Cooper, Kathy

From: Sent: To: Subject: Totino, Michaele Tuesday, November 16, 2010 8:10 AM IRRC FW: IRRC Massage Therapy Regulations

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From: Jeffrey A Lutz [mailto:jeff@musclepainhelp.com] Sent: Monday, November 15, 2010 11:16 PM To: Totino, Michaele Subject: IRRC Massage Therapy Regulations

To the IRRC in regards to the Massage Therapy Proposed Regulations.

In an attempt to have the proposed regulations voted down, I am including excerpts from the existing regulations and their statutory counterparts, which seem to reflect an inconsistency and must be resolved before regulations can be approved.

1. Regulation 20.13 (c) (2) Obtaining informed consent regarding the risks and benefits of the MASSAGE THERAPY treatment plan and application and modification of the MASSAGE THERAPY treatment plan as needed.

Definition of "informed consent" by the AMA, though there is a definition in the regulations of Massage Therapy, states: In the communications process, you, as the physician providing or performing the treatment and/or procedure (not a delegated representative), should disclose and discuss with your patient:

- The patient's diagnosis, if known;
- The nature and purpose of a proposed treatment or procedure;
- The risks and benefits of a proposed treatment or procedure;
- Alternatives (regardless of their cost or the extent to which the treatment options are covered by health insurance);
- The risks and benefits of the alternative treatment or procedure; and
- The risks and benefits of not receiving or undergoing a treatment or procedure.

The AMA goes on to say that that "informed consent" is a term that is statutorily defined in all 50 states. There is NO statutory definition of "informed consent" in the Massage Therapy Law. Also, what is the condition a massage therapist would be getting "informed consent" to treat, if not treating disease, disability, ailments, or disorders? Please see: <u>http://www.ama-assn.org/ama/pub/physician-resources/legal-topics/patient-physician-relationship-topics/informed-consent.shtml</u>

2. Regulation 20.21 (b) (3): CPR Certification, that is valid for at least 6 months following the date of application. A list of BOARD-APPROVED CPR certifying bodies PROVIDERS will be posted on the Board's web site.

CPR, identified as a procedure with a CPT code of 92950, obviously indicates that CPR is a medical procedure. Medical procedures are not permitted by the statute which describes the definition of "Massage Therapy". Furthermore a person who, under the act, performs a medical procedure would be practicing outside the statutorily defined practice of MT. The requirement of CPR certification goes against the statute and should be removed. CPR is not mentioned in the statute, but only in the regulations.

- 3. 20.42 (a) (5) Standards of professional conduct
 - a. A massage professional shall: (5) Refer to an appropriate health care professional when indicated in the interest of the client

Referral to a medical professional implies that indications, from the language "when indicated", are objective findings that point to a disease state. Medterms.com defines the 2nd part of "indications" as "A sign or a circumstance which points to or shows the cause, pathology, treatment, or outcome of an attack of disease" Because MT's cannot diagnose by statute, an indication would not allow a MT to make a referral. Please see: <u>http://www.medterms.com/script/main/art.asp?articlekey=32545</u>

While I understand the importance of all these listed regulations involving the proficient practice of massage therapy, I must point this out if massage therapists are considered to be practitioners of palliative therapy or "non-therapeutic" massage therapy. The lack of a scope of practice, defined by the regulations, is the biggest concern here especially considering the IRRC directed the Board to define the scope of practice for LMT's in the Commonwealth. The scope of practice is absent here and instead is the repeated statutory definition of Massage Therapy.

Furthermore, continuing education (CE) in the field of massage therapy is primarily geared towards therapeutic assessment and the associated treatment protocols. The requirement is 24 hours of CE for every 2 years. If there is any question as to what the therapy will be intended to treat, it may be determined that a MT is treating outside the scope of their practice, therefore essentially teaching MT's to practice outside their scope.

It is in my hopes that these issues can be resolved and a well defined scope of practice be developed for MT's in the Commonwealth of Pennsylvania. If "soft tissue manifestations" can be interpreted to mean there is a therapeutic aspect to the practice of MT, then there are specific reasons for these regulations to stay in place.

Respectfully submitted,

Jeffrey A. Lutz, CMTPT