benefits or effects of massage for stress
- Session goals for stress
- Application methods to reach session goals
- Self-care recommendations
- Activity (10 minutes): Discussion: If you could receive the best-ever stress-reducing massage, what would the session include, what types of methods would the therapist use, and how would you feel afterwards?

### **Session Exchange: The Best Stress-Reducing Massage – Ever!**

Classroom time: 185 minutes

Description: Learners write 1-hour session plans for themselves defining the best-ever stress-reducing massage they would like to receive (15 minutes). Learners pair up and exchange session plans. Each learner receives the massage he or she planned and provides feedback to the exchange partner about how well the plan for the massage was executed (60-minute session, with 30 minutes to set up, change over, clean up). Groups share their challenges, strengths, findings, insights, and results in the large group (20 minutes) and turn in their paperwork for a grade.

### **Written Examination: Sprains, Strains, Stress**

Classroom time: 30 minutes

Questions: 20

### **Interactive Lecture: Sessions for Clients with Tendinopathies**

Classroom time: 45 minutes

**Note:** See the detailed learning objectives for this sub-topic in the ELAP Blueprint for examples of knowledge and skills related to items listed in this outline.

Key Concepts:

- Present and discuss tendinopathies.
  - Definition
  - Types:
    - Tendinitis
    - Tenosynovitis
    - Tendinosis
  - Grades of severity:
    - Grade 1
    - Grade 2
    - Grade 3
    - Grade 4
  - Causes and contributing factors
  - Common tendinopathies addressed by massage therapy
    - Rotator cuff

- Achilles
- Patellar
- Bicipital
- Forearm flexors and extensors
- Signs, symptoms, and assessment results
- Cautions, contraindications, and session adaptations
- Benefits or effects of massage for this tendinopathies
- Session goals for tendinopathies
- Application methods to reach session goals
- Self-care recommendations
- Activity: Learners pair up and receive a scenario depicting a client with tendinopathies in different locations and at different levels of severity and inflammation (each scenario should be different for each learner pair). They outline a 1-hour session plan including an assessment plan, session adaptations, session goals, application methods to meet session goals, sequencing of body regions, and self-care recommendations. Learners informally share their plans in the large group.

### **Session Exchange: Tendinopathies**

Classroom time: 170 minutes

Description: Learners pair up. The instructor passes out mock health intake forms to each learner (5 minutes). Each health form depicts a different tendinopathy (learners in the same group should have different conditions). Learners develop 45-minute session plans independently from their session partner based on their health intake forms (15 minutes). They deliver their plans and discuss their choices with their session partner (45-minute sessions with 40 total minutes to set up, change over, and clean up and for partner discussion). Groups share their challenges, strengths, findings, insights, and results in the large group (20 minutes) and turn in their paperwork on a graded activity.

### **Practical Evaluation: Adapting Massage for Clients with Common Pathologies**

Classroom time: 190 minutes

Descriptions: Each learner is given a mock client health form and scenario depicting a pathology that has been discussed. The learner has 20 minutes to write a 60-minute session plan for the condition. Learners pair up and exchange their session plans (60-minute sessions, with 30 minutes to set up, change over, and clean up). The instructor might question learners about their plans, ask them particular questions about the pathology, or ask them to demonstrate particular techniques during the exchange. Learners share their experiences in a large group discussion after the exchange and turn in paperwork for part of their grade (20 minutes).

## Topic: Adapting Sessions for Special Populations

**Learning Outcomes**      **Conditions:** Having completed 29 hours of instruction on adapting sessions for special populations, the learner is expected to:

- Demonstrate knowledge of the terms and concepts related to special populations including clients over 55 years of age, clients who are obese, clients who are children, clients who are pregnant, clients who are athletes or fitness oriented, clients who are at the end of life, and clients with disabilities, on graded activities or written examinations.
- Plan and conduct 1-hour sessions for instructor-selected special populations, demonstrating the ability to adapt sessions appropriately and choose effective application methods, on graded activities or practical evaluations.

### Hours Rationale – Sample Learning Experiences

#### **Integrative Lecture: Sessions for Adults Who Are Over 55**

Classroom time: 75 minutes

Key Concepts:

- Present and discuss massage for adults who are over 55.
  - Definition
  - Health care concerns, special needs, and the reasons adults who are over 55 seek massage
  - Cautions and contraindications
  - Session adaptations
  - Massage benefits
  - Appropriate application methods
- Activity: Learners pair up and receive a scenario and mock health forms depicting a client who is over the age of 55. Each pair should receive a different scenario so that clients present with a range of different conditions, vitality levels, and health needs. Learners outline a 1-hour session plan including follow-up questions to clarify health care needs, session adaptations, appropriate application methods, sequencing of body regions and self-care recommendations. Learners share their plans in the large group (20 minutes) and turn in paperwork for a grade.

#### **Integrative Lecture: Sessions for Clients Who Are Obese**

Classroom time: 60 minutes

Key Concepts:

- Present and discuss massage for clients who are obese
  - Definition
  - Health care concerns, special needs, and the reasons clients who are obese seek massage

- Cautions and contraindications
- Session adaptations
- Massage benefits
- Appropriate application methods
- Activity: The instructor presents (verbally) five different client scenarios depicting clients who are obese, different levels of vitality, different medications, different accompanying conditions, and different goals for massage therapy. Learners brainstorm good follow-up questions, look up medications to rule out contraindications, and suggest appropriate application methods in a large group discussion.

### **Integrative Lecture: Sessions for Clients Who Are Children**

Classroom time: 45 minutes

Key Concepts:

- Present and discuss massage for children
  - Definition
  - Health care concerns, special needs, and the reasons children seek massage
  - Cautions and contraindications
  - Session adaptations
  - Massage benefits
  - Appropriate application methods
- Activity: The instructor verbally presents five different client scenarios depicting clients who are children at various stages of the session (e.g., a parent wants to drop the child off and return later after the session to pick the child up, or the child unexpectedly starts to cry for no apparent reason during the session, etc.). Learners brainstorm effective language and behaviors to empower children, maintain appropriate boundaries with guardians, and provide effective sessions to children.

### **Written Examination: Adults over 55, Obese, Children**

Classroom time: 30 minutes

Questions: 20

### **Integrative Lecture: Sessions for Clients Who Are Pregnant**

Classroom time: 120 minutes

Key Concepts:

- Present and discuss massage for clients who are pregnant
  - Definition
  - Health care concerns, special needs, and the reasons clients who are pregnant seek massage
  - Cautions and contraindications
    - First trimester
    - Second trimester
    - Third trimester
    - High-risk pregnancy
  - Session adaptations
    - First trimester
    - Second trimester

- Third trimester
    - Massage benefits
    - Appropriate application methods
- Activity: Learners pair up and receive a scenario and mock health forms depicting a client who is pregnant. Each pair should receive a different scenario so that clients present with a range of different conditions, vitality levels, trimesters, and health needs. Learners outline a 1-hour session plan including follow-up questions to clarify health care needs, session adaptations, appropriate application methods, sequencing of body regions and self-care recommendations. Learners share their plans in the large group (20 minutes) and turn in paperwork for a grade.

#### **Demonstration and Session Exchange: First Trimester**

Classroom time: 170 minutes

Description: The instructor demonstrates methods for adapting sessions and meeting a pregnant client's needs in the first trimester (30 minutes). Learners pair and practice instructor-selected adaptations and methods (45-minute sessions, with 30 minutes to set up, clean up, and change over) and discuss their findings, results, and insights in the large group (20 minutes).

#### **Demonstration and Session Exchange: Second Trimester**

Classroom time: 170 minutes

Description: The instructor demonstrates methods for adapting sessions and meeting a pregnant client's needs in the second trimester (30 minutes). Learners pair and practice instructor-selected methods (45-minute sessions, with 30 minutes to set up, clean up, and change over) and discuss their findings, results, and insights in the large group (20 minutes).

#### **Demonstration and Session Exchange: Third Trimester**

Classroom time: 170 minutes

Description: The instructor demonstrates methods for adapting sessions and meeting a pregnant client's needs in the third trimester (30 minutes). Learners pair and practice instructor-selected methods (45-minute sessions, with 30 minutes for set up, clean up, and change over) and discuss their findings, results, and insights in the large group (20 minutes).

#### **Written Examination: Clients Who Are Pregnant**

Classroom time: 15 minutes

Questions: 10



## **Integrative Lecture: Sessions for Clients Who Are Athletes or Fitness Oriented**

Classroom time: 90 minutes

Key Concepts:

- Present and discuss massage for clients who are athletes or fitness oriented.
  - Definition
  - Categories of sports massage
    - Event massage
    - Maintenance/training massage
    - Treatment massage
  - Factors to consider when providing event massage
    - Environmental conditions
    - Logistics
  - Muscles in focus for different sporting events
  - Pre-event massage
    - Goals
    - Cautions and contraindications
    - Appropriate methods
  - Intra-event massage
    - Goals
    - Cautions and contraindications
    - Appropriate methods
  - Post-event massage
    - Goals
    - Cautions and contraindications
    - Appropriate methods
  - Maintenance/training massage
    - Goals
    - Cautions and contraindications
    - Appropriate methods
  - Treatment massage
    - Goals
    - Cautions and contraindications
    - Appropriate methods
- Activity: The instructor presents (verbally) different client scenarios depicting clients who are athletes in various situations (e.g., a client at an event getting ready to run a marathon, a client between events who is a rock climber, a client after an event who shows signs of exposure to the elements, etc.). Learners describe the actions they would take or methods they would use to support the client's health care needs and wants.

**Demonstration and Session Exchange: Pre-Event Massage**

Classroom time: 120 minutes

Description: The instructor demonstrates methods for pre-event massage (30 minutes). Learners pair up and practice instructor-selected methods (30-minute sessions, with 15 minutes to set up, clean up, and change over) and discuss their findings, results, and insights in the large group (150 minutes).

**Demonstration and Session Exchange: Post-Event Massage**

Classroom time: 120 minutes

Description: The instructor demonstrates methods for post-event massage (30 minutes). Learners pair up and practice instructor-selected methods (30-minute sessions, with 15 minutes to set up, clean up, and change over) and discuss their findings, results, and insights in the large group (20 minutes).

**Written Examination: Clients Who Are Athletes or Fitness Oriented**

Classroom time: 15 minutes

Questions: 10

**Integrative Lecture: Sessions for Clients Who Are at the End of Life**

Classroom time: 45 minutes

Key Concepts:

- Present and discuss massage for clients who are at the end of life.
  - Definition
  - Health care concerns, special needs, and the reasons clients who are at the end of life seek massage
  - Cautions and contraindications
  - Session adaptations
  - Massage benefits
  - Appropriate application methods

**Demonstration: Massage for Clients at the End of Life**

Classroom time: 45 minutes

Description: Instructors demonstrate the methods, language, and behaviors they would use during a session for a client at the end of life. Learners ask questions and share their concerns or thoughts about working with this special population.

**Integrative Lecture: Sessions for Clients with Physical Disabilities**

Classroom time: 45 minutes

Key Concepts:

- Present and discuss massage for clients with physical disabilities.
  - Definition
  - Health care concerns, special needs, and the reasons clients with physical disabilities seek massage
  - Cautions and contraindications
  - Session adaptations
  - Massage benefits
  - Appropriate application methods
- Activity: The instructor verbally presents different client scenarios depicting clients

with physical disabilities in various situations. Learners describe the actions they would take or methods they would use to support the client's health care needs and wants.

### **Integrative Lecture: Sessions for Clients with Sensory Disabilities**

Classroom time: 45 minutes

Key Concepts:

- Present and discuss massage for clients with sensory disabilities.
  - Definition
  - Health care concerns, special needs, and the reasons clients with sensory disabilities seek massage
  - Cautions and contraindications
  - Session adaptations
  - Massage benefits
  - Appropriate application methods
- Activity: The instructor verbally presents different client scenarios depicting clients with sensory disabilities in various situations. Learners describe the actions they would take or methods they would use to support the client's health care needs and wants.

### **Integrative Lecture: Sessions for Clients with Intellectual Disabilities**

Classroom time: 45 minutes

Key Concepts:

- Present and discuss massage for clients with intellectual disabilities.
  - Definition
  - Health care concerns, special needs, and the reasons clients with intellectual disabilities seek massage
  - Cautions and contraindications
  - Session adaptations
  - Massage benefits
  - Appropriate application methods
- Activity: Learners pair up and receive a scenario depicting a client with an intellectual disability. They outline a 30-minute to 1-hour session plan including session adaptations, session goals, and application methods to meet session goals. Learners informally share their plans in the large group.

### **Written Examination: Clients with Disabilities**

Classroom time: 30 minutes

Questions: 20

### **Practical Evaluation: Adapting Massage for Special Populations**

Classroom time: 170 minutes

Descriptions: Each learner is given a mock client health form and scenario depicting a client from a special population seeking massage to meet specific health care goals. The learner has 20 minutes to write a 45-minute session plan for the condition. Learners pair up and exchange their session plans (45-minute sessions, with 30 minutes to set up, change over, and clean up). The instructor might question learners about their plans, ask them particular questions about the special population, or ask them to demonstrate particular techniques during the exchange. Learners share their experiences in a large group discussion after the exchange concludes and turn in paperwork for part of their grade (20 minutes).

**82 Hours**

## **HOURS RATIONALE**

### **Career Development**

<b>Topic</b>	<b>Interpersonal Skills (7.0)</b>
--------------	-----------------------------------

- |            |   |
|------------|---|
| Sub-Topics | <ul style="list-style-type: none"><li>• Communication</li><li>• Conflict Resolution</li></ul> |
|------------|---|

<b>Topic</b>	<b>Student Clinic (50.0)</b>
--------------	------------------------------

- |            |  |
|------------|--|
| Sub-Topics | <ul style="list-style-type: none"><li>• Professionalism</li><li>• Session Management</li><li>• Clinic Management</li><li>• Sessions with Clients</li></ul> |
|------------|--|

<b>Topic</b>	<b>Career Planning (25.0)</b>
--------------	-------------------------------

- |            |   |
|------------|---|
| Sub-Topics | <ul style="list-style-type: none"><li>• Envisioning a Massage and Bodywork Career</li><li>• Employment</li><li>• Private Practice</li></ul> |
|------------|---|

## **Hours Tabulation Method**

Learning experiences are classroom events or activities where learners experience something that results in a change in thinking, knowledge, skills, values, or behaviors.

The ELAP work group's recommendation of minimum hours for topics and subjects is based on the conversion of learning objectives into learning experiences appropriate for adult education, and a tabulation of the time it would take an average adult learner to attain the stated learning assuming competent instruction. Please note that the tabulation of hours is based on the idea that only the defined content is taught and that class time is well structured and used appropriately.

Therefore, the learning experiences outlined in this Hours Rationale document do not mandate specific classroom activities, but illustrate how the ELAP work group arrived at a particular hours recommendation. Also, note that 10 minutes of break time for every hour of lecture time is added into the total hours recommendation for the topic (thus the total is greater than the sum of its parts); final hours are also rounded up or down to the nearest half-hour at the topic level, and up or down to the nearest hour at the subject level. Again, note that the hours presented here are informed approximations, not precise mandates.

We want to emphasize that we encourage schools and instructors to adopt teaching strategies and learning experiences based on their philosophy of education. ELAP suggests the use of interactive lecture, completion of written worksheets like graphic organizers or diagrams, use of case studies and scenarios, peer discussion and problem solving, group projects, instructor demonstrations and modeling, structured hands-on practice time, role playing, written session planning, and simulations of client interactions, as primary methods to move learners from point A to point B in the Blueprint. However, other types of learning experiences could easily be substituted for those described in the Blueprint within roughly the same time periods. For a detailed discussion of learning experiences in adult education, please review the Introduction to the Blueprint.

Please review the learning objectives in the Blueprint for content examples and for details of knowledge and skill components outlined in the learning experiences discussed in this document.

Subject: Career Development

## Topic: Interpersonal Skills

### Learning Outcomes

**Conditions:** Having completed 7 hours of instruction on interpersonal skills, the learner is expected to:

- Demonstrate knowledge of the key terms and concepts related to interpersonal skills, including assertive communication and conflict resolution, on a written examination.
- Demonstrate effective assertive communication skills during a role-playing activity in response to client-therapist scenarios assigned by the instructor, on a graded activity.
- Demonstrate the steps in a conflict resolution process using assertive communication skills and appropriate therapist behaviors during a role-playing activity in response to a client-therapist scenario assigned by the instructor, on a graded activity.

### Hours Rationale – Sample Learning Experiences

#### Interactive Lecture: Communication Skills

Classroom time: 120 minutes

Key Concepts:

- Introduce communication skills.
- Present and discuss communication in a massage practice.
  - Clients, employers, colleagues, other health care providers
- Present and discuss benefits of effective communication.
- Present and discuss personal space.
  - Definition
  - Role in communication
- Present and discuss relating styles.
  - Define passive style and give examples in a massage practice.
  - Define assertive style and give examples in a massage practice.
  - Define aggressive style and give examples in a massage practice.

- Define passive-aggressive style and give examples in a massage practice.
- Present and discuss how to avoid communication blockers.
  - Definition
  - Common communication blockers
    - Define each blocker.
    - Provide examples in massage practice.
  - Activity: Learners analyze massage session scenarios in which therapists demonstrate different communication blockers. They label each communication blocker and discuss their findings in the large group.
- Present and discuss active communication skills.
  - Define and give examples of awareness.
  - Define and give examples of active listening.
  - Define and give examples of ability to communicate a message.
- Present and discuss facilitation of good communication with clients.
  - Environment (e.g., privacy)
  - Body language
  - Open body position
  - Body motion
  - Eye contact
  - Reflecting
  - Verbal encouragement
  - Communicating a message effectively
    - I-statements versus You-statements
- Present and discuss challenging client behaviors and effective communication.
- Activity: The instructor shares scenarios of client-therapist situations, and learners brainstorm effective language and behaviors to improve the communication between the two parties.
- Activity: Learners conduct a communication self-evaluation and discuss their findings with peers and instructors.

### **Demonstration and Exchange: Assertive Communication Skills**

Classroom time: 125 minutes

Description: The instructor demonstrates assertive communication skills through role-playing situations (see the key skills below). Learners pair up and practice their skills with feedback from the instructor (30 minutes for the demonstration, 30-minute sessions, 15 minutes to set up, change over, and break, 20 minutes to discuss learner experiences in the large group).

Key Skills: Imitate the instructor's assertive communication skills in these role-playing situations:

- A client shares with the therapist that he or she doesn't feel that massage has been effective for his or her condition.
- A client shares his or her feelings of sadness about the impact of a condition on activities of daily life.
- A client calls into the massage clinic to book an appointment and wants to hear about the therapist's training and credentials.
- A client shows up late for a massage appointment during a busy, hectic day at the

clinic.

- A client comes in to book an appointment after not showing up for an appointment and not contacting the therapist.
- A client shares very specific directions for exactly the type of massage desired, but many of the techniques the client wants are dangerous for the client to receive because of medications being taken by the client.
- A client resists signing the massage clinic's required forms.
- A client complains that he or she did not get the massage requested in the intake interview.

### **Interactive Lecture: Conflict Resolution**

Classroom time: 30 minutes

Key Concepts:

- Define conflict resolution.
- Present and discuss reasons people experience conflicts.
- Present and discuss reasons why massage therapists and clients might experience conflicts.
- Define and give examples of a conflict-resolution process.
- Activity: Learners pair up and work through the conflict resolution process using an example scenario and share their findings in the large group.

### **Demonstration and Exchange: Conflict Resolution**

Classroom time: 125 minutes

Description: The instructor demonstrates assertive communication to resolve conflicts through role-playing situations. Learners pair up and practice their skills with feedback from the instructor (30 minutes for the demonstration, 30-minute sessions, 15 minutes to set up, change over, and break, 20 minutes to discuss learner experiences in the big group).

Key Skills:

- Practice language and behaviors to reduce conflict while following a conflict resolution process in a client-therapist scenario.
- Practice language and behaviors to reduce conflict while following a conflict resolution process in a therapist-colleague scenario.

### **Written Examination: Communication and Conflict Resolution**

Classroom time: 15 minutes

Questions: 10



## Topic: Student Clinic

### Learning Outcomes

**Conditions:** Having completed 50 hours of instruction in the student clinic, the learner is expected to:

- Demonstrate knowledge of the key terms and concepts related to working in the school's student clinic, including professionalism, session management, and clinic management, on a written examination.
- Demonstrate effective and professional therapist language and behaviors to interact with student clinic clients, peers, and instructors during participation in the school's student clinic as evidenced by client, peer, and instructor feedback forms.
- Follow student clinic policies and procedures and represent the school in a professional manner during participation in the school's student clinic, as evidenced by a graded student client evaluation conducted by a supervisor.
- Plan sessions in accordance with client's goals, wants, and needs while integrating session adaptations based on cautions or contraindications as evidenced by client feedback forms.
- Integrate skills including draping, bolstering, use of equipment and sanitation practices, application of strokes and methods, professionalism, and communication, in a safe, effective, and enjoyable session, as evidenced by client feedback forms.

### Hours Rationale – Sample Learning Experiences

#### Interactive Lecture: Professionalism

Classroom time: 60 minutes

Key Concepts:

- Define professionalism.
- Present and discuss aspects of professionalism (provide examples, compare and contrast opposites):
  - Specialized knowledge
  - Competence
  - Work ethic
  - Honesty
  - Integrity
  - Accountability
  - Self-regulation
  - Professional image
  - Courtesy
  - Good manners
  - Time management
- Activity: Learners identify professional and unprofessional behaviors in client scenarios.

**Activity: Role Playing Professionalism**

Classroom time: 120 minutes

Description: Instructors demonstrate professionalism in client-therapist scenarios, and learners practice key skills (demonstration 30 minutes, sessions 30 minutes, with 10 minutes to set up, change over, and clean up, and 20 minutes to process learning experiences).

**Key Skills:**

- Self-regulation in a situation involving conflict with a massage client
- Professional image including professional dress and hygiene in the massage clinic
- Courtesy and good manners during interactions with others in the massage clinic
- Honesty and integrity during interaction with others in the massage clinic

**Lecture: Session Management**

Classroom time: 60 minutes

**Key Concepts:**

- Discuss these clinic procedures and events:
  - Client files and confidentiality
  - Client check-in
  - Client greeting
  - Client interview
  - Clinic policies and procedures: how they are conveyed to clients
  - Setting session goals with clients
  - Customization of the massage for clients
  - Student clinic resources for researching unknown conditions, etc.

**Demonstration and Exchange: Session Management at the Student Clinic**

Classroom time: 120 minutes

Description: Instructors demonstrate session management, and learners exchange the process of managing the session at the student client (demonstration 30 minutes, sessions 30 minutes, and 30 total minutes to set up, change over, clean up, and process).

**Key Skills:**

- Greet a client warmly and professionally.
- Inform a client of clinic policies, procedures, and fees.
- Obtain the necessary signed forms from the client.
- Conduct a client interview and determine session goals with the client's input.
- Plan a 1-hour massage and check the plan with the client.
- Obtain client feedback following student clinic procedures and using student clinic forms.
- Write a summary of the client session using SOAP notes.
- Collect the client's payment for the massage and ask the client to book additional sessions.
- Say goodbye to the client warmly and professionally.

### **Interactive Lecture: Clinic management**

Classroom time: 30 minutes

Key Concepts:

- Present and discuss clinic management, acting as the receptionist:
  - Policies and procedure
  - Client booking over the phone procedure
  - Client booking over the Internet
  - Services and fees offered by the clinic
  - Hours of operation
  - Forms and keeping client files
  - Collecting and recording client payment

### **Demonstration and Practice: Student Clinic Management**

Classroom time: 90 minutes

Description: The instructor walks through each of the key skills, and learners practice (instructor demonstration 30 minutes, sessions 30 minutes, and 30 minutes to set up, change over, clean up, and process).

Key Skills: Imitate the instructor's professional language and behaviors in these areas:

- Greet clients warmly and professionally.
- Inform clients of clinic policies, procedures, and fees.
- Obtain the necessary signed forms from clients.
- Introduce clients to therapists.
- Respond to clients' questions or requests over the phone.
- Respond to clients' questions or requests in person.
- Utilize the clinic's online booking software, if applicable
- Book appointments for clients over the phone.
- Book appointments for clients in person.
- Answer the phone in a warm, friendly, professional manner.
- Respond to clients' complaints professionally.
- Collect clients' payments for massages.
- Say goodbye to clients warmly and professionally.

**Ongoing: Effectively manage clients and deliver sessions professionally, safely, and competently in the student clinic.**

Classroom time: 2500 minutes (42 hours of massage sessions)

## Topic: Career Planning

### Learning Outcomes

**Conditions:** Having completed 25 hours of instruction on career planning, the learner is expected to:

- Demonstrate knowledge of the key terms and concepts related to career planning, including envisioning a massage career, working as an employee, and the basics of starting a private practice, on a written examination.
- Write a personal 1-year career plan on a graded assignment.
- Demonstrate principles of good interviewing skills and effectively answer sample interview questions, in a graded activity.

### Hours Rationale – Sample Learning Experiences

Note: These lectures could be broken down into shorter lectures based on how the school organizes its schedule.

#### Interactive Lecture: Envisioning a Massage Career

Classroom time: 90 minutes

Key Concepts:

- Present and discuss the concept of a career vision.
  - Definition
  - Purpose
  - Benefits
  - Formats (share sample written career visions as examples)
- Present and discuss values related to careers.
  - Definition
  - How they influence career choices
  - How they influence career satisfaction
  - Examples and their relationship to massage
- Present and discuss personality traits related to careers.
  - Definition
  - How they influence career choices
  - How they influence career satisfaction
  - Examples and their relationship to massage
- Present and discuss differences among massage environments.
  - Clinic
  - Chiropractor office
  - Day spa
  - Fitness center
  - Hospice
  - Hospital
  - Onsite massage

- Private practice
- Others
- Discuss the environments that interest learners. Why? Why not?
- Present and discuss client types or special populations.
  - Benefits of specialization (e.g., specializing in pregnancy massage, etc.)
  - Drawbacks of specialization
  - Special skills needed
  - Discuss the client types or special populations that interest learners. Why? Why not?
- Present and discuss career options.
  - Employment
  - Private practice
  - Blended career (part employment part private practice)
  - Benefits and drawbacks of each
- Present and discuss concepts related to income goals.
  - Discuss income goals and how to tabulate income and expenses for different situations.
  - Activity: Estimate how one's own income goals can be achieved through these career paths: employee in a franchise clinic, employee in a local day spa, business owner of a private practice, or blended career (e.g., how many clients per week in a private practice to achieve one's income goal after expenses and taxes, etc.).

#### **Activity: Write a Career Plan**

Classroom time: 60 minutes

Description: Learners use a form developed by the school to write a career plan for the first year after graduation including the primary goal for the year, chosen employment status (e.g., employee, business owner, etc.), chosen work environment, chosen client types (optional), and next steps, along with outlining tasks and activities to achieve the primary goal. They share their career plans in small peer groups of 4 people.

#### **Written Examination: Career Planning**

Classroom time: 15 minutes

Questions: 10

#### **Interactive Lecture: Employment**

Classroom time: 180 minutes

Key Concepts:

- Present and discuss the benefits of employment.
- Present and discuss the drawbacks of employment.
- Present and discuss the expectations of employers.
- Present and discuss the process of getting the job.
  - Identifying potential employers
    - How to find them
    - What to consider
      - Pay rate
      - Employee benefits

- Length of massage shifts
- Length of time between massage shifts
- Type of client the business attracts
- Types of services the business offers
- The name and contact details of the person who hires therapists
- Distance from home, length of commute
- Application procedure
- Developing a resume
  - Definition
  - Purpose of a resume
  - Characteristics of effective resumes
    - Brief and concise
    - Readable, correct spelling and grammar
    - Relevant to the position
    - Honest
  - Chronological resumes
    - Benefits of this format
    - Sections and the information that goes in each section
      - Contact information
      - Career or job objective
      - Education
      - Work experience
      - Other information as applicable (e.g., awards, professional organizations, etc.)
      - References
    - Resources for writing effective resumes
    - Share and discuss sample resumes
- Cover letter
  - Definition and purpose
  - Characteristics of effective cover letters
  - Sections and the information that goes in each section
    - Opening
    - Body
    - Conclusion
  - Resources for writing effective cover letters
  - Share and discuss sample cover letters
- Sending a resume and cover letter
  - Follow-up
- Interviewing
  - Definition and purpose
  - Formats
    - Questions
    - Hands-on work for the employer
  - Characteristics of effective interviews
  - Questions that might be asked
    - Good versus bad answers
  - Questions to ask the potential employer

- Dress code and conduct
- Methods to prepare for interviewing
- Employment package
  - Benefits the employee might receive
  - Compensation as an employee
  - Tips
  - How to negotiate employment benefits or ask for what you need in terms of sessions or shifts.
- Meeting and exceeding employer expectations

**Activity: Interviewing Skills**

Classroom time: 180 minutes

Description: The instructor demonstrates good interviewing skills using predetermined, school-selected interview questions. Learners pair up and practice interviewing and give each other feedback. Peers switch partners and repeat the process with a new partner. Demonstration 20 minutes, first exchanges 30 minutes each, second exchanges 30 minutes each, discussion in the large group 20 minutes, and 20 minutes to set up and change over.

Key Skills:

- Speak at a good pace, with adequate volume.
- Make good eye contact with the interviewer.
- Smile and express warmth and friendliness appropriately.
- Use an open and receptive body position (e.g., sit up straight, arms uncrossed, sit forward slightly to demonstrate energy and interest, etc.).
- Answer questions directly and concisely (e.g., get to the point, avoid rambling, demonstrate honesty, etc.).
- Answer using good grammar and vocabulary (e.g., avoid slang words, use health care terminology correctly, etc.).

**Activity: Plan a Job Hunt**

Classroom time: 60 minutes

Description: Learners use a worksheet to set job hunt goals, list potential and desired employers in the local area, fill in information to outline their resumes and cover letters, and list resources they need to be successful, on a graded activity.

**Written Examination: Employment**

Classroom time: 30 minutes

Questions: 20

**Note:** The next section should be viewed as an introduction to starting a private practice. Feedback from the profession on the first draft of the ELAP Blueprint indicated that skills like writing a business plan, some business activities, and some marketing and promotional activities are beyond the scope of entry-level education. These learning objectives provide a foundation for longer programs wishing to teach more advanced business skills.

### **Interactive Lecture: Introduction to Starting a Private Practice**

Classroom time: 480 minutes (8 hours not including breaks)

**Note:** This lecture would take place over more than one class session and include discussion topics, interspersed activities, and samples for learners to view and discuss.

Key Concepts:

- Present and discuss private practice.
  - Definition
  - Benefits
  - Drawbacks
  - Blended careers (employee part time, private practice part time)
- Present and discuss business structures.
  - Sole proprietorship
  - Independent contractor
  - Partnership
  - Limited liability company
- Present and discuss licenses and permits (based on area where the business is located).
  - Business license
  - Sales tax permit
  - Zoning permits
  - Home occupation permits
  - Registration of the business name
  - Employer ID number
- Present and discuss insurance needs.
  - Definition
  - Benefits
  - Types
    - Professional liability insurance
    - General liability insurance (slip and fall)
    - Product liability insurance
    - Business personal property insurance
    - Health insurance
    - Disability insurance
- Present and discuss considerations when choosing a business name.
  - Can clients pronounce it?
  - Can they spell it?
  - Is the web domain available?
  - Will clients understand your product (massage therapy)?
  - Others
- Present and discuss considerations when choosing a business location.
  - Home locations



- Benefits
  - Drawbacks
  - Other considerations
- Present and discuss issues of financial record keeping.
  - Start-up costs
  - Operating costs
  - Estimating weekly, monthly, and yearly income
  - Activity: Learners use a worksheet and estimate their weekly, monthly, and yearly income based on general operating costs, session fees, and number of massages they deliver a week. Discuss findings.
  - Record keeping systems
    - Simple ledgers
    - Online systems
    - Hiring an accountant
- Present and discuss issues related to taxes.
  - Types
    - Income tax
    - Self-employment tax
    - Employment tax
    - Sales tax
  - Record keeping for taxes
    - Receipts
    - Expenses a business can write off
    - Expenses a business can't write off
- Present and discuss issues related to determining services and fees.
  - What services will you offer?
  - How will you make them attractive to clients?
  - Setting your fees
  - Determining timeframes for services
  - Developing a menu of services
- Present and discuss business policies and procedures.
  - Hours of operation
  - Booking options
    - Receptionist
    - Online booking service
    - Other
  - Necessary forms and documents
    - Health intake
    - Chart notes
    - Informed consent
    - Other
  - Retail
    - Benefits
    - Drawbacks
    - Keeping and reporting inventory
  - Payment options for clients
    - Credit card options
    - Other forms of payment

- Marketing
  - Definition
  - Compare and contrast these terms and concepts:
    - Promotion
    - Advertising
    - Publicity
  - Client education activities
    - Brochures
    - Outreach (e.g., give a presentation)
    - Using seated massage to feed a table practice
  - Referral programs
    - Benefits
    - Methods
  - Special offers
    - Prepaid cards with a discount
    - Punch cards with a discount
    - Coupons
    - Seasonal promotions
    - Others
  - Web-based promotion
    - Using social media to obtain clients
    - Using e-blasts to obtain clients
  - Building client loyalty
    - Using e-newsletters to stay in touch
    - Recognizing special events (e.g., birthdays, etc.)
  - Writing a basic marketing plan
    - Daily activities
    - Weekly activities
    - Monthly activities
    - Seasonal marketing

**Activity: A Year of Private Practice Marketing**

Classroom time: 120 minutes

Description: Learners complete a marketing planning form provided by the school, including activities to create a business and identify client education activities, special offers, methods for using web-based marketing, seasonal promotions, and client loyalty-building activities. Place defined activities on a yearly calendar for one year.

**Written Examination: Introduction to Starting a Private Practice**

Classroom time: 30 minutes

Questions: 20