WASHINGTON STATE MASSAGE THERAPY ASSOCIATION

ADVOCATE FOR MASSAGE THERAPY AS A RECOGNIZED AND RESPECTED HEALTHCARE PROFESSION

May 9, 2018

To: Meghann Lawrence, LMT, Chair, and Members of the Board of Massage

From: Comments Submitted by the WSMTA Clinical Practices Program as approved by the WSMTA Board of Directors

Re: WSMTA Suggestions and comments on Chapter 246-830-550 Standards of Practice -- Limitations.

The Washington State Massage Therapy Association (WSMTA) recommends that:

1. The Board of Massage (BOM) provide revised language that is more anatomically correct and provide definitions and clarity around some terms.
2. the BOM use language similar to Oregon's 334-010-0029 when describing the steps necessary to permit massage within certain areas in the genital and gluteal area.

Regrouping and Anatomically Correct Language:
In providing suggestions to make the existing WAC language easier to read, the anatomical areas excluded from massage were reorganized by anatomical region to make for easier reading and understanding. Also, clarity was provided to make the areas described more understandable. We also added "Perineum" and its definition into the excluded body parts listing.

Revised Section (2):
Trying to keep the general public safe and yet trying to not deny the general public the right to soft tissue massage and bodywork for therapeutic reasons is a fine line to walk in this particular anatomical area. There are very few massage therapists that work in the genital/gluteal area, and, when they do, it's generally related to structural bodywork or some form of surgical or birth trauma recovery with scar tissue release or some other modality that is very necessary to returning a person back to health.

Instead of defining the "perineal area" WSMTA is suggesting that the BOM define what <u>can be massaged</u> in the excluded area with proper training, consent, draping, etc. The WSMTA recommends the following areas be allowed to be massaged with proper training, consent, draping etc:

- the gluteal cleft, from distal to the coccyx to the anus (but not including the anus) -- the reason for this is that surgeries involving the sacrum and coccyx often create scarring around the coccyx that lead into the gluteal cleft.
- the perineum (but not including the anus and scrotum/vulva) -- the primary reason behind this is birthing often creates tearing that affects the perineum. When this area heals, it can lead to pelvic alignment issues that cause pain in addition to pulling in the area that can be uncomfortable. Other injuries, like riding a bike and slipping off the seat onto the bar, can also damage this area.

- the labia (major and minor) -- the reasoning behind this is that generally when the pelvis area is crushed in car accidents or other dire injuries, surgery can occur anywhere to repair damage to the pelvis and can occur anywhere in the genital and gluteal regions and depending on how a woman is built, the labia can be involved. Also, infrequently, women have other issues regarding the removal of lipomas, moles, etc in the labia that leave scars -- the same for the gluteal cleft.

Also, with all of the above bullet points, structural bodyworkers, who have the appropriate training may do bodywork in these areas to help maintain an aligned pelvis so that chronic lumbosacral pain and other issues may be alleviated.

To create the language for section (2), we used the Oregon's 334-010-0029 as a framework but amended some of the language to what has become standard around the WA state massage WACs regarding consent, draping, terminology, etc.

We are recommending that the BOM do away with the 16 hour requirement for this body area. There are very few massage therapists who work in this area and generally it's because they've learned to do so as part of a long certification program, like structural bodywork. Or, scar tissue release as a part of the recovery from surgery is another primary reason to do massage in this area. We like Oregon's language about only requiring proof of competency from prior training so as not to limit someone if they have a skill and training in only 1 or 2 of the 3 bullet point areas but not all 3. Unlike Breast Massage and Intraoral Massage the genital to gluteal area has multiple facets to it. So someone comfortable doing scar tissue release around the coccyx might not want to do scar tissue release around the perineum. So a person doing scar tissue release around the coccyx that might have a little overlap into the gluteal cleft should not be penalized for not having taking CE that deals with the perineum, or that might have had only 11 hours long that covered everything necessary to learn how to do scar tissue release safely around the coccyx and into the gluteal cleft.

Below is the WSMTA's recommendations for revising WAC 246-830-550. Our recommendations include the additions which are underlined and in blue and the strikeouts.

WAC 246-830-550 Standards of practice—Limitations.

(1) It is not consistent with the standard of practice for a massage therapist to touch the following body parts on a client or patient:

(a) Gluteal cleft, from distal to the coccyx to the anus; ~~anus and rectum;~~

(b) Anus or inside the rectum; ~~Inside the mouth unless an intraoral endorsement has been issued;~~

(c) ~~Penis~~ Perineum -- defined as the tissue between the scrotum/vulva and anus;

(d)~~(c)~~ Inside the Urethra;

(e)~~(d) Prostate;~~ Penis and scrotum;

(f)~~(e) Scrotum;~~ Vulva: to include, labia (major and minor), clitoris, bulb of vestibule, vulval vestibule, urinary meatus and the vaginal opening;

(g)~~(f)~~ Inside the Vagina; ~~, to include:~~

~~(i) Intravaginal;~~

~~(ii) Labia (majors and minors);~~

~~(iii) Clitoris;~~

~~(iv) Urethra; or~~

(h)~~(g)~~ Breasts, unless in accordance with WAC 246-830-555.

(i) Inside the mouth unless an intraoral endorsement has been issued in accordance with WAC 246-830-490;

~~(2) A massage therapist must maintain evidence of the completion of at least sixteen specialized in-person contact hours of education and training if they are performing massage in the perineal area in addition to obtaining prior written and verbal informed consent. This written consent may be included within an overall general consent to massage document, if clearly delineated and either specifically initialed or signed.~~

(2) A massage therapist may massage the gluteal cleft, from distal to the coccyx to the anus (but not including the anus, the perineum (but not including the anus and scrotum/vulva) and/or the labia (major and minor) if the massage therapist meets the following conditions prior to performing these special procedures:

(a) Each time, prior to performing massage in the areas defined in (2), a massage therapist must obtain written, verbal, and signed informed consent of the client/patient. This written consent may be included within an overall general consent to massage document, if clearly delineated and either specifically initialed or signed. The written consent must:

(i) Be maintained with the client or patient's records;

(ii) Include a statement that the client or patient may discontinue the treatment at any time for any reason;

(iii) If the client or patient is under eighteen years of age, prior written consent must be obtained from a parent or legal guardian; and

(iv) Include a statement that the client or patient has the option to have a witness present, and that the witness must be provided by the client or patient.

(v) provide a therapeutic rationale for massaging in the areas defined in (2) which is acknowledged by the client;

(b) Use appropriate draping techniques as identified in WAC 246-830-560.

(c) be able to present evidence of the completion of specialized contact hours as training beyond the minimum competencies, which includes but is not limited to, indications, contraindications, therapeutic treatment techniques, expected outcomes, client safety, client consent, client communication, draping techniques, sanitation, and ethical responsibilities related to massaging the areas defined in (2);

Thank you for your consideration,

Robbin Blake, LMT WSMTA Board Member and Clinical Practices Program Member

Susan Rosen, LMT WSMTA Board Member and Founder, Clinical Practices Program Director