

#22 - 1738 Quebec Avenue, Saskatoon, Sask., S7K 1V9

Tel: 306-384-7077 Fax: 306-384-7175 E-mail: mtas@saskmassagetherapy.com

#### CONTINUING EDUCATION – MEMBER APPLICATION FOR CREDIT EVALUATION

MTAS has always held the position that the continued competency of our members is of the utmost importance to the protection of the public, and our membership requirements specify that RMTs complete on-going continuing education in order to remain in good standing.

Course approval is required before members can report primary continuing education credits for completion of their competency requirements. Note that if you do not seek pre-approval from the MTAS Continuing Education Committee prior to undertaking study, MTAS will not be responsible for the material not being approved for credits. The Committee reserves the right to refuse to grant credits for inappropriate/out-of-scope subject matter. The continuing education material submitted should be within the MTAS scope of practice and contribute to the professional development of the RMT.

# **MTAS Scope of Practice**

"The practice of massage therapy is the assessment of the soft tissue and joints of the body, and the treatment and prevention of physical dysfunction and pain of the soft tissues and joints by mobilization and other manual methods to develop, maintain, rehabilitate or augment physical function, or relieve pain."

# **Application Requirements**

- A separate typed or printed application form must be completed for each course being submitted. Handwritten notes are unacceptable.
- Incomplete applications will be returned without being reviewed.
- After receiving approval, any changes to the course content must be reported to MTAS within 30 days.

# **Review Process**

The MTAS Competency Committee will review all submissions. If there are questions about your application, you will be contacted and asked to provide any additional information or clarification needed for the evaluation to be completed. Meetings are held four times each year – March 1<sup>st</sup>, June 1<sup>st</sup>, September 1<sup>st</sup>, and December 1<sup>st</sup>.

Applications must be properly formatted, including this form and all supporting documentation, and submitted to the MTAS office at least 1 week prior to the meeting date to be placed on the agenda. Please allow up to 6 weeks for completion of the evaluation process.

- We only accept submissions via e-mail as we use a virtual meeting space, and the documents are uploaded for review.
- If the application is for an on-line or self-study module, <u>please provide a user account and log-in details</u> to enable the committee members to review the materials from the student's perspective.

1 hour of learning = 1 credit. On occasion, partial credits may be awarded if the entire course does not meet the requirements of the MTAS competency policy or if it is not fully within the scope of practice.

Correspondence will be sent via e-mail to the applicant upon completion of the evaluation, with information regarding whether the course was approved for credits.

There are no refunds for applications that are not approved.

# CONTINUING EDUCATION – MEMBER APPLICATION FOR PRIMARY CREDIT EVALUATION

# **MTAS Member Contact Information**

Surname	First Nam	е		[ ] Mr [ ] Ms
				[ ] Mrs [ ] Dr
Street			City/Town	
Province/State	Postal/Zip Code	Country	Area Code	Daytime Telephone
E-mail Address			Website	

# **Course Information**

Course Name	Course Instructor Name		
Course Information Walter	Instructor Contest Info (whom and a weel)		
Course Information Website	Instructor Contact Info. (phone and e-mail)		
Course Date(s)	Hours of Training (excluding meals, breaks or social activities)		
Course Delivery Method			
[ ] In person, hands-on/practical technique based	[ ] Lecture + practical demonstration		
[ ] Lecture	Conference		
[ ] Lecture	[ ] conference		
Paced on-line course (completion of modules required for progression)	Interactive webinar or videoconference		
[ ] DVD or books, with home study guide	[ ] University course delivered on-line		
Other (specify details)			

**Provide detailed information on all of the items below.** Note that we can only give credit for material that is within scope of practice and for which you document the specific length of time spent on learning. Type your responses to the following questions and attach with the application form.

- A. **Provide a detailed course outline** i.e. the lesson plan or curriculum. This is the **hourly breakdown** of the course length for each day. See attached sample. Include the following:
  - A review of pertinent anatomy and physiology, and where appropriate, pathology.
  - A review of what the participants are taught, what they will learn, clinical skills demonstrated.
  - An hourly breakdown of the time spent on any instructional videos, if included.
  - Indicate whether the time is spent on theoretical learning or on hands-on learning.
  - For online courses, please provide log in access.
- B. **Attach a current resume** for each presenter, including work experience, qualifications for teaching this material, and professional credentials/affiliations. This should demonstrate that they possess sufficient skills, knowledge, and abilities in the area pertinent to the course content.
- C. List all reference materials. Demonstrate that the content of the course is created in consideration of current and relevant

literature - such as journal articles, textbooks, case studies, etc. - and include the appropriate references to the literature. (Testimonials are not considered as references). Attach a copy of any student handouts and course materials.

# D. Explain (one page maximum):

- a. WHAT is this technique/modality assessing or treating?
- b. WHY did you choose this course?
- c. HOW this information will make you a better therapist and be beneficial and relevant to your practice and the profession of massage therapy.

# **Payment Information**

The assessment fee is \$40.00 + GST (\$42.00). Visa, MasterCard or e-transfer to <a href="mailto:payment@saskmassagetherapy.com">payment@saskmassagetherapy.com</a> (direct/auto deposit only, no password) – full payment must accompany the application.

Signature of card holder to authorize payment  Amount \$36.75    Amount \$36.75	EFT #	Visa or MasterCard #	Expiry Date	CVC	
Member Attestation In submitting this application for approval, I attest that all information and materials provided are accurate and truthful. I underst that if approved, I will be eligible to receive continuing education credits for completion of the course and that I am responsibly rovide appropriate verification of completion. I have reviewed the application requirements and agree to all terms.    Date: Date: Date:					
In submitting this application for approval, I attest that all information and materials provided are accurate and truthful. I underst nat if approved, I will be eligible to receive continuing education credits for completion of the course and that I am responsibly rovide appropriate verification of completion. I have reviewed the application requirements and agree to all terms.    Date: Date:	Signature of card holder to auth	orize payment	Amount <b>\$36.75</b>		
n submitting this application for approval, I attest that all information and materials provided are accurate and truthful. I underst nat if approved, I will be eligible to receive continuing education credits for completion of the course and that I am responsible rovide appropriate verification of completion. I have reviewed the application requirements and agree to all terms.  Date:  FOR OFFICE USE ONLY					
hat if approved, I will be eligible to receive continuing education credits for completion of the course and that I am responsible rovide appropriate verification of completion. I have reviewed the application requirements and agree to all terms.    Date: Date:					
FOR OFFICE USE ONLY	hat if approved, I will be el	igible to receive continuing education credits	for completion of the course	and that I am responsible to	
	ignature:		Date:	Date:	
		FOR OFFICE USE	ONLY		
	Date received			Review date	
Not approved: reason Approved: Primary Credits Business Credits	Not approved recess		Angrapada Drimana Cradita	Dusiness Credite	

# Submit completed application with payment to:

# SAMPLE COURSE OUTLINE

Course name: Facilitated Stretching – Lower Body
Course date and time: March 2022, 9:00am-5:30pm

**Course length:** 7 hours **Instructor**: Bob Smith, PT

**Prerequisite:** RMT or 2nd Year MT student. **Delivery method:** In class theory and practice.

Time	Length	Topic
9:00-9:45	45 mins	Introduction to PNF, history, uses, effects, contraindications and precautions.
9:45-10:00	15 mins	BREAK
10:00-11:00	1 hour	Overview of a, b and c muscles, incl. origin, insertion and action. Demonstration of self-stretching and strengthening of each muscle and correct draping during the massage treatment.
11:00-12:00	1 hour	Participants will practice on each other PNF, self-stretching and strengthening exercises for: a, b, c muscles.
12:00-1:00	1 hour	LUNCH BREAK
1:00-1:45	45 mins	Overview of: d, e, f, muscles, incl. origin, insertion and action. Demonstration of PNF, self-stretching and strengthening of each muscle and correct draping during the massage treatment.
1:45-2:45	1 hour	Participants will practice on each other PNF, self-stretching and strengthening exercises for: d, e, f muscles.
2:45-3:00	15 mins	BREAK
3:00-3:45	45 mins	Overview of g, h, i muscles, incl. origin, insertion and action. Demonstration of PNF, self-stretching and strengthening of each muscle and correct draping during the massage treatment.
3:45-4:45	1 hour	Participants will practice on each other PNF, self-stretching and strengthening exercises for g, h, i muscles.
4:45-5:30	45 mins	Summary, Q&A, certificates.

#### **Learning Outcome:**

Upon completion of the course, the participant will have learned to perform facilitated stretching with proper draping of the body part being stretched during the massage treatment as well as self-stretching and strengthening exercise for it.

# **References:**

# **Books:**

- Dr. Nikita, A. Vizniak (2008), Muscle Manual
- Robert E. McAtee, Jeff Charland, (2013), Facilitated Stretching
- Netter FH (2010), Atlas of Human Anatomy

# **Journal Article:**

Aiyana Fraley, LMT, Massage Magazine, *The Massage Therapist's Guide to Assisted Stretching Techniques* 

# **Web Reference:**

- Historical perspective of PNF https://ipnfa.org/
- Human Kinetics, What is PNF stretching and how should you use it? <a href="https://humankinetics.me/2018/04/25/what-is-pnf-stretching/">https://humankinetics.me/2018/04/25/what-is-pnf-stretching/</a>