

STANDARDS OF PRACTICE

The Standards of Practice provide Registered Massage Therapists (“RMTs”, “MTs” or “registrants”) with clear direction as to the expectations for professional practice of Massage Therapy.

INTRODUCTION

Scope of Practice

The practice of Massage Therapy is the assessment of the soft tissue and joints of the body and the treatment and prevention of physical dysfunction and pain of the soft tissue and joints by manipulation to develop, maintain, rehabilitate or augment physical function, or relieve pain. (*Massage Therapy Act, 1991*).

What are Standards of Practice?

The College of Massage Therapists of Ontario (CMTO) has published Standards of Practice for registrants which establish the expectations for all Massage Therapists regardless of their role, job description or area of practice. These Standards guide your practice in order to protect the public. Contravening or failing to maintain either published Standards of the College or Standards of Practice of the Profession is an act of Professional Misconduct under the CMTO’s Professional Misconduct Regulation.

The Standards of Practice form a live and dynamic document that will evolve as changes in practice occur. It is an MTs obligation to ensure they are complying with the published standards of the College that are in force at the time.

Why are Standards of Practice Necessary?

These published Standards of Practice articulate the minimum expectations of the profession. These Standards are also used in the following ways:

- Massage Therapists are able to understand what is expected of them;
- Educators are able to address the Standards as objectives in curriculum design;
- Registration (admission to the College);
- Complaints Investigation;
- Discipline Hearings;
- Fitness to Practise;
- Quality Assurance;
- Client Relations; and
- The public is able to assess the quality of treatment through written Standards.

Relevant Legislation

In addition to being accountable to meet the published Standards of Practice of the College, Massage Therapists are accountable under the legislation that includes the following:

- *Regulated Health Professions Act, 1991 (RHPA);*
- *Massage Therapy Act, 1991;*
- *Regulations under the Massage Therapy Act;*
- *By-laws under the Massage Therapy Act, 1991;*
- *Health Care Consent Act, 1996 (HCCA);*
- *Personal Health Information Protection Act, 2004 (PHIPA); and*
- *Personal Information Protection and Electronic Documents Act, 2000.*

MAINTAINING PROFESSIONAL BOUNDARIES AND PREVENTING SEXUAL ABUSE

Registered Massage Therapists (“RMTs”, “MTs” or “registrants”) work with clients for therapeutic purposes. As regulated health professionals, RMTs are required to maintain professional boundaries at all times. Understanding the importance of boundaries and respecting boundaries is critical to the prevention of abuse and sexual abuse in particular.

Definitions

Therapeutic Relationship: A purposeful registrant-client relationship designed to promote, support and advance the health and best interest of the client. It is grounded in trust, respect and the appropriate use of knowledge and power.

Boundaries: Each person has boundaries which define their personal space. Physical boundaries determine responses to close physical presence and to touch. Individuals also have boundaries defining their psychological and emotional space. Each person interprets questions or remarks as appropriate/inappropriate, unobtrusive/intrusive or comforting/discomforting. Personal boundaries can vary widely among individuals according to such things as life experience, gender, age, culture and personal preference.

Professional Boundaries are defined by the professional role and the limits of the professional role. In a particular circumstance, professional boundaries can be defined by asking: “Is this part of the role of a MT?” Boundaries ensure the MT works in the client’s best interest. A **boundary violation** is a serious boundary crossing and abuse of power which places the client at risk of psychological, financial, physical and/or sexual harm.

Power: The registrant and client do not have equal power in the relationship. The client seeks the assistance of the MT who is considered to have knowledge and skill that the client does not have. The MT may have confidential client information that he/she must use in the client's best interest. The MT, as a health professional, may have influence with other members of the health care team to influence the care the client receives. Boundary violations are an abuse of power.

Abuse: Abuse is a violation of the power in the registrant-client relationship. It violates the basic requirements of a therapeutic relationship: trust and respect. The MT must use the appropriate knowledge and level of power to prevent abuse. Abuse serves the MT's interest or personal needs, often at the expense of the needs of the client. The MT who abuses a client acts outside of professional boundaries. Abuse may take the form of **verbal, emotional, physical, financial and/or sexual**.

- **Verbal Abuse:** language that demeans, humiliates or insults the client. Verbal abuse can cause **emotional abuse** since the language may harm the client emotionally, culturally or spiritually. Given that MTs work with clients of many cultures and beliefs, it is important to recognize that personal remarks about client's appearance, behaviour, language, beliefs, religious practices, etc., may be distressing. Behaviours such as sarcasm, teasing, swearing, or threatening are examples of behaviours that may be considered verbal or emotional abuse.
- **Physical Abuse:** an act which may cause pain, or harm to another. Slapping, hitting, pushing, and use of force during a treatment are examples of behaviours which can be viewed as physical abuse.
- **Financial Abuse:** Financial abuse exploits the power differential between the MT and client and is often a monetary or equivalent gain for the MT. Examples of financial abuse can include accepting gifts, borrowing money, becoming a trustee of a client's account, accessing a client bank account, seeking financial benefits or other services.
- **Sexual Abuse:** Sexual abuse is a boundary violation and abuse of power. Sexual abuse by regulated health professionals is prohibited under the *Regulated Health Professions Act, 1991* (the "RHPA"). Sexual abuse is defined very broadly under the RHPA and includes not only sexual touching but behaviour or remarks of a sexual nature. Amendments to the RHPA in 2017 expand the scope and penalties for sexual abuse. The MT is responsible for the prevention of sexual abuse. Given the power differential, it is always the registrant's responsibility to ensure that an intimate relationship with a client does not take place.

This Standard is divided into two parts: A) Maintaining Professional Boundaries, and B) Preventing Sexual Abuse.

Part A: Maintaining Professional Boundaries

MTs work with clients to establish a purposeful treatment program. This process includes several phases: an interview to gain an understanding of treatment goals; assessing the client's history; and obtaining informed consent for the assessment, and, if indicated, a treatment plan.

Throughout assessment and treatment the MT maintains a therapeutic relationship. The MT is respectful and works with the client in following the agreed upon structured and intentional treatment plan to meet client needs and goals.

Through the processes of obtaining informed consent, completing a thorough assessment, and implementing an appropriate treatment plan, the MT establishes professional boundaries and maintains a therapeutic relationship built on mutual trust and respect.

Standard 1: Establishing a Practice Setting that Maintains Professional Boundaries

The therapeutic relationship begins with the client's experience of the Massage Therapy practice setting which should be consistent with the public's expectations for an appointment with a healthcare professional.

Registrants must ensure the practice setting for Massage Therapy:

- Remains clean, organized and that Public Health Infection Control measures are observed at all times.
- Provides for adequate lighting throughout the entire space to ensure client safety.
- Is free from potential hazards for injury.
- Respects individual needs related to allergies and sensitivities (e.g. scent, mold and dust-free).
- Adequately provides for client privacy and confidentiality as required throughout the stages of the client appointment.
- Does not contain monitoring, video or photographic recording equipment in areas designated for clinical assessment or treatment.
- Does not contain inappropriately placed mirrors.
- Ensures that any visual media or messaging accessible to clients or members of the public is appropriate for all audiences and is not of a sensitive, discriminatory or offensive nature.

Standard 2: Interpersonal Behaviours and Non-Verbal Communication

Interpersonal behavior and non-verbal communication are significant to setting professional boundaries within the Therapeutic Relationship. The MT must maintain professional behaviour toward clients at all times. The MT must also refrain from behaviours, remarks or physical gestures (e.g. hugging) that increase the risk of boundary violations. MTs should consider ways of responding to a client who initiate physical gestures/hugs while still maintaining professional boundaries that support the client (e.g. pat on the shoulder, hand shake).

Registrants must ensure professional behaviour, body language and gestures by:

- Wearing professional attire appropriate to health care professionals.
- Engaging in appropriate personal hygiene practices.
- Providing adequate physical boundary space between the therapist and client at all stages of the client appointment.
- Physical touch or contact only in the context of assessment and treatment processes for which the client has given informed consent.
- Identify and recognize any client 'non-verbal' communication cues and address respectfully.
- Avoid gestures that may be interpreted differently than intended (e.g. as hostile, sexual or demeaning).

Standard 3: Verbal Communication to Maintain Professional Boundaries

An important part of any therapeutic relationship is communication. Communication must be respectful, professional, and appropriate to a health care environment.

In communicating to maintain professional boundaries, registrants must:

- Ensure the client remains appropriately informed of all assessment and treatment processes and plans through obtaining informed consent in accordance with professional regulations and standards.
- Verify client consent throughout the assessment and treatment processes to ensure client comfort and safety.
- Provide the client with the opportunity to ask questions at any point in the treatment or treatment plan.
- Use language that is respectful and courteous.
- Avoid sexual language, comments, jokes or remarks in all circumstances.
- Respect client culture and diversity.

- Restrict inquiry to content relevant to assessing and planning treatment and avoid questions about intimate or sexual aspects of clients' lives.
- Recognize the need to limit personal disclosure of information. If a client asks personal questions, the MT needs to consider whether disclosure will advance the therapeutic/ treatment goals. If not, the MT needs to re-direct the discussion respectfully to client-centered conversation in the context of the MT treatment plan.
- Limit personal disclosure to a few facts or disclose information for therapeutic purposes only.
- Set and maintain appropriate boundaries in conversation at all times. The MT is responsible for helping clients recognize when a request/ or MT disclosure is outside of the therapist-client relationship and the Massage Therapy Treatment Plan.

Standard 4: Draping

One of the ways MTs establish and maintain physical boundaries in the therapeutic relationship is through appropriate and secure draping measures or techniques.

When appropriately applied and monitored throughout treatment, draping can ensure the client's sense of physical privacy and safety, and builds the respect and trust inherent in the therapeutic relationship.

When inappropriately or inadvertently applied, poor draping can result in boundary violations and instances of physical, emotional or sexual abuse.

When applying draping techniques, MTs must:

- Ensure they have properly informed the client of the draping requirements associated with assessment and treatment prior to beginning assessment or treatment processes.
- Explain clearly to the client the regions of the body to which the MT will be applying manual assessment or treatment applications, and whether the applications will be directly on skin or through clothing.
- Explain to the client how to prepare for assessment and treatment, including the option to remove clothing as well as the option to remain clothed – and how to position themselves for assessment/treatment.
- Provide opportunities for clients to ask questions.
- Apply necessary draping measures securely to engage in setting clear physical boundaries that separate the areas of treatment and the areas where no touch will be applied throughout the assessment and treatment.
- Verify client safety, sense of security and comfort level with draping/positioning measures.

- Ensure that no area of the client’s body that is not actively receiving assessment or treatment application is exposed.
- Ensure that the MT does not reach underneath the draping.

Standard 5: Treating Family or Friends¹

Certain situations create the need for extra vigilance in the maintenance of boundaries.

Any romantic/sexual relationship with a client, including a spouse, is always considered sexual abuse under the RHPA. Even if the individuals involved “consent” to the relationship it is still considered sexual abuse within the meaning of the RHPA.

It is generally inadvisable to treat family members (this excludes spouses and romantic partners who can **never** be treated) except in exceptional circumstances. This is because, despite an MT’s intentions to deliver the best possible care, clinical objectivity may be compromised.

Whenever the client is known socially to the MT, extra vigilance is required. Confidentiality must be maintained both inside and outside the practice, and RMTs must be cognizant to not violate client privacy.

To ensure that professional boundaries are appropriately maintained when the client is a friend or family member (again, excluding spouses or romantic partners) of the MT, registrants must:

- Not treat any client, with whom they have a sexual/romantic relationship, including their spouse.
- Maintain all the basic principles of the therapeutic relationship during treatment and personal interactions.
- Only in exceptional circumstances treat family members or someone with whom they have a close personal relationship (other than a spouse, which is prohibited).

Exceptional circumstances may exist where:

- There is no other similar or viable healthcare provider available;
- There is a demonstrated financial hardship on the part of the client;
- The client’s level of distrust and/or discomfort is such that it would be impossible for him / her to seek treatment from a practitioner whom they do not know; or
- There exists a real barrier to the client accessing other health care services (for example, a severe communication disability).

¹ Attribution is given to the College of Kinesiologists of Ontario regarding guidelines for treating family and friends.

Standard 6: Giving or Receiving Gifts

The MT maintains boundaries by recognizing that receiving or giving gifts can violate boundaries. Gifts from clients may be offered, even unintentionally, as a means to secure 'special' or preferred treatment.

- All gift giving/receiving should be documented.
- The MT should consider if it could reasonably be perceived that the offering of a gift is intended to influence or increase the power the client holds within the therapist-client relationship. If it is interpreted as such, the MT should decline the gift and re-establish the expectations of the therapeutic relationship.
- The MT must not allow gift giving/receiving to influence their professional decision-making nor allow it to impact the frequency, duration, cost, or modality used for/with the client.

Part B: Preventing Sexual Abuse

Sexual abuse of clients by regulated health professionals is prohibited under the *Regulated Health Professions Act, 1991* (RHPA). The RHPA was amended in 2017 to expand the list of acts of sexual abuse which warrant revocation under the RHPA. Under the RHPA, any sexual behaviour (defined below) with respect to a client is deemed to be sexual abuse. All regulated health professionals are required under this law to avoid sexual abuse of clients. MTs are also required to report any health professional that they believe has committed sexual abuse². Given the power differential, it is always the regulated health professional's responsibility to ensure that sexual abuse of the client does not occur (i.e., a client can **never** give true consent to a sexual or romantic activity or relationship; even "consensual" relationships constitute sexual abuse under the RHPA).

CMTO has a policy of *Zero Tolerance* and takes any allegation of sexual abuse very seriously. It is the College's responsibility to protect the public from abuse by its registrants. The RHPA requires all regulatory Colleges to develop guidelines for the prevention of sexual abuse and measures for dealing with sexual abuse of clients when it occurs.

Sexual abuse represents an extreme boundary violation and abuse of the power inherent in the MT-client relationship. Sexual abuse is often preceded by growing boundary crossings and violations. This slippery slope can be avoided by a clear understanding of boundaries and the limits of the professional relationship.

² See Part B, Standard #2 - Mandatory Reporting

Defining Sexual Abuse

The RHPA defines sexual abuse as follows:

“sexual abuse” of a client by a registrant means,

- (a) sexual intercourse or other forms of physical sexual relations between the registrant and the client,
- (b) touching, of a sexual nature, of the client by the registrant, or
- (c) behaviour or remarks of a sexual nature by the registrant towards the client.

“Sexual nature” does not include touching, behaviour or remarks of a clinical nature appropriate to the service provided.

Standard 1: Treatment of Sensitive Areas of the Body

RMTs will at times be asked to provide treatment to areas that may be considered sensitive areas of the body, i.e.,: chest wall musculature; the breast; upper inner thigh; and gluteal region. Massage, or indeed touching in any way, of these areas poses a potential risk for misinterpretation, misunderstanding and may be experienced by the client as a violation of their body - and possibly as sexual abuse.

As the treatment of these sensitive areas is considered a high-risk activity for the profession, the College provides guidance to direct Massage Therapy practice in an ethical, appropriate and safe manner. This Standard requires that:

- A. Any and all treatment of sensitive areas must be clinically indicated;
- B. Draping of the client’s sensitive areas must be discussed prior to treatment and proper draping is used;
- C. Treatment of sensitive areas must be discussed with the client in advance; and prior written informed consent must be obtained.

Adherence to the requirements of this standard helps ensure that the client understands and consents to any treatment of sensitive areas and reduces the likelihood that an RMT’s intent to treat a sensitive area will be misinterpreted as sexual abuse.

Under no circumstances is touching in any way of the nipples or areolas of breast, or genital or anal regions (applicable to all genders) justified as clinical practice or within the domain of a Massage Therapy practice. Touching these areas is considered sexual abuse as defined by the RHPA. Consequences for these behaviours will be severe up to and including revocation of an RMT’s Certificate of Registration.

At all times the RMT should be aware that individual's experiences, gender, age, culture, a history of sexual abuse and other factors may influence anxieties concerning touching of the body. Differences in the limits and meaning of touch vary considerably among individuals and cultures. The MT should be sensitive to this issue in all areas of their practice.

A. *Treatment of Sensitive Areas Must be Clinically Indicated*

When an MT is considering the treatment of a sensitive area, there must be a clinical indication for the treatment that fits into the Scope of Practice for Massage Therapy. The Scope of Practice for Massage Therapy is the assessment of the soft tissues and joints of the body and the treatment and prevention of physical dysfunction and pain of the soft tissue and joints by manipulation to develop, maintain, rehabilitate or augment physical function and relieve pain.

When clinically indicated, an MT may initiate discussion of the benefits, risks and alternatives to treatment of a sensitive area. With respect to massage of the gluteal region, the breast, or the chest wall, a client must request the massage of the sensitive area and must further provide informed consent that is documented in writing prior to treatment being initiated.

MTs must ensure they possess the knowledge, skills and training to perform massage for the clinical indications listed below prior to performing the massage. If an MT does not possess these, they must offer to refer the client to an MT who can competently perform the massage. Treatment of sensitive areas requires significant client-therapist trust and clients may need time to consider their comfort level.

Registrants must undertake the following processes, in the following order, to evaluate whether treatment of a sensitive area is indicated:

- Obtain informed consent for assessment of the sensitive area.
- Identify client treatment goals.
- Identify whether treatment of the sensitive area is clinically indicated and relevant to the treatment goals identified by the client.
- Obtain and document thorough health history, review health history with client, conduct an assessment of the sensitive area verifying client consent and comfort throughout
- Review the assessment findings with the client and document them in the health record.
- Review and describe the risks and benefits associated with the treatment.
- Provide the client with the option of a treatment plan that includes treatment of the sensitive area, and another option where treatment of the sensitive area is avoided.

Clinical Indications for Breast Massage (including chest wall):

- Lymphatic drainage issues including congestion, swelling or edema
- Breast pain and tenderness that has been previously confirmed in writing by a medical doctor to be of a benign, non-inflammatory origin
- Pain associated with pregnancy or lactation issues
- Breast tissue impairments resulting from concurrent health diagnosis (i.e. cancer) for which the MT has obtained prior physician referral/approval in writing
- Scar tissue/post-surgical management

Specific to chest wall:

- Reduced range of motion in the chest, neck or shoulder areas.
- Impaired muscle performance and function.
- The presence of congestion, swelling or edema associated with soft tissue injury.
- The presence of pain or tenderness of a benign origin.
- The presence of soft tissue integrity issues in the region including trigger points, tendinopathies, and sprain or strain injuries.
- Impaired postural control and function.
- Impaired function of the muscles associated with respiratory function.

Clinical Indications for Treatment of the Gluteal Region:

- Soft tissue impairments in the gluteal and posterior hip regions that have been identified as significant and relevant to the achievement of treatment plan goals.
- Reduced range of motion in the trunk, spine, pelvis or lower extremities.
- Impaired muscle performance and function.
- The presence of congestion, swelling or edema associated with soft tissue injury.
- The presence of pain or tenderness of a benign origin.
- Scar therapy management.
- The presence of soft tissue integrity issues in the region including trigger points, tendinopathies, sprain or strain injuries.
- Impaired postural control and function.

Clinical Indications for Treatment of the Upper Inner Thigh and Anterior Pelvic / Groin Areas:

- To reduce or eliminate soft tissue impairments in the upper inner thigh and anterior pelvic/groin areas that have been identified as significant and relevant to the achievement of treatment plan goals.
- Reduced range of motion in the trunk, spine or lower extremities.
- Impaired muscle performance and function.
- The presence of congestion, swelling or edema associated with soft tissue injury.
- The presence of pain or tenderness of a benign origin.
- Scar therapy management.
- The presence of soft tissue integrity issues in the region including trigger points, tendinopathies, and sprain or strain injuries.
- Impaired postural control and function.

B. Draping of the Client's Sensitive Areas Is Discussed Prior to Treatment and Proper Draping is Used

The MT must ensure that all Standards of Practice are followed pertaining to the draping of a sensitive area for the purposes of assessment or treatment.

To ensure proper draping of sensitive areas, registrants must:

- Provide secure draping technique options, including the option to work through clothing or sheet barrier where possible to the client in order to facilitate the utmost sense of comfort and safety.
- Describe the drape process to the client prior to and during application.
- Verify client comfort and consent throughout the entire process.
- Make adjustments according to client needs when required.
- Apply clearly identifiable and secure draping of the sensitive area so that the client can properly distinguish areas where touch will be applied and where it will not.
- Ensure that drape boundaries properly protect the client from exposure of the genital area and the gluteal cleft without exception.
- Provide for the sensitive area to remain covered and securely draped at all times other than what is necessary for direct assessment or treatment application.
- In cases where bilateral treatment of sensitive areas is indicated, only undrape one area/side of the body at a time.
- Never reach underneath the draping.

C. Treatment of Sensitive Areas is Discussed with the Client and Written Informed Consent is Obtained

This Standard requires that written consent (regardless of what may be required by the *Health Care Consent Act, 1996*) be obtained for the treatment of these sensitive areas.

- An RMT must not proceed with treatment unless informed consent is obtained from the client in advance of the treatment being initiated and that the consent is documented in writing.
- Informed consent must be voluntary and is a process during which the following must be discussed with the client:
 - 1) Nature of the treatment.
 - 2) Expected benefits of the treatment.
 - 3) Material risks of the treatment.
 - 4) Material side effects of the treatment.
 - 5) Alternative courses of action.
 - 6) Likely consequence of not having the treatment.
- Draping and positioning as well as the right to withdraw consent at any time must be discussed.
- Ensuring the client is aware of the nature of the treatment involving touching the sensitive areas.

As with any client, if there is no response to the recommended intervention then treatment should be terminated and the client referred to the appropriate healthcare provider.

A consent form (suggested template is below) must be signed by the client after informed consent is obtained following the process described above and prior to treatment being initiated. The signed proof of informed consent must then be placed and kept in the client's file. Changes to the plan shall also be recorded and if further treatment to sensitive areas is provided then further written consent is required to be obtained in advance of treatment each time.

Informed consent must be given voluntarily by an individual who is capable of providing consent.

The following are examples of consent forms for assessment or treatment of sensitive areas. Consolidating parts one and two is acceptable. The client must place their initials [check marks are not appropriate] indicating the relevant areas.

Part One - Assessment Process

I, _____(name), have requested assessment by this Registered Massage Therapist (RMT) _____(name).

As part of my therapeutic assessment, I am aware that the above named RMT will touch the following area(s) of my body [client to place initials (not check marks) in relevant areas below]:

- ___ Breast (s)
- ___ Chest Wall Muscles
- ___ Inner Thigh(s)
- ___ Buttocks (gluteal muscles)

The RMT has explained the following to me and I fully understand the proposed assessment including [client to place initials (not check marks) to indicate that the items below were addressed]:

- _____ The nature of the assessment, including the clinical reason(s) for assessment of the above area(s) and the draping methods to be used
- _____ The expected benefits of the assessment
- _____ The potential risks of the assessment
- _____ The potential side effects of the assessment
- _____ That consent is voluntary
- _____ That I can withdraw or alter my consent at any time.

I voluntarily give my informed consent for the assessment as discussed and outlined above.

Client Name (print): _____
Client Signature: _____
Date: _____
RMT Signature: _____

Part Two – Treatment Process

Following a discussion and review of assessment findings, I, _____ (client name), have requested treatment by this Registered Massage Therapist (RMT) _____ (name) for treatment of the areas identified below, for the purposes of treating the following clinical indications: _____.

As part of my therapeutic treatment, I am aware that the above named RMT will touch the following area(s) of my body [client to place initials (not check marks) in relevant areas below]:

- ___ Breast (s)
- ___ Chest Wall Muscles
- ___ Inner Thigh(s)
- ___ Buttocks (gluteal muscles)

The RMT has explained the following to me and I fully understand the proposed treatment including [[client to place initials (not check marks) to indicate that the items below were addressed]:

- _____ The nature of the assessment, including the clinical reason(s) for treatment of the above area(s) and the draping methods to be used
- _____ The expected benefits of the treatment
- _____ The potential risks of the treatment
- _____ The potential side effects of the treatment
- _____ Alternative courses of action
- _____ Likely consequence of not having the treatment
- _____ That consent is voluntary
- _____ That I can withdraw or alter my consent at any time.

I voluntarily give my consent for the treatment as discussed and outlined above.

Client Name (print): _____

Client Signature: _____

Date: _____

RMT Signature: _____

Standard 2: Mandatory Reporting

Mandatory reporting refers to the obligation under the Regulated Health Professions Act (RHPA) and the Health Professions Procedural Code for Registered Massage Therapists (MTs), employers and facility operators to file written reports to the College in a number of circumstances. It is one of the ways the College fulfils its role to protect the public's interest and maintain the public's trust in the massage therapy profession.

Mandatory reporting is considered an essential professional obligation because it is the best means of ensuring that instances of professional misconduct, incompetence, professional negligence, sexual abuse or concerns regarding incapacity are brought to the attention of the College. It is the responsibility of the College to review or investigate any report in the context of its self-regulatory role to protect the public from harm.

It is mandatory under the RHPA for an MT to file a written report to the College if they have reasonable grounds, obtained in the course of his or her practice, to believe that a client has been sexually abused by any member of the College or by any member of another health regulatory college.

It is compulsory for MTs to file a report of sexual abuse of a client, unless they do not know the name of the regulated health professional who would be the subject of the report. In fact, failure to do so when there are reasonable grounds to believe the abuse has occurred is an offence under the Health Professions Procedural Code (the Code), and can lead to severe penalties.

- A Massage Therapist is not required to file a report if the Massage Therapist does not know the name of the health professional who would be the subject of the report.
- When a Massage Therapist is required to file a report because of reasonable grounds obtained from a client, the MT shall use his or her best efforts to advise the client of the requirement to file the report before doing so.
- The report must contain the name of the person filing the report, the name of the health professional who is the subject of the report, an explanation of the alleged sexual abuse. As well, if (and only if) the client involved has consented in writing to provide his or her name in the report, the name of the client who may have been sexually abused must be included in the report.
- The report must be made to the Registrar of the College of the health professional who is the subject of the report within 30 days after the obligation to report arises, unless the therapist

has reasonable grounds to believe that the health professional will continue to sexually abuse the client or will sexually abuse other clients. In this case, the report must be filed immediately.

- Failure to file a mandatory report is an offence, which may be punishable by a fine of up to \$50,000 and constitutes professional misconduct.

A Checklist for Reporting Sexual Abuse and a Client Consent Form for Mandatory Reporting of Sexual Abuse can be downloaded from the Mandatory Reporting section of the College's website.

Standard 3: Post-Termination Relationships

Ending the therapist-client relationship does not eliminate the power imbalance that exists between registrant and client. This is because there may be continuing trust, knowledge, or influence derived from the previous professional relationship. For this reason, there is a mandatory waiting period prior to ending the professional relationship and commencing a romantic or sexual relationship with a former client. In some cases, a romantic or sexual relationship is never appropriate.

For a period of at least one year following termination/discharge of the professional relationship a registrant is not permitted to engage in a romantic or sexual relationship with a former client. Doing so will be grounds for professional misconduct allegations, including breach of a published College standard.

Furthermore, once the amendments to the RHPA come into force, it will be considered "sexual abuse" of a client to engage in a sexual relationship with a former client unless at least one year has passed because the amendments will actually provide that a client relationship still exists for one year after the last professional interaction.

However, there may be cases where it is never appropriate to enter into a personal relationship with a former client. Registrants must take into consideration: the nature of the Massage Therapy provided; the duration of the MT- client therapeutic relationship; the age of the client at the time of treatment; the vulnerability of the client; the degree to which, if any, the client has developed an emotional dependency on the MT; the potential impact on the wellbeing of the client; all other circumstances that might have an impact on the MT-client relationship and/or may affect the ability of the client to act freely.³

³ Attribution is provided to the College of Physiotherapists of Ontario's Guide to Therapeutic Relationships and Professional Boundaries.

MTs must not:

- Enter into a romantic or sexual relationship with a former client for a period of at least one year following the date of the last professional contact with the client. Therefore, registrants cannot initiate or respond to any client-initiated invitation to begin a romantic or sexual relationship for a period of at least one year.
- Enter into a romantic or sexual relationship with a former client when it would be inappropriate to do so when, taking into consideration the factors listed above, such relationship would reasonably be seen as not being in the client's interests (e.g. if the client was 16-17 years old when treated, is emotionally vulnerable or had previously been abused)

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