



MTAS

Massage Therapist
Association of Saskatchewan

Membership Qualifying Examination Candidate Handbook

2026 Edition

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“MTAS is dedicated to the profession of massage therapy and the protection of the public.”

The Handbook includes the policies and procedures for the MTAS Membership Qualifying Examination.

Although accurate at the time of publication, subsequent changes may occur without prior notice.
The Association will attempt to advise candidates of important changes but reserves the right to make any changes necessary at any time without advance notice.

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The Massage Therapist Association of Saskatchewan (MTAS) is a registered non-profit organization dedicated to the maintenance and improvement of the profession of massage therapy and to the protection of the public seeking massage therapy.

The Massage Therapist Association of Saskatchewan, Inc. is a professional association for massage therapists in this province that was originally formed in 1966. In 1996, three previous provincial massage therapist associations amalgamated to create the vibrant, 800+ member strong association that exists today.

Our Mission

We exist to encourage and enhance the art, science, and practice of massage therapy by maintaining a high standard of professional practice; by establishing and maintaining the Massage Therapist Association of Saskatchewan, Inc. as a leading health professional association; by promoting the health care profession through education, accountability, communication and advocacy, and financial stability.

Our role includes as its principal aims:

- Education
- Advocacy
- Accountability
- Standard of Practice

Membership Qualifying Examination - Statement of Purpose

The MTAS Membership Qualifying Examination is a test of knowledge, skill, and professionalism in the practice of massage therapy.

The purpose of the examination is to establish a minimum safe standard of competency for a massage therapist to practice in the province of Saskatchewan, based upon the Inter-Jurisdictional Practice Competencies and Performance Indicators as determined by the Federation of Massage Therapy Regulatory Authorities in Canada (FOMTRAC). Exam candidates must meet this standard to be eligible for membership with the Massage Therapist Association of Saskatchewan, Inc.

Contact Information

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Eligibility Requirements for Membership (Bylaw 11.1)

- (a) Candidates must have successfully completed a minimum 2,200-hour curriculum-based massage therapy training program from a recognized education program.
- (b) Candidates who have successfully completed a course in massage therapy at an educational institute outside of Saskatchewan that the Education Committee, in accordance with the MTAS bylaws, considers to be the equivalent to the core curriculum currently advised for Saskatchewan schools.
- (c) Possess a current CPR Level "C" and Standard First Aid Certification.
- (d) Proof of successful completion of the MTAS Membership Qualifying Examination both practical and written OR
- (e) Proof of registration as a Registered Massage Therapist in good standing from a College in a legislated Canadian province or from a provincial Association that is a full voting member of the Canadian Massage Therapy Alliance.
- (f) A clean criminal record check including the vulnerable sector check.
- (g) English language fluency.
- (h) Obtain and maintain a minimum of \$2,000,000 liability and malpractice insurance.
- (i) Complete prescribed forms and submit fees.

- The membership year runs from November 1st – October 31st.
- The current full annual membership fee for a practicing member is \$430.00 and for non-practicing is \$215.00.
- Annual membership fees will be pro-rated according to when a new member joins the Association – see below.

Fee Schedule for 2026:

The exam fees are waived for therapists who graduated after January 1, 2025

Written and practical exam – no charge

Exam fees apply only to therapists who graduated prior to January 1, 2025.

- Written and practical exam subsidized fee – \$215.00
- Written exam only \$100.00
- Practical exam only \$215.00 (\$330.00 for those doing their third (final) attempt)

The regular exam fee is \$430.00, incl GST. For 2026 the exam is once again being offered at a subsidized rate of \$215.00 for those already practicing, and free to new graduates, to assist in transitioning therapists into the Association in preparation for the introduction of legislation for massage therapy.

- You may attempt the exam a maximum of three times.
- For graduates January 1, 2025 and later, the first two attempts are offered at no charge.
- For graduates prior to January 1, 2025, the first two attempts will be at the subsidized rate of \$215.00.
- The third and final attempt for all candidates will be at the regular rate of \$430.00 incl. GST.

ASSOCIATION MEMBERSHIP FEES - JOINING MTAS IN FEBRUARY:

Pro-rated annual Association membership fee - practicing:	\$324.00
As above - non-practicing:	\$162.00

ASSOCIATION MEMBERSHIP FEES - JOINING MTAS IN JULY:

Pro-rated annual Association membership fee - practicing:	\$144.00
As above - non-practicing:	\$72.00

ASSOCIATION MEMBERSHIP FEES -JOINING MTAS IN AUGUST:

Pro-rated annual Association membership fee - practicing:	\$108.00
As above - non-practicing:	\$54.00

* GST is not applicable on membership fees.

Membership Procedure:

- Master the written and practical Membership Qualifying Examinations.
- Apply to become a member of MTAS. You will be provided with a membership registration number – this number will be yours for the duration of your membership.
- Apply for malpractice and liability insurance (we have a negotiated policy agreement with BFL Canada, however you are free to purchase your insurance at a broker of your choosing).
- Register with SGI, WCB, Veterans Affairs Canada and TELUS Health (all optional).
- Inquire with the municipality in which you intend to practice regarding business licensing requirements.

Why do we qualify our members?

1. We qualify our members to provide assurance to the public that a Registered Massage Therapist (defined as one who has successfully mastered the Membership Qualifying Exam and is a member in good standing) is capable of practicing competently, safely, and according to set standards of practice and a prescribed code of ethics. MTAS is registered under *The Non-profit Associations Act, 1995* and therefore must develop and maintain bylaws, policies, and procedures, and a complaints and discipline process to effectively govern the organization and define the profession of massage therapy. Massage therapy is a powerful component of health care with inherent risks and benefits and must be applied by skilled and knowledgeable clinicians.
2. We qualify our members as part of our agreements with the Workers' Compensation Board (WCB) and Saskatchewan Government Insurance (SGI), which means that the massage therapy that they pay for is administered by MTAS members only.
3. We qualify our members because we believe in validating the process of massage therapy education by applying rigorous evaluative standards. We believe in the professionalization of massage therapists and the intrinsic worth of the therapy when applied by demonstrably skilled and knowledgeable therapists.
4. We qualify our members because we must as part of the voting membership requirements with the Canadian Massage Therapist Association (CMTA). The CMTA is a voluntary national organization composed of provincial and territorial professional associations from nine provinces and one territory, with a membership of over 3,500 massage therapists. The fundamental criteria for membership in the Alliance are graduation from a minimum 2,200-hour educational curriculum and mastery of a competency examination. The CMTA recognizes the need to work toward national standards that are based on occupational competencies rather than hours of training, but no such national standards agreement is in existence at this time.
The CMTA actively works toward enhancing the profession of massage therapy in Canada by facilitating the collaborative efforts of the leaders from the provincial associations in sharing experience and information, particularly regarding political and educational opportunities. Officially constituted in 1991, the CMTA works co-operatively to promote massage therapy as a respected component of the Canadian health care system, and to ensure the highest standards of massage therapy is provided to the public.

The CMTA works to ensure the highest standards in providing massage therapy to the public through:

- Promoting the science, art, and philosophy of massage therapy nationwide.
- Representing the membership before governmental and regulatory bodies concerned with massage therapy.
- Fostering and encouraging professional growth and continuing education among its members.
- Promoting high standards of practice in Canada.
- Promoting high standards of education for students of massage therapy.
- Providing a method of communication between members to share experience and information, particularly regarding political and educational opportunities.
- Promoting knowledge transfer of research and evidenced informed practice among its' membership.
- Assisting non-regulated provinces become regulated; and
- Presenting a national voice for registered massage therapy in Canada.

Goals of the CMTA:

- To advance the profession of massage therapy in Canada.
- To collaborate with industry partners to better the health care of Canadians.
- To encourage regulation for massage therapists in every province and territory.

Why become a member of MTAS?

1. Membership with MTAS has many benefits:

- We are the largest professional massage therapy association in Saskatchewan.
- Affiliate membership with the Canadian Massage Therapy Alliance. This is the national voice for massage therapy in Canada.
- Advocacy with all levels of government for the legislation of the massage therapy profession in Saskatchewan.
- Opens all your careers doors for opportunities in medical clinics, physio/chiro/rehab clinics, fitness facilities, spas etc. You will never be limited in your choices.
- Recognition and approval from all the third-party group medical insurance providers. Your receipts are accepted without additional qualification.
- Ability to easily transfer to non-regulated provinces (Nova Scotia, Manitoba, and Alberta.)
- Specially negotiated rates for liability and malpractice insurance.
- Exclusive contracts with government agencies SGI and WCB to treat their clients.
- Provincial advertising campaign to increase public awareness of the value of treatment by MTAS members.
- Association advertisement in the Yellow Pages province wide.
- Promotional brochures and posters.
- Members-only continuing education opportunities and Annual General Meeting.
- Free subscription to ProHealthSys.
- Exclusive “members-only” section of the MTAS website. Includes a searchable continuing education database of approved courses, links to other associations, useful business forms, Bylaws, Standards of Practice, etc.
- Free clinic ad listing in the publicly accessible “Find a Therapist” section of our website.
- Facebook page for social networking with your peers: www.facebook.com/mtased
- Free access to the Saskatchewan Health Information Resource Program (S.H.I.R.P.) online library that provides Saskatchewan healthcare practitioners with access to reliable, evidence-based health information resources for the practice and continuing professional education.
- Low-cost e-mail and website advertising service.
- Affinity program.
- Small lending library of books and videos.
- Logo apparel.
- Volunteer opportunities with MTAS - Board of Directors and committees, and with community groups.
- Qualified to work worldwide, subject to compliance with immigration and work visa laws.
- Easy, free, knowledgeable, and friendly communication with your Association office staff, Monday to Thursday, 8am to 4pm. (Summer hours may vary.) Lori and Jayne are available and happy to assist you by phone, e-mail, or fax. You are always welcome to come in and visit us at the office. We are pet-friendly!

2. Due to advocacy by MTAS and our members, increasing numbers of consumers recognize that MTAS members have successfully completed an educational program of at least 2,200 hours and that they have challenged and mastered a written and an oral practical examination that qualifies them to practice therapeutic massage.

Many consumers do not know but are pleased to find out that MTAS members must earn at least 40 hours of continuing education every three years. Knowing that their therapist maintains current Standard First Aid and CPR Level C also enhances client confidence. The public, other professionals and peers have additional assurance of quality of care, knowing that therapists are accountable for their conduct and subject to disciplinary procedures within the Association.

Consumer usage of therapeutic massage is continually increasing, and users frequently seek only qualified health care professionals because that is what is required by third party group insurers for coverage under group

medical plans. Continuing education for massage therapists as for all health care professionals provides assurance that competency is maintained, and quality client care is encouraged.

3. All MTAS members have the opportunity, and are supported and encouraged, to become leaders in our profession. Voluntary participation in committees such as education, complaints and discipline, public relations, bylaws and governance, membership, and intergovernmental affairs, as well as the executive roles of President, Vice-President, Secretary, and Finance Chair are fundamental in the forward movement of the profession. By accepting the challenge of leadership and service, you will access opportunities for personal and professional growth. MTAS members benefit from the experience and expertise of the Board members, the Executive Director and the office staff who work hard for the betterment of the profession of massage therapy.

About This Handbook

The Candidates' Handbook provides detailed information about the MTAS Membership Qualifying Examination process and is updated annually. It identifies who is eligible and provides instructions on applying to take the examinations, as well as an outline of the entire examination process. It also explains how and when you will receive your exam results and instructions on how to proceed if you master the exams or fail to master the exams.

Please read all instructions completely and contact the MTAS office if you have any questions. It is crucial that all procedures and deadlines in the candidates' handbook be carefully followed, to ensure the integrity of the examination process and fairness for all candidates.

*** KEEP THIS HANDBOOK FOR LATER REFERENCE ***

Examination Schedule

The winter exam in Saskatoon continues to be offered to accommodate December and January Saskatchewan school program end dates. One sitting of the Membership Qualifying Exam will be offered in mid-summer, and an additional late-summer opportunity will be provided in Saskatoon in August to accommodate later graduation dates.

Dates and Locations of 2026 Examinations:

*** EXAM APPLICATIONS MUST BE RECEIVED BY THE DEADLINE ON THE APPLICATION FORM ***

January 24 and 25	Saskatoon – MTAS office
June 13 and 14	Saskatoon – Axiom Career College
August 29 and 30	Saskatoon – MTAS office

Important notes:

1. The examination dates may be extended or compressed, and the specific location changed, depending on the number of applicants and the needs of the MTAS administration.
2. We cannot guarantee that your written and practical exams will be held on the same day. The final examination schedule will be determined according to the number of candidates registered for each sitting.
3. All dates are subject to change or cancellation due to low registration, and on such occasion ample notice will be given to applicants.

Eligibility for Entrance Examinations

- Candidates who have successfully completed a minimum 2,200-hour curriculum-based Saskatchewan massage therapy training program.
- Candidates who have successfully completed a minimum 2,200-hour massage therapy program offered by an educational institution located outside of Saskatchewan that is recognized by MTAS.

To Apply for the MTAS Membership Qualifying Examination

- Fill out the application completely. Application forms are available on the website or from the MTAS office. Incomplete applications will be sent back to you UNPROCESSED. **Applications are accepted on a first come, first served basis, and must be received at the MTAS office by the application deadline. No applications for the membership qualifying examination will be accepted after the registration deadline,** which is shown on the application form. A limited number of exam spaces are available for each sitting.
- Attach all required supporting documentation including **MT school transcripts** and copy of current **CPR Level C & Standard First Aid Certification**. **** If you are a registered nurse, EMT, first responder, paramedic, or fire fighter, in lieu of a first aid certificate we will accept a copy of your license from the regulatory body with which you are registered. CPR level C or higher certification is required for all applicants. ****

- Submit a current copy (within 6 months of application date) of your **criminal record check**, which must include the **vulnerable sector search**.
- Include payment for the examination fee. We accept Visa and MasterCard, direct/auto deposit e-transfers to payment@saskmassagetherapy.com, and debit or cash by appointment.
- Send all your application materials together.
- If you have any questions regarding the application process, please contact the MTAS office at (306) 384-7077.

Denial of Examination Application

- Falsification of an application.
- Misrepresentation.
- Massage program/education institute not recognized by MTAS.
- Failure to submit appropriate fees and completed application form.
- Failure to submit criminal record check and/or current CPR/Standard First Aid certificate.

Refunds/Cancellations

****Amounts in red apply to candidates for whom the exam is provided at no cost.**

- A candidate registered for examination seeking to cancel must notify the MTAS office in writing, including their full name, address, and signature.
- Notification received **30 days or more prior to the date of examination** will receive a full refund **less a \$50.00 administration fee. \$50.00 admin fee will be processed to your credit card.**
- For cancellations received **between 30 days and 14 days** prior to the examination date, a **50% refund will be given. \$107.50 cancellation fee will be processed to your credit card. (50% of the \$215.00 fee).**
- **No refunds** will be given for notification received **within 14 days** of the date of examination. **\$150.00 cancellation fee will be processed to your credit card.**
- Candidates who withdraw their application or fail to take the examination must submit a new application package with all appropriate documentation and fees, to be registered for a new examination.
- No applications, documentation, or fees may be transferred from one examination date to another.

Examination Fees

- All fees must be received by the application deadline shown on the examination application form.
- Applications sent without payment, or fees sent without the application form, will be returned unprocessed.
- All applicants **MUST** provide valid credit card details when applying for the exam, regardless of whether the exam is free, or the payment method chosen. Failure to provide this information will result in your application being denied. Examiner time and scheduled exam space is costly. A no-show fee of \$430.00 will be applied to this credit card if you fail to show up for your scheduled exam or choose not to participate once on site for the exam.

Exam Confirmation

- Applications will be acknowledged by the MTAS office by email within 10 days of receipt.
- After the application deadline and the processing of all exam applications, each candidate will receive an e-mail confirmation letter outlining the specific examination time, date, and location, and the candidate's personal exam identification number.

Special Testing Arrangements

A candidate for whom English is a second language, or who is visually or hearing impaired or who has a diagnosed health problem, learning disability or allergy, may request special accommodation. **Written requests must be submitted at the time of application. No special accommodation can be made once the exam schedule has been confirmed.** All requests must be reviewed and approved by the Chief Examiner to ensure we have prior knowledge and documentation of the candidate's needs. When requesting testing accommodations, candidates must submit a complete psycho-educational assessment by a qualified health professional outlining the history and diagnosis of the disability and a description of the special arrangements required.

Examination Security

The purpose of the Association's exam is to provide a fair and objective measure of a candidate's knowledge, skills, and abilities. This will ensure that only properly qualified and competent therapists are registered with MTAS. Any activity that threatens to compromise this purpose is seen by MTAS as unacceptable behavior and will be dealt with accordingly.

- Visitors are not allowed into the examination areas.
- Candidates may not take books, papers, study aids, translation aids, reference materials/cheat sheets, computers, calculators, tape players, radios, mp3 players, cellular telephones, or similar devices into the examination room. These will be collected and left on a table to one side of the room.
- Bring your own supply of tissues, throat lozenges, medication etc. as required.
- Candidates may leave the examination area only after all examination materials, including scrap paper, have been handed in.
- Any candidate who attempts to give or receive assistance during the examination will be required to turn in their examination materials immediately and leave the room.
- Recording of items viewed on the examination by any means whatsoever, including memorization with the intent to disseminate to other parties, is not allowed.
- Candidates who violate exam security will not have their examinations processed and will be recorded as having non-mastered with security violation. They will not be allowed to sit the exams again without permission from the Board of Directors.

Protocol in the Event of Suspected Cheating

If during the examination, the CEX, examiners or MTAS employees suspect a candidate of participating in any form of cheating, they may confiscate the candidate's test materials, as well as any other document, object or materials that could be used for cheating, and require the candidate or other persons to leave the test site.

Examiners or MTAS staff will report any suspected cheating to the CEX. The CEX will conduct appropriate investigations into the alleged cheating along with the Executive Director and the Education Director of MTAS.

The CEX will make one of the following decisions: that cheating did not occur, or that cheating did occur.

If the CEX states that cheating did not occur: the candidate's marks will be released, if possible, or the candidate will be allowed to sit the next available examination without charge.

Suspicion of cheating may be declared at any time after a candidate has registered and includes the time before, during and after the examination, as well as any time after examination results have been released.

If the CEX declares that cheating did occur, one or more of the following will happen:

- The candidate will receive a non-mastered exam result.
- Special measures will be taken at the candidate's expense at any repeat examination to prevent the recurrence of cheating if the candidate is allowed to sit the exam again.
- The candidate must write to MTAS, explaining the reasons for cheating if they want to attempt the examination again.
- The CEX reserves the right to not allow a candidate to re-write if they have been found cheating.
- MTAS will prosecute the candidate as fully as the law allows.
- MTAS will investigate the security breach and widen the prosecution to any others who may have been involved.
- MTAS may seek damages from any and all persons found to have participated in the security breach, including the costs of investigating the incident and the costs of generating new examination material.
- MTAS may deny any parties involved in the security breach from future access to the examinations.

Candidates' Responsibilities

- Review the Member Qualifying Exam handbook and contact the office with your questions prior to the exam date.
- Study appropriate materials before the examination date.
- Arrive in sufficient time in order to register, use the washroom, change clothes etc. Be sure you know the exact location of the exams and allow plenty of time to get there.
- As a courtesy to other candidates and our examiners, the exams will start on time. To avoid disturbance to other candidates and disruption to the exam schedule, if you are late for your exam, either written or practical, you will be denied entry and will forfeit your payment and/or first attempt.
- Bring a form of photo identification to the exam site on both days (e.g., driver's license, passport, or student ID card).
- Be aware that an examination environment is never perfect. Be prepared for some noise, distractions, temperature variations, etc.
- If you do not show up for your scheduled exam, a no-show fee of \$430.00 will be processed to the credit card on file. This also applies to candidates who decide not to participate in the exam once on site at the exam location.

Extenuating Circumstances and Withdrawal

- In the event you suffer a circumstance beyond your control that necessitates your unexpected withdrawal from the exam, leave a phone message with the MTAS office and follow up with a written explanation by e-mail. e.g., medical emergency or illness with yourself or immediate family, death of immediate family member, car accident on the way to the exam, inclement weather road closure by provincial authority.
- Within 72 hours of the occurrence, we require a written explanation from the candidate, plus supporting medical documentation if a candidate withdraws for any medical reason, including COVID, for themselves, a dependent or immediate family member.

Supporting Documentation

Depending on the nature of the extenuating circumstances, it is often necessary for an applicant to provide supporting documentation to verify the statements made. For instance, if an applicant claims they had to withdraw due to an unexpected health emergency experienced just prior to the examination, then appropriate medical documentation should be provided to verify this event. The documentation should also explain how the medical condition impacted the applicant's ability to perform on their examination.

Candidates' Dress Code

MTAS has a mandatory dress code for the Membership Qualifying Exam and candidates are expected to comply with all the requirements. The purpose of this dress code is not to inhibit personal freedoms, but rather to acknowledge and reflect the high degree of professionalism that MTAS massage therapists bring to their role as health care practitioners. Your image is an important component in how your clients and the public regard the profession. The way a therapist is dressed promotes an impression of professionalism and inspires confidence.

If a candidate fails to comply with the mandatory dress code requirements, they will be denied access to the exam, **an automatic non-mastered grade will apply, and the application fee will not be refunded.** It is at the discretion of the CEX and MTAS support staff to determine non-compliance. Candidates will be allowed to register for future exam dates, subject to availability.

General

- a) **The dress code is enforced in both the written and practical exams.**
- b) All clothing must be clean, and free of rips and holes.
- c) All hair, moustaches and beards must be neatly groomed. Long hair (below the shoulders) must be tied back.
- d) No perfume, cologne, or other scented products, for the comfort of people with allergies.
- e) No items displaying an offensive statement; no school logos; brand logos must be discreet.
- f) Visible upper or lower underwear is considered inappropriate, and marks will be deducted.

Headwear

- a) No caps, hats, or head scarves. (Religious head wear is exempt from this requirement.)

Above Waist

- a) Shirts must cover top of pants. A scrub top is acceptable.
- b) Shoulders, clavicles, armpits, and abdomen must be covered.
- c) No transparent or low-cut shirts.

Below Waist

- a) Tailored pants/slacks or dress skirt, Capri pants, walking shorts and scrubs are acceptable.
- b) No short shorts, athletic wear, or denim of any colour. Solid colour, plain yoga pants are acceptable.

Shoes

- a) Appropriate, clean shoes must be worn at all times.
- b) No flip-flops or beach sandals.

While every effort is made to ensure that the room temperature at the test site is appropriate, it may not always be to your personal comfort level. Dress accordingly and bring an extra layer with you.

Examination Information

Covid-19 Protocol

To be implemented in the event of a reinstatement of a public health order mandating province-wide precautions.

The MTAS office will confirm the specific requirements closer to each exam date.

Pre-exam – written and practical

Candidates will sign and return the Covid-19 screening document within 48 hours of exam date:

This message is from the Massage Therapist Association of Saskatchewan, Inc.

Please reply by return e-mail, answering the following questions by responding with a “Yes” or “No”.

1. Have you travelled to any known Covid-19 “hot spots” within the last 14 days?
2. Have you been diagnosed with, or been in contact with someone who has COVID-19?
3. Are you experiencing shortness of breath, fever, cough, or any other COVID-19 symptoms?

If a reply is not received by noon on the Friday prior to the exam, you will not be permitted to participate in the exam and will forfeit your payment.

We will also require that you complete a standard Covid-19 screening document upon your arrival at the exam facility. Refusal to complete this document will mean the forfeiture of your exam space and payment. Thank you for your co-operation in keeping our examiners, staff, and other candidates safe.

MTAS office staff and examination team.

Covid-19 protocol - practical exam

Pre-exam

1. Disinfect tables and chairs in classroom before each exam sitting.
2. Disinfect door handles, door frames and washroom facilities before each sitting.
3. Disinfect pens and pencils before each sitting.
4. Set out exam papers and clean pens/pencils with gloved hands.
5. Bottled water to be pre-set at each seat and replaced between sittings.
6. In registration area: hand sanitizer and mask for each candidate upon entry into space.

On exam day

1. Signage will be visible on meeting space doors for Covid-19 screening.
2. Candidates will leave all belongings except ID and mask in their vehicle – do not bring anything unnecessary into the exam space.
3. Drinking water will be available.
4. Hand sanitizer will be provided in each exam station.
5. Massage tables, clipboards, pens, and tables will be sanitized between candidates.
6. Clean linens will be provided for each candidate.
7. Examiners will be wearing masks.
8. Registration process:
 - i. Limited numbers of candidates allowed into registration area at one time. Maintain 2-metre spacing.
 - ii. MTAS staff will be wearing masks.
 - iii. Staff will issue masks (if candidate does not have own) and dispense hand sanitizer, check ID, and mark candidates as present on registration form.
 - iv. If candidate clothing does not have a pocket, ID to be left on registration table to collect at end of exam.
 - v. Candidates will be asked not to touch anything unnecessarily and to use the washroom prior to entering the exam room.
 - vi. Chief Examiner will provide oral instruction to the group regarding exam procedure.

9. Exam preparation will be conducted with each candidate at their own table, which will be sanitized between candidates. Sanitized clipboards and pens will be provided for each candidate.
10. Upon completion of exam, candidates to exit facility as quickly as possible, picking up ID with minimal contact to other items/furniture etc. If multiple candidates are leaving at the same time, maintain 2-metre spacing.

Covid-19 protocol - written exam

Pre-exam

1. Disinfect tables and chairs before each exam sitting.
2. Disinfect door handles, door frames and washroom facilities before each sitting.
3. Disinfect pens and pencils before each sitting.
4. Set out exam papers and clean pens/pencils with gloved hands.
5. Bottled water to be pre-set at each seat and replaced between sittings.
6. In registration area: hand sanitizer and mask for each candidate upon entry into space.

On exam day

1. Candidates will leave all belongings except ID and mask in their vehicle – do not bring anything else into the space.
2. Registration process:
 - i. Limited numbers of candidates allowed into registration area at one time.
 - ii. MTAS staff will be wearing masks.
 - iii. Staff will issue masks (if candidate does not have own) and dispense hand sanitizer to candidates, check ID and mark candidates as present on registration form.
 - iv. If candidate clothing does not have a pocket, ID to be left on registration table to collect at end of exam.
 - v. MTAS staff to hand out exam ID labels and direct candidates into exam room.
 - vi. Candidates will be asked not to touch anything unnecessarily and to use the washroom on their way into the exam room.
3. Candidates will be seated in exam room while awaiting arrival of other candidates. Tables will be spaced at appropriate social distance and seating will be one (1) candidate per table.
4. Chief Examiner will provide oral instruction to the group regarding exam papers and ID labels. All papers to be left face down on tables when candidates have finished exam, to be collected once all candidates have left.
5. Upon completion of exam, candidates to exit office as quickly as possible, picking up ID with minimal contact to other items/furniture etc. If multiple candidates are leaving simultaneously, maintain 2-metre spacing as exiting.

Written and Practical Examination Content Outline

I. HEALTH SCIENCES

A. *General knowledge and understanding of the body systems, including:*

Anatomical organizational constructs of the human body and homeostasis.

- Chemical, cellular and tissue-level of organization.
- Musculoskeletal system.
- Nervous system.
- Lymphatic and immune system.
- Cardiovascular system.
- Respiratory system.
- Digestive system.
- Endocrine system.
- Reproductive system.
- Urinary system.
- Integumentary system.
- Medical terminology.

B. *Demonstrate knowledge and understanding of anatomy, physiology, and pathology:*

1. **Anatomy** (structure and location)

- Anatomical position and terminology (e.g., planes, directions).
- Individual muscles and muscle groups.
- Muscle attachments.
- Muscle fibre direction.
- Tendons, ligaments, fascia, and connective tissue.
- Joint structure.
- Bony landmarks.
- Circulatory pulse.

2. **Physiology** (function)

- Body response to stress.
- Basic nutrition (diet, metabolism, properties, and functions of nutrients).
- Body response to food allergies or sensitivities.
- Mind-body connection.
- Relaxation response.

3. **Pathology** (study of disease)

- Infection, inflammation, immunity, and healing.
- Musculoskeletal system conditions.
- Nervous system conditions.
- Lymphatic and immune system conditions.
- Cardiovascular system conditions.
- Respiratory system conditions.
- Digestive system conditions.
- Endocrine system conditions.
- Reproductive system conditions.
- Urinary system conditions.
- Integumentary system conditions.
- Genetic and congenital disorders.
- Neoplasia.
- The pathophysiology and neurophysiology of acute and chronic pain.
- Etiology of disease.
- Modes of disease transmission.
- Signs and symptoms of disease.
- Effects of life stages; factors that aggravate or alleviate disease.
- Effects of serious/terminal illness (e.g., cancer, AIDS).
- Drug interactions with massage therapy (e.g., prescription, recreational, natural).

II. CLINICAL SCIENCE

A. *Support public health practices by demonstrating an understanding of:*

1. Allergic reactions to treatment materials.
2. Public health and its role in disease prevention.
3. The use of protective barriers during treatment as indicated by client condition or treatment.
4. Major communicable diseases and transmission mechanisms.

B. *Demonstrate the ability to interview a client and take a health history, including:*

1. Determining questions to discuss with the client to obtain a complete and accurate medical history.

2. Evaluating pain or other symptom characteristics.
3. Evaluating the general health of each of the physiological systems.
4. Identifying conditions beyond the therapist's ability to treat, making referrals when necessary.
5. Analyzing client information/responses and establishing a framework for client assessment; determining possible causes and consequences of conditions.

C. *Demonstrate the ability to assess and treat a client, including:*

1. Neuromuscular system.
2. Cervical spine, head, neck, and face.
3. Temporal-mandibular joint.
4. Thoracic spine and thorax.
5. Lumbar spine and abdomen.
6. Pelvis.
7. Shoulder.
8. Elbow.
9. Wrist and hand.
10. Hip.
11. Knee.
12. Ankle and foot.
13. Posture and gait.
14. Compensatory changes.
15. Identifying treatment precautions or contraindications; making referrals when necessary.
16. Treatment of neuromuscular-skeletal injuries, conditions, dysfunctions, or pathologies.
17. Treatment modifications for central nervous system, respiratory, circulatory, gastrointestinal, and other systemic conditions, dysfunctions, or pathologies.

D. *Design a treatment plan that includes consideration of:*

1. Assessment and treatment by other health care practitioners.
2. Common conditions and impairments, and the principles, goals, and outcomes of treatment.
3. Treatment and modality options given health history and assessment findings, the presenting condition, and identified contraindications and precautions.
4. Client medications.
5. Reassessment to determine treatment plan progress, client status change, and required treatment plan adaptations.

E. *Demonstrate an understanding of therapeutic massage application and techniques to optimize tissue and systemic health and function, including consideration of:*

1. Acute, sub-acute and chronic stages of healing.
2. Stretching techniques.
3. Muscle and connective tissue techniques.
4. Joint mobilization and traction techniques.
5. Neuromuscular techniques.
6. Lymph drainage techniques.
7. Pre- and post-athletic event modalities and techniques.
8. Stress management and relaxation techniques.
9. Client draping and positional support techniques.
10. Thermal therapy.
11. Gauging pressure as appropriate.
12. Practitioner body mechanics.

F. *Apply the general principles of therapeutic exercise, including:*

1. Range of motion/stretching.
2. Resistance/strengthening.
3. Aerobic exercise.
4. Exercises to improve posture.
5. Proprioceptive/balance/co-ordination exercise.

6. Static control, movement, and functional rehabilitation.
7. Choice of equipment and environment.

G. *Design home-care programs that include:*

1. Reference to health history and assessment findings.
2. Modification of exercises to maximize benefits.
3. Therapeutic exercise goals.
4. Instruction on proper exercise techniques.
5. Evaluation of exercise effectiveness and goals.

III. JURISPRUDENCE

A. *Demonstrate knowledge of the content, purpose of, and compliance with the MTAS Bylaws, Code of Ethics, Standards of Practice, Complaints and Investigation procedures and Continuing Education requirements* (all available on the MTAS website at www.saskmassagetherapy.com), *including:*

1. Scope of practice.
2. Legal requirements concerning privileged communication and client confidentiality.
3. CPR and Standard First Aid requirements.
4. Liability and malpractice insurance requirements.
5. Membership registration requirements.
6. Continuing education requirements.
7. Complaints, investigation, and fitness to practice rules and regulations and member obligations.
8. Advertising rules and regulations.
9. Basic safety, sanitation, and hygiene in accordance with infection control guidelines and Universal Precautions.
10. Obtaining, maintaining, updating, and retaining client health records.
11. Obtaining consent for assessment and treatment.
12. Draping procedures.
13. Respect for the personal boundaries and ordinary psychological needs of clients.
14. Appropriate professional role interaction with clients.
15. Professional handling of all issues associated with sexuality in maintaining professional boundaries in a therapeutic relationship.
16. Conditions for refusal of treatment.
17. Patient's right to confidentiality, consent, competence, and respect.

B. *Demonstrate effective communications, including:*

1. Therapeutic communication skills in the patient-therapist relationship.
2. Establishing rapport and use empathetic response in the therapeutic relationship.
3. The ability to communicate effectively with other health professionals.
4. Reporting, documentation, and record keeping.

Case Studies

Examinations could include demonstration of knowledge and skill in the management of any of the following conditions:

- | | | |
|--|----------------------------|--|
| ▪ Headaches - tension, sinus, migraine | ▪ Carpal tunnel syndrome | ▪ Knee strain / sprain / meniscus injury |
| ▪ Whiplash associated disorder | ▪ Wrist sprain / strain | ▪ Shin splints |
| ▪ Thoracic outlet syndrome | ▪ Dupuytren's contracture | ▪ Achilles' tendonitis |
| ▪ Rotator cuff tendonitis | ▪ Lordosis | ▪ Ankle sprain/strain |
| ▪ Bursitis | ▪ Kyphosis | ▪ Pes planus |
| ▪ Frozen shoulder | ▪ Lumbar sprain/strain | ▪ Plantar fasciitis |
| ▪ Tennis elbow | ▪ Sacroiliac sprain/strain | ▪ Degenerative disc disease |
| ▪ Golfer's elbow | ▪ Piriformis syndrome | |
| | ▪ Iliotibial band syndrome | |
| | ▪ Patella tendonitis | |

Assessment Skills

Examinations could include demonstration of knowledge and skill in the proper use of any of the following assessment skills and testing procedures:

- Range of motion testing – active, passive, resisted
- Muscle length testing
- Muscle strength testing
- Cervical compression and distraction tests
- Swallowing test
- Deep tendon reflex test
- Adson's, Travell's, Eden's (military brace), and Wright's tests
- Apley's scratch test
- Drop arm test or torn rotator cuff test
- Phalen's test
- Tinel's sign (Tinel's tap)
- Slump test, Kernig's / Brudzinski's / Soto-Hall
- Babinski's reflex test
- Allen test
- Anterior and posterior draw or drawer tests
- Varus and valgus stress tests
- McMurray test
- Straight leg raise test
- Valsalva's test
- Figure 4 (Patrick's / Faber's test)
- Postural analysis
- Gait analysis
- Gaenslen's sign
- Major and minor effusion tests
- Finkelstein's test
- Apprehension tests
- Patella grind test
- Ober's test
- Thomas test
- Sub acromial impingement test (painful arc)

Contraindications

Examinations could include, but are not limited to demonstration of general knowledge and skill as it relates to any of the following contraindications where massage therapy is not indicated or must be modified or applied with caution for the protection of clients and practitioners:

- Dermatological disorders/skin pathologies and conditions - e.g., infections such as herpes zoster, impetigo, ringworm, tinea pedis, and scabies, neoplasms, inflammatory conditions such as eczema.
- Cardiovascular disease and/or circulatory disturbances - e.g., acute conditions like myocardial infarction, cerebrovascular accident, atherosclerosis, hypertension, vertebrobasilar insufficiency (VBI), aneurism, and deep vein thrombosis (DVT).
- Pulmonary and/or respiratory disease or disorders - e.g., asthma.
- Nervous system disease or disorders - e.g., neuritis, neuralgia, multiple sclerosis, spinal cord injury.
- Gastrointestinal disease or disorders - e.g., irritable bowel syndrome, inflammatory bowel disease.
- Musculoskeletal disease or disorders - e.g., arthritis, osteoporosis.
- Metabolic, endocrine, and immune disorders - e.g., diabetes, HIV infection.
- Pregnancy.
- Cancer-related issues.

Marking Procedures and Results

- A candidate who has mastered the written examination with a score of no less than 65% and a practical score of no less than 75% will be granted entry to practice.
- All candidates will receive written notification of their final results ("Mastered" or "Non-mastered") within two weeks after the examination date. Our policy is to send results via e-mail to the address you provided on your application form. If you prefer to receive your results by regular mail, please advise the office in writing in advance of the exam.
- Specific percentage marks will **NOT** be revealed to candidates.
- All examinations become and remain the property of MTAS.
- Decisions of the Examination Committee are confidential.

- All results are confidential. Educational institutions are sent only a statistical report on how the students from each school performed on the exam overall. Schools do not receive an attendance list or any individually identified marks.

Automatic Non-Mastered Status

There are two ways in which a candidate can receive automatic non-mastery in the practical exam.

1. **If there is a risk of harm to the body examiner.** If the body examiner has asked the candidate, three (3) times, to lighten or ease up on their pressure during the hands-on portion of the exam and the candidate has not complied, the body examiner can stop the exam. The Chief Examiner is then called into the exam station and the candidate is escorted from the testing area and given a non-mastered grade.
2. **Failure to obtain verbal informed consent in Section One of the exam.**

Candidates who fail to master the examination will be eligible to apply to retake the exam at the next available sitting.

Candidates who have achieved a “Mastered” grade on the examination have a period of one calendar year from the exam date during which they are eligible to join MTAS. When this time has elapsed, candidates must re-write the entire examination.

Appeal Process

An appeal of a candidate’s examination results may only be based on procedural issues, and not on the content of the examination. A candidate may only request a review of his/her examination results where she/he believes extraordinary circumstances arose coincidentally to the examination process.

Extraordinary circumstances outside the control of the candidate are defined as something (not of the candidate’s doing) that was severe enough to have disrupted a candidate’s examination experience to the extent that it could reasonably be seen to have altered their test score. e.g., medical emergency, death in the family immediately before the examination, fire alarm that necessitated the building being evacuated, power failure.

A written request for a review should be submitted within 72 hours of completing the examination. Requests outside of that time will be considered on a case-by-case basis based on the reason for the delay. The request must include a typed explanation of the extraordinary circumstances as well as the expected outcome the candidate is seeking.

The Committee will consider the following when reviewing the exam:

- The nature of the request.
- Whether the applicant raised the issue at the time of the examination.
- Whether the issue is long-standing or if it occurred immediately prior to the exam.
- Whether the candidate could have contacted the MTAS office to discuss a postponement of the exam if the candidate is experiencing a long-term issue.
- If special accommodation for the examination could have been requested in advance but was not.
- Any formal documentation submitted in support of the request (e.g., physician note, government issued documents).

Supporting Documentation:

Depending on the nature of the extraordinary circumstances, it is often necessary for an applicant to provide supporting documentation to verify the statements made in the request. For instance, if an applicant’s examination review request is based on an unexpected health emergency that he or she experienced just prior to the examination, then appropriate medical documentation should be provided to verify this event. The documentation should also explain how the medical condition impacted on the applicant’s ability to perform on their examination.

After completion of review:

- The Committee may determine that no extraordinary circumstances arose coincidentally to the exam.
- The Committee may grant the candidate another attempt at the examination without counting the current attempt as one of the three attempts permitted to take the examination.
- **UNDER NO CIRCUMSTANCES CAN THE COMMITTEE CHANGE THE EXAM SCORE.**

**** Please note that the requirement to successfully complete the MTAS Member Qualifying Exam is a non-exemptible registration requirement. Neither the Exam Committee nor the Board of Directors may exempt a candidate from the requirement to successfully complete the Examination.**

Rewrite(s)

A candidate who has received a “non-mastered” grade may apply for re-examination at the next exam sitting. A candidate may take the examination a maximum of three (3) times, however in some cases, further training and/or education may be recommended for the candidate to be successful. No further attempts may be made unless the Chief Examiner and Education Committee agree that it is appropriate to provide an exception and grant another rewrite.

Written Examination – Process

- The written exam consists of 200 multiple-choice questions with a time limit of 3 hours.
- Drinking water is provided – please do not bring food or drinks into the examination room. Medication, throat lozenges etc. are acceptable.
- At the registration area, line up in an orderly manner to present your photo ID and complete the sign-in sheet. You will be given your MQE ID number on two (2) adhesive labels – one is for your exam booklet, the other for your exam answer sheet.
- Arrive in sufficient time to use the washroom, change your clothes etc. before the exam start time.
- Pens, pencils, and notepaper are provided. All materials must remain in the examination room.
- When you enter the exam room, there will be answer sheets and question booklets on the tables – **do not open the exam booklet** until told to do so by the Chief Examiner. Failure to comply may disqualify you from the exam.
- Once everyone is seated, the Chief Examiner will greet the candidates and make some announcements. Please listen closely so that you do not delay the start of the exam by asking for the announcements to be repeated. If you do not understand or cannot hear, raise your hand for assistance.
- There is a clock in the exam room – make note of the exam start time so you can pace yourself.
- The Chief Examiner will announce when 1 hour has elapsed, when 2 hours have elapsed and when there are 30 minutes and 15 minutes remaining.
- During the exam, you should not act in any way that could be interpreted as trying to see another candidate's answer sheet or have anything around you other than the materials provided.
- Be as quiet as possible – the other candidates are all trying to concentrate, so do not disturb or distract them.
- If you must leave your seat, make sure that your answer sheet is underneath the exam booklet and cannot be seen by anyone else.
- If you need to use the washroom, raise your hand and you will be escorted by the MTAS staff.
- The Chief Examiner is there to oversee the exam and to ensure that the examination conditions are observed. She cannot help you with any of the questions, so please do not ask. If you think there is a typographical error, raise your hand so that it may be dealt with quietly.
- Use the notepaper provided to write any comments you wish to make. This feedback is used to assist in identifying problematic questions. Do not make comments orally to the Chief Examiner.
- The written exams are important for every candidate. Your co-operation with the support staff and Chief Examiner and your courtesy towards other candidates will help to ensure that everyone has the chance to do their best.

Oral/Practical Exam – General Information

- You will be informed by letter of the specific time and day for your oral/practical examination.
- There is a 90-minute examination time allotment for each candidate, plus 15 minutes' preparation time. Please expect to be at the practical exam site for approximately two hours in total and arrive no earlier than 10-15 minutes before your scheduled examination time, but in sufficient time to use the washroom and change your clothes etc., before the exam start time.
- Massage tables are provided. These are set to one height and cannot be adjusted. If you are exceptionally tall or short, please discuss special arrangements with the MTAS office staff when you apply for the exam, and we will do our best to accommodate.
- Pens, notepaper, linens, towels, pillows, massage lotion, tissues and latex gloves are provided.
- Reflex hammer and goniometer are not required.
- Drinking water is provided – please do not bring food or drinks into the examination room.
- At the registration area, line up in an orderly manner to present your photo ID and complete the sign-in procedure. Use the washroom before the exam start time.
- Personal items such as electronic devices, books, coats etc. will be collected and stored at the side of the exam room.
- Hand sanitizer is provided in lieu of candidates having to leave the exam area for hand washing.
- Instead of leaving the exam area, turn your back to allow the body examiner to disrobe and get on the table.
- At the end of the examination, please vacate the premises as quickly as possible so that the examination teams can prepare for the next group of candidates.
- Do not discuss your examination experience or examination content with other candidates.
- If you have concerns in regard to the oral/practical examination or your results, these must be addressed formally, in writing, to the MTAS office. Evaluation forms will be provided.

Oral/Practical Examination - Process

Candidates will be evaluated in one station, by two examiners. There will be limited questioning by the examiners and **THE CANDIDATE IS ENTIRELY RESPONSIBLE FOR TIME MANAGEMENT.** There is a clock in each exam station. The lead examiner will be directing and recording the exam. The body examiner will also be recording your performance at the end of the exam. You should expect that the lead examiner will be writing throughout your examination.

During the examination, you will also be marked on presentation, communication, and professional demeanour. This examination is a process to determine your eligibility to join the profession of massage therapy. Along with assessing your hands-on skills as a practitioner, the examiners will expect you to display competence, courtesy, and professionalism.

You will be undergoing an independent evaluation from the examiner and body examiner. Both examiners are members with MTAS who are trained to provide impartial and fair evaluations. Examiners assess each candidate according to a pre-determined checklist of criteria based on the National Competency Profile, the MTAS Standards of Practice and other approved clinical references.

You are advised not to ask the examiners how you have done, and they are required not to comment on your performance. The examiners do not know where you took your training, the marks you received at school or in your MTAS written examination. They will not know the results of your success or failure and are instructed not to divulge any information or details to candidates.

The body examiner is there to represent a client. He/she will be marking your palpation, case history, communication, assessment, and treatment. You are requested to treat them as you would a patient in your clinic - with respect and care. The body examiner will report if a candidate displays injurious behaviour or treatment. This will be deemed risk of harm and will be reported to the Chief Examiner. If the body examiner has asked the candidate, three (3) times, to lighten or ease up on their pressure during the hands-on portion of the exam and the candidate has not complied, the body examiner will stop the exam. The CEX is then called into the exam station and the candidate is escorted from the testing area with a non-mastered grade.

You will be examined on the following in the 90 minutes allotted time:

Section One: case study/therapeutic treatment (60 minutes total).

Includes case history, interview, assessments, treatment explanation/demonstration, wrap up and home care. The candidate will be asked to perform a treatment from beginning to end as one would perform in the clinic environment.

- When the time for your examination has arrived, you will be escorted by the Chief Examiner into the preparation area, where you will be given the "Instructions to Candidates". This includes a case history on which you will be examined. You will have 15 minutes in which to prepare – paper is provided for you to make any notes you feel are relevant. You may refer to these notes at any time during your examination. The notes will not be marked.
- After the preparation time, the CEX escorts the candidates to the exam stations, where they read aloud the "Instructions to Candidates" (as shown on pages 24-27 of this handbook) and are expected to do a complete interview and assessment with the body examiner (patient). At the end of this time the candidate is to state the presenting condition they are treating and to get informed consent.
- The candidate will then describe how they would treat the presenting condition and give a hands-on safe and effective massage treatment. During this time, the candidate is to define the condition, explain the causes, signs and symptoms, treatment including techniques, muscles and structures, contraindications, remedial exercises and home care, treatment frequency and goals/outcomes of the presenting condition.
- To end this section the candidate is expected to give appropriate home care, one stretching exercise, one strengthening exercise and one hydrotherapy application.

Section Two: technique demonstration, anatomy, land marking and special tests (30 minutes total).

- Demonstration of specific treatment techniques that are unrelated to the presenting condition.
- Structure identification and palpation.
- Soft tissue origin, insertion, and action.
- Knowledge and proper application of ROM/special/orthopedic tests.

Candidates will be marked on:

- Knowledge of and demonstrated competency in practical skills and the application of the principles of massage therapy; client/therapist communication; professionalism (mannerisms, attire, grooming) and draping, pillowing, client positioning.
- **Failure to obtain verbal informed consent in Section One will result in automatic non-mastery of Section One of the practical exam.**

Be clear and concise when answering questions and remember that **THE CANDIDATE IS RESPONSIBLE FOR TIME MANAGEMENT.**

Membership Qualifying Examination – Practical

CANDIDATE INSTRUCTIONS

SECTION 1: Candidates have a **maximum of 60 minutes** to complete this Section of the exam. **(103 marks total)**

SECTION 2: Candidates have a **maximum of 30 minutes** to complete this Section of the exam. **(85 marks total)**

Total length of exam: **90 minutes**. *Time management is the responsibility of the candidate.*

GENERAL INSTRUCTIONS

1. The examiners will introduce themselves and the lead examiner will ask you to read aloud the instructions, starting with Section 1.
2. You may refer to your notes and these instructions at any time during the exam.
3. There is a laminated exam outline in the room, to which you may refer at any time during the exam.
4. The examiners may ask you questions during the exam.
5. Time management is your responsibility, and each Section of the exam is time sensitive.
6. There is a clock in the room, along with linens, pillows, towels, tissues, and hand sanitizer. (Hand washing is not required.)
7. Turn your back to allow the patient to disrobe and position themselves on the table.
8. **If the candidate has been asked 3 times by the patient to ease up on the pressure of treatment, and has not complied, the exam will be terminated with non-mastered status.**
9. The exam time starts when the lead examiner asks you to read aloud the instructions for Section 1.

CANDIDATE TO START READING ALOUD FROM THIS POINT ONWARDS.

SECTION 1

- Section 1 has 4 components – interview, assessment, treatment, and home care.
- The material must be completed in the order presented. **You may move on to Section 2 once you have completed Section 1 to your satisfaction – you do not have to use all the allocated time.**
- ***Verbal treatment consent must be obtained and represents 5% of the marks for Section 1. Failure to obtain consent results in automatic non-mastery of Section One of the exam.***
- Marks are also allocated for professionalism, appearance, and communication.

PART A – INTERVIEW (10 marks)

- Interview the patient to acquire a complete case history and state the condition, including which stage, you are treating.
- The information obtained will determine the choices for your assessment and treatment plan.

PART B – ASSESSMENT (20 marks)

- Based on your knowledge of the condition and the patient interview, do a **complete assessment**, including palpation, observations, gait, and ROM testing.
- Choose a minimum of two (2) most appropriate orthopaedic tests or assessments to confirm the condition.
- Explain the reason for your choices, demonstrate the tests on the patient, and explain the results of the two tests/assessments.
- Choose one (1) appropriate rule-out test, describe how to perform it (not required to demonstrate it), explain the reason for your choice and explain the results of the test.

STOP READING NOW AND BEGIN YOUR INTERVIEW AND ASSESSMENT.

WHEN YOU HAVE COMPLETED YOUR INTERVIEW AND ASSESSMENT, MOVE ON AND READ ALOUD THE INSTRUCTIONS AND PROCEED WITH PART C: TREATMENT EXPLANATION AND DEMONSTRATION.

CANDIDATE TO START READING ALOUD FROM THIS POINT ONWARDS.

PART C – TREATMENT EXPLANATION AND DEMONSTRATION (66 marks)

Part C – i: Treatment Explanation

Verbally explain the following seven (7) points as they relate to the presenting condition you have identified from your interview and assessment.

At the conclusion of your explanation, proceed to demonstrate on the patient your focused treatment for the presenting condition, applying the principles and processes of massage therapy practice.

1. Description/definition.
2. Causes.
3. Signs and symptoms.
4. Contraindications.
5. Treatment techniques uses and effects.
6. Treatment goals.
7. Muscles and structures affected, trigger points and compensatory structures.

Part C – ii: Treatment Demonstration

- **Verbal treatment consent must be obtained and represents 5% of the marks for Section 1.**
- Position the patient on the table using whatever pillows, sheets or supports are required.
- Direct any questions or comments to the patient as the lead examiner is observing and writing only.
- Ensure that your treatment is specific enough to be effective, while applying the principles and processes of massage therapy practice.
- Address each component of the presenting condition with a suitable technique, within the context of a safe massage therapy treatment.
- Marks are also allocated for positioning, draping and communication with the patient.
- The lead examiner will be getting up from time to time during the treatment to observe and make notes.

STOP READING NOW AND BEGIN YOUR TREATMENT EXPLANATION AND DEMONSTRATION.

WHEN YOU HAVE COMPLETED YOUR TREATMENT EXPLANATION AND DEMONSTRATION, MOVE ON AND READ ALOUD THE INSTRUCTIONS AND PROCEED WITH PART D: HOME CARE AND TREATMENT FREQUENCY.

CANDIDATE TO START READING ALOUD FROM THIS POINT ONWARDS.

PART D - HOME CARE AND TREATMENT FREQUENCY

(7 marks)

- Discuss treatment frequency and instruct the patient on one (1) appropriate hydrotherapy technique they can perform at home, relative to the presenting condition.
- Instruct the patient on (1) one appropriate stretching and (1) one appropriate strengthening exercise for this condition.
- Ensure the patient understands how to perform these activities at home.

STOP READING NOW AND BEGIN YOUR HOME CARE.

WHEN YOU HAVE COMPLETED SECTION 1 OF THE EXAM, THE LEAD EXAMINER WILL ASK IF YOU ARE READY TO MOVE ON TO SECTION 2.

MOVE ON NOW AND READ ALOUD THE INSTRUCTIONS AND PROCEED WITH SECTION 2 OF THE EXAM.

SECTION 2

CANDIDATE TO START READING ALOUD FROM THIS POINT ONWARDS

Section 2 has four components (A-D), which must be completed within a **maximum of 30 minutes in total**. The condition assigned in Section 1 does not apply in Section 2.

Treatment consent is implied for this Section of the exam.

This Section may be completed in any order.

PART A: TECHNIQUE DEMONSTRATION

(5 marks each = 20 total)

- Candidate should connect with patient on pain tolerance, pressure etc.
- Demonstrate your ability to perform these techniques on specific anatomical structures/areas.
- Explain when each technique would be appropriate in a treatment.
- The examiners are assessing for precise, clear, and recognizable demonstration of each technique.

Technique 1:

Technique 2:

Technique 3:

Technique 4:

PART B: MUSCLES**(5 marks each = 35 total)**

- Palpate the origins and insertions of the following seven (7) muscles on the patient and wait for the examiners to verify the accuracy of palpation before letting go.
- State the origin, insertion, action, and course/direction of the specific muscle.
- Demonstrate all actions on yourself.
- The examiners are assessing for careful, accurate and thorough palpation.

Muscle 1:

Muscle 2:

Muscle 3:

Muscle 4:

Muscle 5:

Muscle 6:

Muscle 7:

PART C: STRUCTURES AND FEATURES**(5 marks each = 15 total)**

- Palpate the following three (3) structures and features on the patient and wait for the examiners to verify before letting go.
- Describe step-by-step how to locate each structure/feature.
- The examiners are assessing for careful, accurate and thorough palpation and directional explanation of the location of the specific structure/feature.

Structure/feature 1:

Structure/feature 2:

Structure/feature 3:

PART D: ASSESSMENT AND TESTING**(5 marks each = 15 total)**

- Describe and demonstrate the following three (3) tests on the patient.
- Explain the purpose of the test, accurately perform the test (including any variations), and describe how to proceed based on the results of the test.

Test 1:

Test 2:

Test 3:

STOP READING NOW AND BEGIN SECTION 2 OF THE EXAM.**WHEN YOU HAVE COMPLETED THIS SECTION, YOUR EXAM IS FINISHED.
THE LEAD EXAMINER WILL ASK IF YOU HAVE ANYTHING TO ADD TO SECTION 2.****Your exam is now over, and you are free to leave.
Thank you for your participation.**

Membership Qualifying Examination – Practical

LEAD EXAMINER MARKING SHEET

SECTION 1

This section must be completed in the order presented.

Record start time: _____ (maximum 60 minutes allowed for this Section).

CANDIDATE TO READ ALOUD FROM THIS POINT ONWARDS.

- Section 1 has 4 components – interview, assessment, treatment, and home care.
- The material must be completed in the order presented. **You may move on to Section 2 once you have completed Section 1 to your satisfaction – you do not have to use all the allocated time.**
- **Verbal treatment consent must be obtained** and represents 5% of the marks for Section 1. *Failure to obtain consent results in automatic non-mastery of Section One of the practical exam.*
- Marks are also allocated for professionalism, appearance, and communication.

PART A – INTERVIEW

Interview the patient to acquire a complete case history and state which condition, including which stage, you are treating.

The information obtained will determine the choices for your assessment and treatment plan.

PART B – ASSESSMENT

Based on your knowledge of the condition and the patient interview, do a **complete assessment**, including palpation, observations, gait and ROM testing.

Choose a minimum of two (2) most appropriate orthopaedic tests or assessments to confirm the condition.

Explain the reason for your choices, demonstrate the tests on the patient, and explain the results of the two tests/assessments.

Choose one (1) appropriate rule-out test, describe how to perform it (not required to demonstrate it), explain the reason for your choice and explain the results of the test.

STOP READING NOW AND BEGIN YOUR INTERVIEW AND ASSESSMENT.

PART A – INTERVIEW

PART A TOTAL: _____/10

PART B – ASSESSMENT

Assessments: (gait, postural, ROM [affected, above and below], orthopaedic tests, MMT, sensory tests, reflex tests, and palpation).

Observations and palpation:

Marks____/2

Testing:

Was testing performed correctly?

Marks____/3

Special tests:

Test #1

Marks ____/3

Test #2

Marks ____/3

Rule Out Test:

Marks ____/2

PART B TOTAL: ____/13

CANDIDATE TO READ ALOUD FROM THIS POINT ONWARDS.

PART C – TREATMENT: EXPLANATION AND DEMONSTRATION

Part C – i: Treatment Explanation

Verbally explain the following seven (7) points as they relate to the presenting condition you have identified from your interview and assessment.

At the conclusion of your explanation, demonstrate on the patient your focused treatment for the presenting condition, applying the principles and processes of massage therapy practice.

1. Description/definition:

Marks ____/2

2. Causes:

Marks ____/2

3. Signs and symptoms:

Marks ____/4

4. Contraindications:

Marks ____/2

5. Treatment techniques, uses and effects:

Marks ____/6

6. Treatment goals:

Marks ____/3

7. Muscles and structures affected; incl. compensatory:

Marks ____/7

PART C – i: ____/26

Part C – ii: Treatment Demonstration

- ***Verbal treatment consent must be obtained and represents 5% of the marks for Section 1. Failure to obtain consent results in automatic non-mastery of Section One of the practical exam.***
- Position the patient on the table using whatever pillows, sheets or supports are required.
- Direct any questions or comments to the patient as the lead examiner is observing and writing only.
- Ensure that your treatment is specific enough to be effective, while applying the principles and processes of massage therapy practice.
- Address each component of the presenting condition with a suitable technique, within the context of a safe massage therapy treatment.
- Marks are also allocated for positioning, draping and communication with the patient.
- The lead examiner will be getting up from time to time during the treatment to observe and make notes.

Informed consent: (permission to treat; patient may stop at any time).

Marks ____/5

Positioning and pillowing: prone – pillow, drape; supine – pillow, drape; side-lying - pillow, drape.

Marks ____/4

Communication with patient: (clear instructions, pressure, comfort).

Marks ____/3

Professionalism and appearance: (attitude/conduct, compliance with dress code).

Marks ____/2

Demonstration of techniques uses and effects.

Marks ____/10

PART C – ii: ____/24

PART C TOTAL (i + ii) ____/50

PART D – HOME CARE AND TREATMENT FREQUENCY.

- Discuss treatment frequency and instruct the patient on one (1) appropriate hydrotherapy technique they can perform at home.
- Instruct the patient on (1) one appropriate stretching and (1) one appropriate strengthening exercise for this condition.
- Ensure the patient understands how to perform these activities at home.

Treatment frequency:

Marks ____/1

Home care:

Marks ____/1

One stretch and one strengthening technique:

Marks ____/1

One hydrotherapy technique:

Marks ____/1

Record end time for Section 1: ____ (max. 60 minutes)

PART D TOTAL: ____/4

SECTION 1 TOTAL (PART A + B + C + D): ____/77

Examiner note for Section One:

If treatment consent was not obtained – initial here []

Chief Examiner note for Section One:

Marks as above, but 0 granted for Section One due to no consent being obtained. CEX initial here []

NEW SECTION 1 TOTAL (PART A + B + C + D): ____/77

SECTION 2

Record start time: _____

- Section 2 has four components (A-D), which must be completed within a **maximum of 30 minutes in total**.
- The condition assigned in Section 1 does not apply in Section 2.
- **Treatment consent is implied for this Section of the exam.**
- This Section may be completed in any order.

PART A - TECHNIQUE DEMONSTRATION

Candidate should connect with patient on pain tolerance, pressure etc.

Demonstrate your ability to perform these techniques on specific anatomical structures/areas.

Explain when each technique would be appropriate in a treatment.

The examiners are assessing for precise, clear, and recognizable demonstration of each technique.

Techniques 1 – 4 (3 marks each)

Marks ____/12

PART B - MUSCLES

Palpate the origins and insertions of the following seven (7) muscles on the patient and wait for the examiners to verify the accuracy of palpation before letting go.

State the origin, insertion, action, and course/direction of the specific muscle.

Demonstrate all actions on yourself.

The examiners are assessing for careful, accurate and thorough palpation.

Muscles 1 – 7 (3 marks each)

Marks ____/21

PART C - STRUCTURES AND FEATURES

Palpate the following three (3) structures and features on the patient and wait for the examiners to verify before letting go.

Describe step-by-step how to locate each structure/feature.

The examiners are assessing for careful, accurate and thorough palpation and directional explanation of the location of the specific structure/feature.

Structures and Features 1 – 3 (3 marks each)

Marks ____/9

PART D - ASSESSMENT AND TESTING

Describe and demonstrate the following three (3) tests on the patient.

Explain the purpose of the test, accurately perform the test (including any variations), and describe how to proceed based on the results of the test.

Tests 1 – 3 (3 marks each)

Marks ____/9

Record end time for Section 2: _____

SECTION 2 TOTAL (PART A + B + C + D): ____/51

OVERALL TOTAL SCORE: SECTION 1 + SECTION 2 ____/128

DOES THIS CANDIDATE MEET BASIC COMPETENCY STANDARDS?

YES

NO

ARE YOU COMFORTABLE WITH THIS CANDIDATE AS YOUR PEER, REPRESENTING MTAS?

YES

NO

Membership Qualifying Examination – Practical

BODY EXAMINER MARKING SHEET

SECTION 1

PART A - INTERVIEW

No marks are given by the Body Examiner for this section.

PART B - ASSESSMENT

ROM:

Was testing performed accurately and effectively? AF: Y/N AR: Y/N PR: Y/N Marks ____/3

Test #1:

Were the instructions clear? Y/N Was the test performed effectively? Y/N Marks ____/2

Test #2:

Were the instructions clear? Y/N Was the test performed effectively? Y/N Marks ____/2

PART B TOTAL: ____/7

PART C – TREATMENT EXPLANATION AND DEMONSTRATION

Was consent obtained? Y/N Was draping secure? Y/N

Was there communication and was it clear? Y/N Were the techniques effective? Y/N

Were hands confident? Y/N Was palpation accurate? Y/N

Marks ____/6

Appropriate use and specific execution of techniques? Marks ____/10

PART C TOTAL: ____/16

PART D – HOME CARE/TREATMENT FREQUENCY

Was communication clear? Y/N

Patient could do stretching exercise given? Y/N

Patient could do strengthening exercise given? Y/N

PART D TOTAL: ____/3

SECTION 1 TOTAL (PART B + C + D) ____/26

Examiner note for Section One:

If treatment consent was not obtained – initial here []

Chief Examiner note for Section One:

Marks as above, but 0 granted for Section One due to no consent being obtained. CEX initial here []

NEW SECTION 1 TOTAL (PART B + C + D): ____/26

SECTION 2

PART A - TECHNIQUE DEMONSTRATION

Techniques 1 – 4 (2 marks each)

Performed accurately? Y/N

Performed in correct location? Y/N

Marks ____/8

PART B – MUSCLES

Muscles 1 - 7: (2 marks each)

Was palpation accurate? _____

Proper course direction _____

Marks ____/14

PART C – STRUCTURES AND FEATURES

Structure/features 1 – 3 (2 marks each)

Was palpation accurate? _____

Proper course direction _____

Marks ____/6

PART D – ASSESSMENT AND TESTING

Tests 1 - 3: (2 marks each)

Was proper procedure followed? _____

Effectiveness of test? _____

Marks ____/6

SECTION 2 TOTAL (PART A + B + C + D) ____/34

OVERALL TOTAL SCORE: SECTION 1 + SECTION 2 ____/60

DOES THIS CANDIDATE MEET BASIC COMPETENCY STANDARDS?

YES

NO

ARE YOU COMFORTABLE WITH THIS CANDIDATE AS YOUR PEER, REPRESENTING MTAS?

YES

NO

Current Resource List

- Anderson, B. (1980). ***Stretching***. Shelter Publications Inc.
- Andrade, C. & Clifford, P. (2001). ***Outcome-based Massage***. Lippincott Williams & Wilkins.
- Biel, Andrew (1997). ***Trail Guide to the Body***. Books of Discovery.
- Clay, J. & Pounds, D. (2003). ***Basic Clinical Massage Therapy: Integrating Anatomy and Treatment***. Lippincott Williams & Wilkins.
- Greenman, P. (1996). ***Principles of Manual Medicine***. 2nd ed. Williams & Wilkins.
- Holey, E. & Cook, E. (2003). ***Evidence-based Therapeutic Massage***. 2nd ed. Churchill Livingstone.
- Hoppenfeld, S. (1976). ***Physical Examination of the Spine and Extremities***. Appleton-Century-Crofts.
- Magee, D. (2002). ***Orthopedic Physical Assessment***. 4th ed. Saunders.
- Mosby's. (1998). ***Mosby's Medical, Nursing and Allied Health Dictionary***. 5th ed.
- MTAS website - ***Code of Ethics Document***.
- MTAS website - ***Standards of Practice Document***.
- Rattray, F. (1995). ***Massage Therapy: An Approach to Treatments***. Massage Therapy Texts and Maverick Consultants.
- Rattray, F. & Ludwig, L. (2000). ***Clinical Massage Therapy: Understanding, Assessing and Treating Over 70 Conditions***. Talus Inc.
- Salvo, Susan G. (2007). ***Massage Therapy Principles and Practices***. 3rd ed. Saunders Elsevier.
- Simmons, David G., M.D. (1987). ***Myofascial Pain Syndrome due to Trigger Points***. Gebaur Company.
- Stone, Robert J. & Stone, Judith A. (2000). ***Atlas of Skeletal Muscles***. 3rd ed. McGraw Hill Companies.
- Tortora, G. & Grabowski, S. (2003). ***Principles of Anatomy and Physiology***. 10th ed. Wiley.
- Vizniak, Dr. N.A. (2022). ***Massage Therapy: Patient Centred Principles and Best Practices***. 2nd ed. ProHealthSys.
- Vizniak, Dr. N.A. (2020) ***Spinal Manual***. ProHealthSys.
- Vizniak, Dr. N.A. (2018) ***Joint Play and Mobilization***. ProHealthSys.
- Vizniak, Dr. N.A. (2018). ***Clinical Massage***. ProHealthSys.
- Vizniak, Dr. N.A. (2016) ***Physical Assessment***. ProHealthSys.
- Vizniak, Dr. N.A. (2015) ***Muscle Manual***. ProHealthSys.
- Vizniak, Dr. N.A. (2010) ***Physical Medicine***. ProHealthSys.
- Werner, R. (2005). ***A Massage Therapist's Guide to Pathology***. 3rd ed. Lippincott Williams & Wilkins.
- Yates, J. (2004). ***A Physician's Guide to Therapeutic Massage***. 3rd ed. Curties-Overzet Publications Inc.

Massage Therapist Association of Saskatchewan, Inc.
("The Association")

CODE OF ETHICS

The purpose of this Code is to define professional integrity. All persons entering into membership with the Association shall formally agree to be bound under the following principles:

- 1) A Member shall undertake to abide by all the laws in the Province of Saskatchewan.
- 2) A Member shall provide services to their clients in a caring and respectful manner. The Member will provide services fairly and without discrimination in recognition of fundamental human rights.
- 3) A Member shall recognize that the interest and welfare of the client are paramount.
- 4) Member shall be responsible and accountable to society and shall conduct him/herself in a manner that maintains high standards.
- 5) A Member shall seek assistance from a colleague or refer a client to another qualified health professional in any situation where the therapist may feel that he/she lacks the necessary knowledge or competence to administer treatment.
- 6) A Member shall honour the confidentiality of the relationship between massage therapist and client.
- 7) A Member shall act in a professional manner in all dealings with clients, colleagues, other health professions and the public.
- 8) A Member shall refrain from making any statements or claims misrepresenting the therapeutic benefits of their treatment.
- 9) A Member shall refrain from enticing clients from the care of a colleague and to abstain from any action or statement that might bring a colleague, organization, or the Association into disrepute.
- 10) Where a Member is aware and has proof of misconduct, breach of trust, violation or transgression of this Code of Ethics or Standards of Practice, it is his/her duty to bring such knowledge and written proof to the attention of the Board of the Association.
- 11) All Members shall abide by the membership requirements and Standards of Practice to remain in good standing with the Association.
- 12) All Members' advertising must be in good taste and adhere to the MTAS advertising and marketing guidelines.

STANDARDS OF PRACTICE

1. Client Consultation and Consent

All decisions regarding the initiation of a treatment program will be made jointly with the client.

- (a) Client consent is based on informed consent. The mandatory Informed Consent Form, as approved August 1, 2003 (Appendix 'A'), must be completed and stored in the client's file.
- (b) Client consultation will include a health history form (Appendix 'B' for an example).
- (c) Confidentiality is a trust. It is imperative that all written and verbal information collected and/or shared from/with the client is kept private.
- (d) The client has the right to stop or refuse treatment at any time. When this request is made during treatment, the Member must comply despite prior consent. Written record of removal of consent must be noted in client's file.

2. Functional Assessment and Treatment Plan

A functional (orthopedic) assessment must be conducted, and a treatment plan proposed prior to the treatment of the client. The treatment plan may be altered if relevant findings dictate so.

- (a) Functional assessment includes, but is not limited to:
 - (i) client's stated primary complaint or condition.
 - (ii) history as relevant to primary complaint.
 - (iii) past medical history.
 - (iv) medications.
 - (v) objective (physical) findings (e.g., range of motion, posture, gait, palpation, functional tests, etc.).
 - (vi) review of referral or authorized report(s) from the client's additional health care providers, if available.
- (b) On completion of the client's assessment, the Member will determine a treatment plan that includes, but is not limited to:
 - (i) desired health outcome.
 - (ii) type of treatment.
 - (iii) frequency of treatment.
 - (iv) client self-care.
 - (v) review of treatment results.
 - (vi) evaluation of current treatment.
- (c) The Member will acknowledge the limitations of his/her personal skills when a client's health history or assessment determines:
 - (i) The client requires treatment beyond the Member's capabilities.
 - (ii) The client's condition is beyond massage therapy's scope of practice.
 - (iii) A combined health care team is required to treat the client's condition.

In all cases, relevant clinical information, with the consent of the client, will be provided to other health care professional(s) upon request.

- (d) The Member shall refuse to treat any individual or treat any area of the client's body or to terminate the professional relationship if:
 - (i) the client refuses to complete a health history form or does not disclose relevant medical history that could make the Member liable.
 - (ii) the client refuses to provide written consent despite being informed.
 - (iii) the client is sexualizing the relationship.
 - (iv) the client deliberately threatens the Member's emotional or physical boundaries.
 - (v) the Member is discriminated against on the basis of age, gender, race, national origin, sexual orientation, religion, socioeconomic status, or body type.
 - (vi) the client presents inappropriate behavior or language.
 - (vii) the client refuses or ignores the Member's recommendation to consult a health care professional for a condition where massage therapy is limited or contraindicated.

- (viii) the client demands treatment that is not included in the Scope of Practice.
- (ix) engaging in a treatment presents conflict of interest.

3. Conflict of Interest

- (a) All Members shall conduct themselves so that their actions and conduct may not be interpreted as protecting self-interest. The interests of the public must always come first.
- (b) A conflict of interest may be defined as, but is not limited to the following:
 - (i) where the member has a direct material interest.
 - (ii) any situation where a reasonable person would believe that a conflict of interest could occur.

4. Fees

- (a) The fee structure and method of payment will be explained prior to treatment.
- (b) Fees for service will be appropriate and reasonable.
- (c) The Member's policy regarding cancellation of appointments and late arrival for appointments will also be explained.
- (d) Receipts:
 - (i) The client must receive an official receipt for each payment provided for massage therapy.
 - (ii) The receipt must state the client's name; date; treatment given; fee received; Member's name; designation; license number; signature and location of practice.
 - (iii) All treatments provided through modalities not included in the association's scope and standards of practice must be billed, recorded, and receipted separately from massage therapy. (i.e., reflexology; ultrasound; acupuncture; osteopathy; etc.).

5. Quality Assurance

- (a) The Member will maintain competency and enhance their practical and theoretical knowledge through the professional development of his or her practice:
 - (i) the Member must display his/her current massage therapy license.
 - (ii) the Member will display or make available their current certification in Standard First Aid and Cardiopulmonary Resuscitation (CPR), Level 'C'.
 - (iii) the Member will display or make available any certificates for attendance, training, and successful completion of professional development courses when the subject matter is included in their practice.
- (b) Hygiene:
 - (i) the Member will maintain personal hygiene.
 - (ii) the Member will maintain their clinic and equipment in a sanitary manner.
 - (iii) clean linens must be provided for each treatment.
 - (iv) the Member must wash his/her hands prior to each treatment.
 - (v) latex or vinyl medical gloves must be used for oral treatment and in the case of possible transmission of infection.
- (c) Draping the Client:
 - (i) the Member will assure the privacy and respect of the client and ascertain that the client feels comfortable, safe, and secure with the draping provided throughout the treatment.
 - (ii) the Member will communicate any changes in draping procedures throughout the treatment.
 - (iii) the client may choose to be fully draped or fully clothed throughout the treatment.
 - (iv) female clients must provide clear verbal consent before the Member undrapes the breast. The nipple, areola, must not be exposed.
 - (v) the nipple, areola, genitals, perineum, and anus must never be undraped.
 - (vi) the Member will drape the gluteal as follows: moving the drape bilaterally and caudally, no lower than the coccyx; or, unilaterally in a manner that does not expose the greater gluteal crease.
- (d) Joint Mobilization within the profession of massage therapy is generally accepted as that which does not exceed the normal range of motion of the joint and does not employ a high velocity maneuver or manipulation. Any high velocity maneuver is unacceptable practice.
- (e) A Member will maintain client files as outlined in Records Management (item 8).

6. Sexual Ethics

- (a) The Member will respect the integrity of each person, and therefore, not engage in any sexual conduct or sexual activities involving the client. Regardless of the behavior of the client, it is always the responsibility of the Member not to engage in any sexual behavior.
- (b) The Member will not commit any form of sexual impropriety with the client. Sexual impropriety includes, but is not limited to:

- (i) any behavior, gesture or expression that is seductive or sexually demeaning to the client.
- (ii) inappropriate procedures including, but is not limited to:
 - (a) disrobing or draping practices that reflect a lack of respect for the client's privacy.
 - (b) deliberately watching the client dress or undress.
- (iii) inappropriate comments about or to the client, including, but is not limited to:
 - (a) sexual comments about the client's body or underclothing.
 - (b) making sexually demeaning comments to the client.
 - (c) criticism of the client's sexual orientation.
 - (d) discussion of sexual performance.
 - (e) conversations regarding the sexual preferences or fantasies of the client or Member.
 - (f) requests for a date.
 - (g) kissing of a sexual nature.
- (iv) the Member will not commit any form of sexual abuse of the client. Sexual abuse includes, but is not limited to:
 - (a) Member/client sex, whether initiated by the client or not.
 - (b) engaging in any conduct with the client that is sexual or may be reasonably interpreted as sexual, including, but not limited to:
 - (1) genital to genital contact.
 - (2) oral to genital contact.
 - (3) oral to oral contact (except CPR).
 - (4) oral to breast contact.
 - (5) touching or undraping the genitals, perineum, areola, nipple, or anus.
 - (6) touching or undraping the breast for any purpose other than:
 - (i) to provide treatment to which the client has provided express written or verbal consent; or
 - (ii) where the member must administer CPR to the client in an emergency situation.
 - (7) encouraging the client to masturbate in the presence of the Member.
 - (8) masturbation by the Member while the client is present.
 - (9) masturbation of the client by the Member.

7. Certification and Title

A license to practice certificate and card will be issued to the Member by the Registrar upon successful completion of the entrance requirements.

(a) The certificate must be displayed in a prominent place in the Member's principal place of work, for inspection and recognition by any person. The certificate is the Member's professional identification and cannot be duplicated and is non-transferable, nor may it be "leased out" to unregistered facilities or persons and any time for any purpose by the Member.

(b) A current Member is entitled to use the title and designation bestowed by the Massage Therapist Association of Saskatchewan, Inc. This term is the only designation to appear following the Member's name, excepting academic degrees from recognized colleges or universities.

(c) Neither a Member nor Member's business can hire any person to administer any form of massage therapy unless the individual is a current member holding a valid license to practice certificate, issued by the Massage Therapist Association of Saskatchewan, Inc.

8. Records Management

(a) Client records will include a signed consent form and a client health history form (see examples in Appendices 'A' & 'B').

(b) The Member shall safeguard and keep client records and information confidential. Written authorization from the client is required before disclosure of a client's records unless disclosure is otherwise required by law.

(c) Stewardship of client records is the Member's responsibility. The contents of a client record belong to that client. The client is entitled to a copy of his/her records, subject to reasonable copying fees charged by MTAS.

(d) Client records will be stored with locked security.

- (i) Storage location for client records is the responsibility of the Member.

- (ii) Client records must be kept for a minimum amount of time after the last appointment date as is legally required in the province of Saskatchewan, after which they may be destroyed.

(iii) Destruction of client records will be by a method that ensures confidentiality, either crosscut shredding or complete burning. In the case of computer or other electronic records, deleting files is necessary for temporary extraction, but re-formatting a computer is necessary for permanent removal from the computer's hard drive.

9. Advertising and Promotions

(a) No Member shall offer to guarantee a cure, either verbally, in writing, by advertising, or otherwise.

(b) Advertising, promotion, and other marketing activities whether direct or indirect must be in good taste, accurate and not capable of misleading the public. This includes, but is not limited to:

- (i) misrepresentation of facts.
- (ii) statements that are not statements of fact, nor statements that cannot be proven to be accurate.
- (iii) comparison, whether directly, indirectly or innuendo, the Member's service, or ability, with that of any other Member or clinic.
- (iv) promises or offers of more effective services or better results than those available elsewhere.
- (v) deprecation of another Member or clinic as to service abilities or fees.
- (vi) creation of an unjustified expectation about the results the Member can achieve.
- (vii) false or misleading guise, or taking advantage, physical, emotional, or financial, of any client.
- (viii) use of coercion, duress, or harassment of a client.
- (ix) use of any image or message that can be deemed discriminatory, undignified, in bad taste or otherwise offensive so as to be incompatible with the best interests of the public or Members or tends to harm the standing of the massage profession generally.
- (x) disclosure of the names of clients without their written consent.

(c) Affiliation or membership with the Canadian Massage Therapist Alliance, and/or any other relevant organization may be listed underneath name and designation with the terms "member of" as a prefix.

(d) Specifically, with telephone directory advertising, the Member may list:

- (i) name, designation, clinic address and name, phone number(s) in the white pages.
- (ii) Member's name and designation, clinic name and address, phone number(s), modalities offered, customer service features (hours, gift certificates, etc.) and logos in the display advertising section.
- (iii) Further details are found in the Advertising and Promotions Policies & Procedures document.

10. Acts of Professional Misconduct

(a) Records:

- (i) failing to keep written records.
- (ii) failure to obtain and keep the client's informed consent form.
- (iii) falsifying a record relating to a Member's practice.
- (iv) failing, without reasonable cause, to provide a report or a certificate relating to an examination or treatment performed by the Member, within a reasonable time, to the client, or his or her authorized representative after he or she has requested such a report or certificate.
- (v) signing or issuing in the Member's professional capacity a document that the Member knows contains a false or misleading statement.
- (vi) allowing any person to examine a client's health record, give any information, or copy any form in a client's health record for any person except as required or allowed by law.
- (vii) failing to provide information from a client record for which the Member has chief responsibility, as required by law.
- (viii) failing to make arrangements with the client for the transfer of the client's records in the care of the Member, when the Member changes office location and the client requests that the record be transferred.
- (ix) failing to securely store a client's records for 10 years after the last date of treatment.
- (x) failing to destroy client records in the proper manner.

(b) Business Practices:

- (i) submitting an account or charge for services that the Member knows is false or misleading.
- (ii) charging or accepting a fee amount that is excessive or unreasonable in relation to the services performed, or may be performed, pursuant to the agreement to treat.
- (iii) providing a blank treatment receipt to anyone for any purpose.
- (iv) falsifying a treatment receipt in any manner.
- (v) failing to advise the client, in advance, of the fees to be charged for the treatment.

- (vi) failing to abide by any written understanding or undertaking given to the Member by the Massage Therapist Association of Saskatchewan, Inc., or to carry out any agreement entered into with the Massage Therapist Association of Saskatchewan, Inc.
- (vii) offering or giving a reduction for prompt payment of an account.
- (viii) failing to itemize an account for professional services, if required to do so by the client, or the person or agency that is to pay, in whole or in part, for the services.
- (ix) selling or assigning any debt owed to the Member for professional services. This does not include the use of credit cards to pay for professional services.

(c) Practicing Massage Therapy and the Client Relationship

- (i) contravening of a term, condition or limitation imposed on the Member's certificate or registration.
- (ii) contravening a standard of practice for the profession.
- (iii) abusing the client, verbally or physically.
- (iv) practicing the profession while the Member's ability is impaired by any substance.
- (v) discontinuing professional services that are needed unless:
 - (a) the client requests discontinuation.
 - (b) the client is given reasonable opportunity to access alternative services.
 - (c) the client is abusive.
- (vi) practicing the profession while the member is in conflict of interest.
- (vii) breaching an agreement with the client relating to professional services for the payment of fees for such service.
- (viii) failing to reveal the exact nature of a product or treatment used by the member, following a request by the client, the client's representative or the Massage Therapist Association of Saskatchewan, Inc.
- (ix) failing to use draping procedures outlined in the Standards of Practice.
- (x) using massage credentials to endorse or promote any health care product or service for which the Member is neither qualified to represent nor if the health care product or service is outside the current Scope of Practice (e.g., vitamins, nutritional substances, pharmaceuticals, herbal products, homeopathic remedies, energy balancing, iridology, etc.).

(d) Other Matters

- (i) failing to pay any money owed to the Massage Therapist Association of Saskatchewan, Inc.
- (ii) contravening a federal, provincial, territorial, or municipal bylaw if:
 - (a) the purpose of the law, bylaw or rule is to protect public health.
 - (b) the contravention is relevant to the Member's suitability to practice.
- (iii) engaging in conduct or performing an act in the course of practicing the profession that, having regard to all circumstances, would reasonably be regarded by the members as disgraceful, dishonorable, or unprofessional.
- (iv) treating or attempting to treat a condition beyond the Member's competence.
- (v) failing to refer the client to a qualified health professional where the Member recognizes, or ought to have recognized, a condition requiring referral.

SPACE FOR CANDIDATE NOTES

