



Boundaries Standard of Practice

Applies to Registered Massage Therapists

The College of Complementary Health Professionals of BC was created on June 28, 2024 through the amalgamation of four health regulatory colleges:

- College of Chiropractors of BC
- College of Massage Therapists of BC
- College of Naturopathic Physicians of BC
- College of Traditional Chinese Medicine Practitioners and Acupuncturists of BC

All current requirements for standards of clinical and ethical practice issued by the four colleges remain in place upon amalgamation.

This document was created by the College of Massage Therapists of BC and will be updated to reflect the amalgamation.

CMTBC Standards of Practice

Purpose

Practice standards define the minimum level of expected performance for registered massage therapists, and therefore define what constitutes safe, ethical, and competent delivery of care by RMTs.

RMTs are responsible for exercising their professional judgment to apply the standards to the situations that they face in practice.

Boundaries

Definition

Boundaries separate professional and therapeutic behavior from non-professional and non-therapeutic behavior. It is the RMT's responsibility to establish and maintain boundaries that are appropriate to a therapeutic relationship. A therapeutic relationship between a patient and an RMT is based on trust, respect and the patient's best interests. Professional boundaries specify the behaviours that are appropriate within the therapeutic relationship, and set clear behavioural expectations for RMTs.

The physical nature of massage therapy requires clear boundaries to ensure that the patient's safety, comfort and dignity are upheld. Clear boundaries allow patients to know what to expect when they seek care from an RMT.

Requirements

An RMT:

1. establishes and maintains professional boundaries with a patient before, during and at the termination of the therapeutic relationship, including by:
 - a. providing patient-centred care at all times;
 - b. demonstrating respect for the patient;
 - c. establishing a professional rapport with the patient; and
 - d. maintaining an appropriate level of professional objectivity;
2. advises and redirects a patient if a boundary crossing occurs by:
 - a. recognizing that it is always the responsibility of the RMT to establish and maintain professional boundaries;
 - b. re-establishing professional boundaries with the patient; and
 - c. using professional judgment to determine whether and when to terminate a therapeutic relationship in accordance with the CMTBC Code of Ethics;

3. where there is a potential or actual boundary violation that cannot be adequately resolved, terminates the therapeutic relationship in accordance with the CMTBC Code of Ethics;
4. recognizes and respects the obligations set out in the CMTBC Code of Ethics never to sexualize the treatment environment or the therapeutic relationship through words, touch, or any other form of explicit or implicit sexual conduct (which constitutes sexual misconduct), or to permit a patient to do so;
5. does not enter into a close personal relationship with a patient;
6. does not enter into a close personal relationship with a former patient unless:
 - i. a reasonable period of time has elapsed since the therapeutic relationship with the former patient was terminated, and
 - ii. the RMT is reasonably satisfied that the power differential inherent in a therapeutic relationship no longer exists.
7. avoids providing treatment to close friends or family members where possible, and, if such treatment is provided:
 - a. clearly communicates to the patient when the RMT is acting in a professional capacity; and
 - b. maintains relationship boundaries when acting in a professional capacity;
8. recognizes when he or she is in a dual relationship with a patient and:
 - a. clearly communicates to the patient when the RMT is acting in a professional capacity as a registered massage therapist; and
 - b. maintains relationship boundaries when acting in a professional capacity;
9. recognizes transference and counter-transference and:
 - a. continuously assesses the patient's presentation and responds empathetically; and
 - b. monitors his or her own communications and reactions to manage transference.
10. refrains from giving gifts to patients or receiving gifts (including tips) from patients, except where the RMT's objectivity or ability to act in the patient's best interests will not be compromised;
11. recognizes the power imbalance within the therapeutic relationship and does not use the therapeutic relationship for inappropriate personal or financial gain;
12. communicates verbally and non-verbally with patients in a manner that:
 - a. meets patient needs;
 - b. avoids professional jargon or overly technical language;
 - c. is professional and respectful; and
 - d. demonstrates unconditional positive regard.
13. discloses personal information to the patient only to the extent required for the provision of patient-centred care;
14. recognizes and is accepting of individual and cultural differences based on factors such as age, gender, religion, sexual orientation, ethnicity, cultural beliefs, ability, values or lifestyle;
15. recognizes both cultural and individual differences in levels of comfort with touch and physical contact;

16. regularly checks in with the patient regarding his or her level of comfort with physical contact and treatment delivery, and monitors the patient's presentation for signs of discomfort (including non-verbal signs);
17. employs touch only with therapeutic intent;
18. does not initiate non-therapeutic touch or hugging with a patient and, before receiving non-therapeutic touch such as a hug, considers whether it would be appropriate, supportive and welcome;
19. communicates the intent of therapeutic touch to the patient before and during treatment delivery near potentially sexualized areas of a patient's body;
20. obtains and documents the patient's informed consent to treatment, both initial and ongoing;
21. recognizes and takes steps to minimize the occurrence of unintentional or incidental physical contact with potentially sexualized areas of a patient's body;
22. only undrapes the area of the patient's body where treatment is delivered;
23. if unintentional or incidental physical contact with potentially sexualized areas of the patient's body occurs, stops treatment, obtains patient consent before continuing with treatment, and documents the incident in the patient record;
24. takes steps to prevent the occurrence of unintentional or incidental physical contact with the patient's body by potentially sexualized areas of the RMT's body;

Appendix: Defined Terms

Boundary crossing: Brief excursions across professional lines of behaviour that may be inadvertent, thoughtless or even purposeful, while attempting to meet a therapeutic need of the patient.

Boundary violation: Occurs when the RMT intentionally or unintentionally crosses professional lines of behaviour in a way that is serious enough to potentially or actually harm the patient.

Close personal relationship: A relationship with a person that has elements of exclusivity, privacy or emotional intimacy which occur outside of the therapeutic context.

Counter-transference: When the RMT reacts to transference by transferring his or her experiences or emotions onto the patient.

Dual relationships: When an RMT has a business or personal relationship with a patient outside of his or her practice.

Former patient: A patient whose therapeutic relationship with an RMT was terminated.

Transference: When a patient projects feelings stemming from the patient's own personal experiences or emotions onto the RMT.

Therapeutic relationship: The relationship between a health professional and a patient, which is characterized by a power imbalance. It is the responsibility of the health professional to recognize and manage this power imbalance in order to provide safe, effective and patient-centred care.