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FOCUS ON THE PROFESSION:
21+ Ways to Attract
and Retain Business **6**

Results of the 2009
Earnings Survey **10**

A New Era,
A New Brand! **16**

Can You be Guilty
of Misconduct if
Nothing Happens? **18**

The Registered
Massage Therapists'
Association
of Ontario **22**



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Message from the Executive Director

The Profession: Rebranding for the Future

Throughout the course of a year, every organization experiences many milestones.

This has been a very busy year for the OMTA, marked by important milestones—and the year isn't over yet!

One of the more important projects this year has been our commitment to the strategic plan and to completing some of the projects set out in that plan. The first of these projects has been the launch of new branding for the profession. In collaboration with the CMTO, the Ontario Council of Private Massage Therapy Colleges, and the Heads of Massage Therapy of Ontario's Community Colleges, we began to take a closer look at the profession, including both its immediate and future needs. We recognised the importance, as leaders of the profession, to unite RMTs across Ontario and strengthen our community.

One of the ways in which we can do this is by creating a brand for the profession: a recognizable, motivating, credible brand that identifies RMTs as health care professionals. Creating a brand has been a long and arduous process, but with the help of the profession, and an outside marketing agency, RMTs now have a new brand; a common thread that brings everyone together. To read more about the new brand, see the article on "A New Era, A New Brand" (page 16).

Along with rebranding the profession, the association has also been rebranded to better link us with you, our members. The OMTA is now officially the Registered Massage Therapists' Association of Ontario (RMTAO). Read what our Chair has to say about our new name on page 22.

Another exciting project has been the completion of an earnings survey for the profession. The first of its kind, the 2009 earnings survey collected data from 2008, which has allowed us to form a better idea of the state of the profession. Although it may seem like a simple survey, the data collected are vital for making decisions about upcoming projects and guiding future decisions about where the profession is headed. You can read a summary

continued on page 4

“Whether you are participating in a survey or volunteering on one of our committees, your knowledge and experience as an RMT help to guide the association.”

of the findings in “Results of the 2009 Earnings Survey” (page 10). This information will also aid in our lobbying efforts, be it to increase fees for RMTs in auto insurance or seek an exemption from HST. Your participation in this survey was crucial to our success.

It has become more and more apparent that your membership and your participation in these projects is paramount to our success. With a small staff and even smaller resources, the RMTAO relies heavily on its members to support our endeavours. Whether you are participating in a survey or volunteering on one of our committees, your knowledge and experience as an RMT help to guide the association. What we undertake as an organization can be changed, just as a small group can change the world. As a valued RMTAO member, consider volunteering your time to your profession through the RMTAO and helping to make a difference.

It will be a busy year, and with your help we can make it a successful one! ■



Andrew Parr
Executive Director & CEO



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FREQUENTLY ASKED QUESTIONS

How is your program different from other acupuncture programs (Contemporary, AFCL, CMCC)?

Since we do not have the details of the other programs, we prefer not to make comparisons, but rather to concentrate on the course content of our program: you are free to obtain the details of the other programs and make your own comparisons.

You will find that there are course materials that are common to all programs as the basic theories of acupuncture have to be taught to all students.

Our Level 1 program is neuro-anatomical, scientific and evidence – based. There are some Traditional Chinese Medicine theories, but these are basic and kept to a minimum.

Level 1 consists of Lectures, small group point location practical labs, and anatomy labs. Small groups of about 8-10 students per instructor are led by tutors/demonstrators.

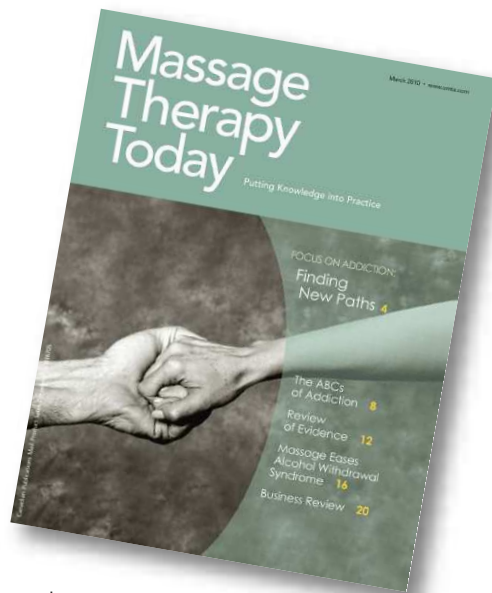
Is it true that your program is not suitable for anyone without prior Traditional Chinese Medicine training?

No. Contrary to the impression conveyed by other programs, you do not need any T.C.M. to take Level 1.

Is your program approved by the College of Massage Therapists of Ontario?

Yes, our Level 1 with the examination is approved by the College of Massage Therapists of Ontario as meeting the minimum requirements for acupuncture training for massage therapists in Ontario.

Letter to The Editor



May 12, 2010

Dear Editor,

I just wanted to send along congratulations to all who worked on the issue about addiction. I was very inspired by all the articles and I kept thinking, "People don't know about this! I need to spread the word!"

I contacted Amethyst House, an addiction center in Ottawa focused specifically on women. I had a meeting with a dozen of the staff and explained the benefits of massage for recovering addicts, showing them the magazine at the same time. I was delighted to hear that they had already had a grant for an RMT/yoga teacher to come in and work with the women. What I offered that was different was a clearer explanation as to why massage therapy works on so many levels for people moving through addiction.

Their grant money will expire shortly and we are looking into ways we can still offer massage to the recovering women until another possible grant comes through in the fall. It was a hard sell to convince women that massage would help in their recovery, but they caught on and saw the benefits and there is now a long waiting list.

The Amethyst staff and I all agree that explaining the benefits of massage therapy to recovering addicts is more than helping them in the moment. It is educating them for their future for when they are on their own and away from Amethyst House. Massage therapy may be a way they can support themselves to help alleviate or diminish anxieties and stress, which can lead them back to their original addiction.

Thanks again,

Karen Munro Caple, RMT
Ottawa

21+ Ways to Attract and Retain Business

By Don Dillon, RMT

Besides handing out business cards and brochures, creating a website, putting an announcement in the local paper, and advertising in telephone directories, RMTs can be at a loss for how to grow their business. Consider growing your business as you would grow a garden: cultivate it, add nutrients, work with natural systems, and have faith in the process. As in a garden it will take time to realize a harvest, but you can accelerate your results by combining a number of methods. This article sets out over 21 methods that work well together.

1. Act as if you are busy

Book appointments for 20 friends, family members, and influential people during your first two weeks of practice. Ask them to help you become a familiar presence in your new vocation. Treat these people as patients—complete with a full case history, assessment, and treatment—and model for them the excellent care you will provide in clinical practice. These people are an essential part of your network and want to see you do well. Give them the opportunity to help you grow your business.

2. Be visible in your clinic

Place posters with information about yourself in the lobby and in offices. Perform administration at the front desk to meet people. If you practice in a health club, use the facilities. Make sure people see you and have the opportunity to ask questions.

3. Become a subject matter expert

Your interest may be in sports massage, palliative care, pregnancy care, corporate wellness, chronic pain, or stress-related disorders. Learn

all you can, become well-versed in the treatment of problems experienced by your chosen market, and articulate your knowledge through articles and public lectures. Become an expert to acquire a large following quickly. Aim for being in the top 10% of your field.

4. When you are at work...work!

If you have two shifts a week, this is 12 hours in which you should be dedicated entirely to the treatment of patients/clients and building your business. If you are not booked, do not go shopping! Dedicate your time to building business relationships, increasing your technical and business knowledge and skills, and conceptualizing ways to attract more business. Do not become distracted by lesser things—make a daily plan and set goals to accomplish. Invest time now to reap the rewards later.

5. Exchange treatments with other therapists

Shop competing businesses—learn their strengths and good habits and pinpoint your market advantages. Build strong relationships with practitioners and they may refer their overflow. Become a student of excellent practice...learn all you can from more experienced practitioners.

6. Review your database monthly for "lost business"

Look for patients who cancelled and did not rebook, patients who normally receive treatment but have not booked an appointment for a while, or patients who could benefit from a new technique you have learned or a public seminar you are providing. Call them up and

continued on page 8



Don Dillon, RMT, is a therapist, author, and speaker. You can reach him at www.MTCOach.com.

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“Consider growing your business as you would grow a garden.”

offer a choice between two open appointments. They will be glad you called and this is a guaranteed appointment-book filler!

7. Reward referral sources and loyal and frequent customers

Create a system for rewarding behaviour that builds your business. Send personal thank-you cards for every referral. If someone is a tremendous source of business for you, perhaps recognize them with a complimentary treatment. These are not “kick-backs” for bought behaviour, but genuine acts of appreciation for helping you build your business. It takes five times the resources to acquire new business than to retain existing clients, so keep existing patrons happy!

8. Actively network

Attend Chamber of Commerce meetings or join a community group (e.g., the Kiwanis, Lions, church group) that interests you. Be active in the organization—volunteer for a board of director or committee member position. Business is built on relationships, so invest time in building your networks.

9. Find a mentor

Wise guidance fast-tracks our success. Find mentors to build both your technical/clinical proficiency and your business growth capacity. Mentors may be inside or outside of your field. Whomever you feel comfortable with, find someone you can share your challenges and triumphs with...it will help you to grow.

10. Add value to your services

Really listen during the case history. Perform a thorough assessment. Provide Epsom salts and remedial exercises post-treatment. Follow-up with new patients the next day. Make your appointments more valuable by doing the little things that make a big difference.

11. Be a teacher

Use metaphors or word pictures to explain key concepts. Educate your patients as to the

cause (problem), manifestation (symptoms), and remedy (solution) for their symptoms, especially in the first session.

12. Launch a marketing campaign

Create a flyer marketing the benefits of your services and who you serve. Target 500–1,000 homes and businesses in your neighbourhood and arrange delivery with Canada Post (this costs about \$0.10 per flyer). Repeat several times within a six-month period. Combine this with a website and the other methods mentioned in this list.

13. Team up with complementary, non-competing services

Develop an excellent list of health care providers—such as a chiropractor, naturopath, nutritionist, or personal trainer—that you can refer to and who will serve your customers even better. Hold a seminar, marketing to the contact list of every practitioner involved. You will triple your exposure!

14. Go public

Increase your publicity with monthly seminars on topics of interest. Invite friends, family members, patients, and business contacts. Outline solutions to common problems such as back and neck pain, work-related injuries, and better posture.

15. Write public-interest stories or a column for the local newspaper

Be persistent and newsworthy. This can be far more effective than advertising. One study showed that an article generates 28 per cent of readership, versus eight per cent with advertising alone.

16. Test your new techniques

Similar to the “act as if you are busy” idea, when you take part in a workshop or learn a new technique, invite 10 of your best patients/clients to come in for a sample. Explain the new technique and its advantages to them, and that you are looking for their

feedback to hone your skills. Fully educate them on the benefits of the technique so they can go out and promote you.

17. Be on the mind

Keep connected with postcards, newsletters, check-in phone calls, and regular advertising. Be omnipresent with helpful, non-solicitous material on a regular basis.

18. Cultivate knowledge and skills

Study marketing, sales, business systems, manual therapies, and modalities. Gain ideas and create better ways to service your markets.

19. Keep asking for business

Let people know you are open for business and are accepting new clients/patients. Hand out business cards with every completed treatment plan—when the patient's/client's confidence is highest.

20. Serve more needs and solve more problems

Build on the confidence clients/patients already have and provide products and services to meet more needs and solve more problems. Customers will see you as at the

leading edge of practice and will continue to return to you with other problems.


21. Cultivate yourself

Meditate, walk in nature, exercise, and eat well. Hold yourself and family time sacred. The more vital you are the better care you will provide. You will attract people who wish to be well like a magnet.

22. Do not go it alone

Create a team of advisors to help you grow and meet with them at least quarterly. These should be professional advisors such as a lawyer, accountant, marketer, and business coach. Ensure that these advisors challenge and support you, moving you beyond your comfort zone. Rely on them to help you stay the course.

23. Create a mastermind

Cultivate monthly meetings with other business owners (not necessarily or ideally massage therapists) who are at the same level or above you in business success. Meet and discuss your plans, be supportive with feedback and ideas, and make individual goals to report on at the next meeting. You will all grow from the exchange of ideas and perspectives! 

“Invite 10 of your best patients/clients to come in for a sample.”



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Results of the 2009 Earnings Survey

As a joint strategic initiative, the Leadership Stakeholders within the profession of massage therapy (the CMTO, the Heads of Massage Therapy Programs in Community Colleges, the Ontario Council of Private Massage Therapy Colleges, and the RMTAO) have initiated and completed the first earnings survey of the profession. The survey, which was based on 2008 income levels and completed in late fall of 2009, enjoyed the participation of 1,507 RMTs from across the province—a response rate of approximately 19 per cent.

This response rate is considered accurate within plus or minus two per cent at a 95 per cent confidence level. This means that in 19 times out of 20, the overall results obtained are accurate within plus or minus two percentage points, had all RMTs participated in the survey.

The purpose of the survey was to establish an understanding of RMT earnings in 2008 in order to be able to measure any changes in earnings based on the implementation of strategic initiatives. Changes in earnings will be measured through the completion of similar surveys in the future.

The Leadership Stakeholders are pleased to provide the highlights of the earnings survey. They do so with confidence that the survey results are an accurate representation of the overall profession. Nonetheless, the Leadership Stakeholders caution readers against drawing too specific conclusions from this survey. Although the survey was well drafted and professionally executed, it was not intended to do anything more than establish benchmarks for the profession.

Overall earnings for RMTs

The earnings survey indicates that, on average, an RMT in Ontario earned \$43,106 (gross) in 2008. Earnings were

based on the combination of income from direct client care,¹ massage-related services,² and services outside the scope of practice of massage.³

Services from which earnings came

Not every RMT earns income in the same way and to the same degree: each is unique. However, the earnings survey provided the following results for 2008:

- 87 per cent of RMTs earned income from providing direct client care services
- 18 per cent of RMTs earned income from massage-related services
- 23 per cent of RMTs earned income from providing services outside the scope of practice of the profession

Earnings from direct client care

As noted above, 87 per cent of RMTs earned income in 2008 from providing direct client care.

The survey results indicate that, on average, an RMT in Ontario earned \$38,485 through direct client care services in 2008.

Settings in which services were provided

The most prevalent settings in which direct client care services were provided in 2008 were:

- multi-disciplinary clinics (43 per cent)

- home-based settings (34 per cent)
- clinic settings with more than one RMT (29 per cent)
- outcalls (27 per cent)

The least prevalent settings in which direct client care services were provided in 2008 were:

- institutional settings (five per cent)
- fitness centres/sports clubs (four per cent)

Hourly fees for direct client care

The highest average posted fees in 2008, based on settings in which direct client care services were provided, were:

- a spa setting (average of \$82/hr)
- outcalls (average of \$79/hr)

The lowest average posted fees in 2008, based on settings in which direct client care services were provided, were:

- one's own clinic in a business setting (average of \$70/hr)
- fitness centres/sports clubs (average of \$69/hr)

Earnings from massage-related services

As noted above, 18 per cent of the profession earned income in 2008 from providing massage-related services.

continued on page 12

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The most prevalent sources of earnings from massage-related services in 2008, including the average income from those services, were:

- teaching in a massage therapy school (38 per cent), earning an average of \$16,561
- clinic management (28 per cent), earning an average of \$13,600
- selling massage or health products and equipment (24 per cent), earning an average of \$5,098
- providing seminars or workshops (23 per cent), earning an average of \$3,029
- facilitating continuing education courses or tutoring (13 per cent), earning an average of \$7,850

Earnings from services outside scope

As noted above, 23 per cent of the profession earned income in 2008 from providing services outside the scope of practice of massage.

The list of services that are outside the scope of practice of massage therapy is too long and too diverse to be able to properly survey the profession. The Leadership Stakeholders did, however, explore the reasons why RMTs provide these kinds of services.

The earning survey indicates that of those who provided services in 2008 that were outside the scope of practice of the profession:

- 50 per cent did so because they needed (as opposed to wanted) the extra income
- 19 per cent wanted workplace or activity variety
- 18 per cent wanted to develop other skills
- 13 per cent wanted (as opposed to needed) the extra income

Demographic analysis of earnings

The earnings survey collected a number of pieces of demographic information from respondents for comparative purposes. This raised privacy concerns, in that the demographic information might be sufficiently unique to allow the reader to identify the respondent. As a result, some of the original demographic considerations were not tabulated in order to protect respondents from the inadvertent disclosure of their earnings.

Earnings by region

The original intent was to provide a breakdown of earnings by a large number of regions. However, a low number of respondents from particular regions meant there was a risk of inadvertently disclosing individual information.

As a result, earnings were compared in only four regions: northern, eastern, central, and southern Ontario.

In 2008, total gross annual earnings were virtually identical across northern, eastern, and southern Ontario, with the median⁴ annual income for each at or approaching \$40,000. Median earnings in central Ontario were considerably lower at just above \$33,000 per year. This was a result of lower incomes earned through providing direct client care, relative to the other regions.

The highest incomes earned through providing direct client care services were in northern Ontario, where median earnings were almost \$4,000 per year above the provincial median of \$35,000. Central Ontario, with median earnings of \$30,000, was the lowest.

In contrast to earnings from direct client care, median earnings from massage-related services in central Ontario were significantly higher than in the other three regions. Income earned outside the practice of massage therapy was similar in all four regions, with central Ontario slightly higher than the others.

Earnings by years in practice

When comparing total gross earnings based on the number of years' practicing as an RMT in 2008, the earning survey indicates the following:

- Those with fewer than two years' practicing had considerably lower median total gross earnings than those who had a greater number of years' practicing.
- Total gross earnings continued to rise until six to 10 years' practicing, after which they began to stabilize and increased at a much slower rate.

Earnings from direct client care followed a pattern similar to that described above for total gross earnings.

There did not seem to be a relationship between years' practicing and income earned through providing massage-related services, with the exception of those who were in their first year of practice; these RMTs had almost no earnings in this category.

There was less variation in income earned from outside the practice of massage therapy based on years' practicing. Those in their first year of practicing as an RMT had earnings from outside the practice of massage therapy that were above the median; this is not surprising, given the relatively modest earnings for this group

continued on page 14

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from providing both direct client care and massage-related services.

Overall conclusions

The Leadership Stakeholders caution against drawing too specific conclusions from this survey. Although the survey was well drafted and professionally executed, it was not intended to do anything more than establish benchmarks.

For example, the earnings survey indicates that the average gross income of RMTs in 2008 was \$43,106. It does not indicate whether this is a low or high amount or an appropriate or inappropriate level of income, or if respondents were satisfied with this income level.

While the profession's strategic plan includes changes in earning levels among its objectives, the earnings survey itself merely measures income at a point in time; it is not intended to change income levels.

With our thanks

The Leadership Stakeholders would

be remiss if they did not take this opportunity to express their thanks to those who assisted in this project. Thanks go to the 1,507 RMTs who took the time to respond to this detailed survey. The Leadership Stakeholders recognize that the survey was complex and lengthy, but the information will be informative for several years to come.

Your support of the 2009 Earning Survey has allowed meaningful information for the profession.

The Leadership Stakeholders also thank the more than 30 volunteer RMTs who reviewed the survey questions and participated in two focus groups. Your support allowed the finalization of survey questions that would provide meaningful information for the profession. ■

Endnotes

1. "Direct client care" includes directly assessing the soft tissue and joints; recommending, developing, or implement-

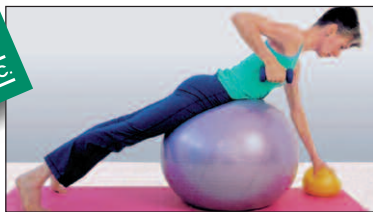
ing a treatment plan based on an assessment of the client's needs; treating the soft tissue and joints; and recording the preceding in the client file.

2. "Massage-related services" are services not in the scope of practice of massage therapy, but that have a direct relationship to the practice of massage therapy. This includes teaching in a recognized school of massage therapy, facilitating continuing education courses, tutoring refresher or remediation courses, providing seminars or workshops related to massage therapy, selling massage or health products or equipment for home use, publishing and selling books related to massage, and developing websites or software and other internet-related activities associated with massage therapy.
3. These earnings represent income earned outside of direct client care and massage-related services (i.e., unrelated to the practice of massage therapy).
4. Median is determined by finding arranging all data in order, from lowest to highest, and locating the value or point at which there are the same number of values above and below that point. For example, if you take the numbers 2, 6, 12, 15, 17, 22, and 30, the median is 15 as there are three numbers above and below that point. If you average these numbers (add them up and divide by the number of numbers [7]), the average or mean is 14.8.



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.....
Registered Massage Therapists'
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A New Era, A New Brand!

“After much hard work the RMT management team was proud to launch the new brand for the massage therapy profession in Ontario on May 31st of this year.”

Over the course of the past year, the RMTAO (see the article on page 22 about our new name)—along with the CMTO, the heads of massage therapy in Ontario’s community colleges, and the Ontario Council of Private Massage Therapy Colleges—has been working toward and completing the steps outlined in the profession’s Strategic Plan, which was unveiled in May 2009.

One of the many tasks involved has been to unite the profession through a new brand. The aim was to create a recognizable marque that RMTs could use in their practice to identify themselves to members of the public. Part of this included rebranding the OMTA, the CMTO, educators, and you—RMTs—each with a similar logo, distinguished by colour differences.

After much hard work, focus groups, discussions, and redesigns, the RMT management team was proud to launch the new brand for the massage therapy profession in Ontario on May 31st of this year.

What does this mean for you, the massage therapist?

One of the profession’s strategic objectives is to build a strong RMT brand. This can be accomplished by developing, implementing, and promoting the profession’s image and reputation in a way that captures the vision and promise of the profession. A unified brand will also aid in establishing the profession as an integral part of society

and health care and make the designation “RMT” universally recognized and valued.

It is important for the public to be able to distinguish RMTs from unregulated providers. We can achieve this through a united brand. The RMTAO believes this new brand to be credible, motivating, and sustainable. It both identifies and differentiates RMTs as health professionals in Ontario.

The new brand and logos have been unveiled by the CMTO and the RMTAO and are available for download from their respective websites at www.rmtao.com and www.cmto.com.

Every effort has been made to provide RMTs with a number of different formats to choose from. These include website logos, internal communications, newsletters, letterhead, business cards, and so on. ■

To read more about the Strategic Plan and the next steps, please visit www.rmtao.com.

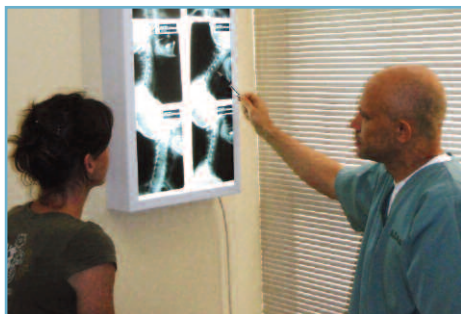


Registered Massage Therapist

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Three-Year Osteopathic Training Program (Osteopathic Manipulative Practice) for Massage Therapists begins in October of 2010



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- This unique program has formatted modules into specific topics, which maximally cover osteopathic theory and practice, with an additional focus on “hands-on” technique training. These modules also include case presentations and patient demonstrations.
- Students participate in 320 hours of clinical training in Osteopathy without any additional costs.
- A Diploma in Osteopathic Manipulative Practice will be presented to qualified graduates. However students can also attend individual modules of their choice, which they can directly integrate into their practice.
- All classes are taught by Dr. Norets, DO, MD, PhD, a physician with extensive knowledge and over a 25-year diverse practical experience in clinical medicine, teaching and research. He uses unique diagnostic and treatment approaches, based on the deep understanding of clinical osteopathy and sophisticated manual skills.
- Graduates will become members of the Society of Osteopaths of Canada and the Ontario Council of Drugless Osteopathy.

Major educational modules for Osteopathic (Manual Medicine) Training for 2010 and beginning of 2011

- Understanding the principles of Osteopathy and Manual Therapy. Integration of the osteopathic approach to assessment and treatment into current massage therapy practice. **October 1-3, 2010**
- Muscle Energy Technique, Myofascial Release, Techniques of Still and Chapman Reflexes. **November 12-14, 2010**
- Counterstrain, Facilitated Positional Release, Oscillatory Techniques and Ligamentous Articular Strain. **January 7-9, 2011**
- Cranial Osteopathy and Craniosacral Therapy.
Part 1. February 4-6, 2011; Part 2. March 4-6, 2011
- Cervical Region. Clinical assessment and manual treatment using Muscle Energy, Myofascial Release, Facilitated Positional Release and other manual techniques.
Part 1. April 1-3, 2011; Part 2. May 13-15, 2011

Individual modules recognized by the College of Massage Therapists of Ontario as recordable Continuing Education Units (CEUs).

For a full list of the courses or additional information please visit:

www.clinicalosteopathy.com. For registration or any inquiries please contact **905-855-0988** or **info@clinicalosteopathy.com**

Can You be Guilty of Misconduct if Nothing Happens?

By **Bernard LeBlanc**

In order to find that a practitioner has engaged in some form of professional misconduct, they generally need to either do something wrong or fail to do something that they should. For example, charging an excessive fee, releasing confidential information without consent, or engaging in any form of billing fraud are obvious acts of professional misconduct. But what if a practitioner suggests an inappropriate course of action and it is never acted upon?

The divisional court found that practitioners can indeed be found guilty of misconduct even if the drug is not administered. The court pointed out that misconduct proceedings are not criminal trials, where there is a requirement for an act or specific omission. In criminal trials, the Crown typically needs to prove that an act took place and that the accused intended to do the act. The court distinguished the case before it by stating, "There is no requirement of an

act or an attempt to underpin a finding of professional misconduct".

The physician's counsel argued that because of the protocol associated with administering the thrombolytic medication, there was no possibility

that the physician's order, or in one case only the possibility of ordering the drug, would be acted upon. However, the court decided that it was sufficient that the physician intended or contemplated the inappropriate use of the drug: "Thankfully, due to the intervention of third-party nurses and Dr. Chu, there was no chance that the drugs would be administered to the patients in question..."

continued on page 20



Bernard LeBlanc, MA, LLB, joined Steinecke Maciura LeBlanc in 1998. He teaches Civil Litigation and Advocacy and regularly gives workshops. He publishes a monthly online newsletter, Professional Practice and Liability on the Net, which deals with professional liability, regulatory, and employment law issues. You can reach him at 416.599.2200, ext. 232 or bleblanc@sml-law.com.

This was one of the issues in a recent Ontario case, *Yar v. College of Physicians and Surgeons of Ontario*, [2009] O.J. No. 1017. It was alleged that Dr. Yar engaged in professional misconduct simply because she intended to administer a thrombolytic drug with respect to two cardiac patients when the requisite criteria for ordering the drug were absent. The interesting part about the case is that in both cases, a nurse and another physician stepped in to stop the drug from being administered. The issue really was whether a simple intent to administer the drug was sufficient for a finding that the physician breached the standards of practice of the profession.





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“We DARE You!”

The Registered Massage Therapists' Association of Ontario is DARING members to accept our challenge and spread the news about RMTAO membership and invite all RMTs to be a part of their professional association. Invite your fellow RMT to become a member and you could win great prizes!

Visit **RMTAO.com** for full challenge details!



“But what if a practitioner suggests an inappropriate course of action and it is never acted upon?”

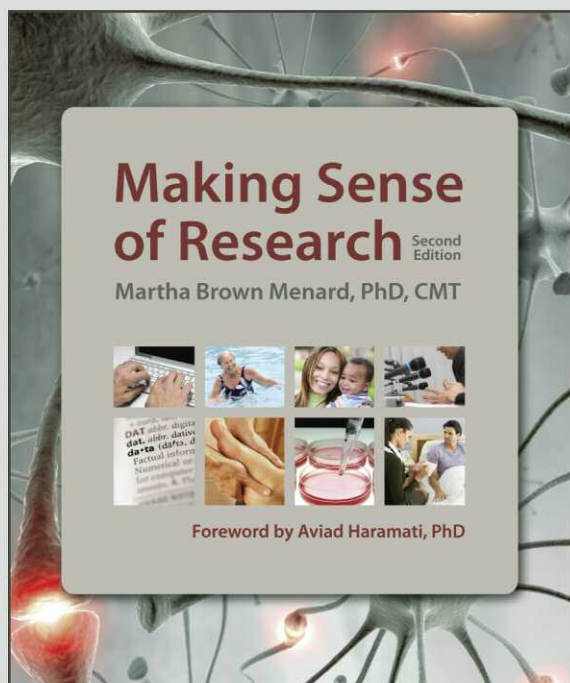
Another time, there might not be a nurse or doctor who was prepared to intervene.”

The court also made it clear that it was prepared to contemplate a wider range of activity that might constitute professional misconduct: “This is a disciplinary proceeding with the objective of protecting the public. The concern about creating inappropriate risks to patients is properly within the ambit of a disciplinary proceeding, and is at the core of the expertise of those involved in the disciplinary process.”

Practitioners and regulators will want to be aware of this case as it arguably expands the scope of what might constitute professional misconduct. On the one hand it may be argued that there was in fact an “act” in this case, which was the simple

contemplation of the administration of the drug. On the other hand, misconduct is usually found when the practitioner actually orders or dispenses the drug and it is taken by the patient. Arguably, this case would support taking action on the basis of any substantial advice, even if it is not acted upon. Others may attempt to use this case to justify a further expansion of what might constitute professional misconduct. However, it is likely that this case also comes close to “the outer limits” as to what may constitute professional misconduct. DM

Reprinted with permission from the spring 2009 (Vol. 9, No. 5) issue of Professional Practice and Liability on the Net. Professional Practice and Liability on the Net is a monthly internet newsletter addressing issues of interest to a wide range of professionals. www.sml-law.com.



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DAY 3 Mon. Nov. 8th • 8am to 5pm
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The Registered Massage Therapists' Association of Ontario

Amanda Baskwill, RMT

For over 70 years, the OMTA has been a source of information and education and has advocated in the interests of the massage therapy profession. Over this time, we have seen the profession grow in both size and stature within Ontario. We continue our focus on these areas as part of our commitment to advancing the profession and improving the health of Ontarians.

As the world around us changes, so too must our organization. The OMTA has had to evolve, adjusting its positioning and the way in which it communicates with both members and external audiences. Future opportunities and challenges face our organization and its members and these require that we adjust the organization for the future.

It was with this in mind that we recently announced an official change of name for the association. The Ontario Massage Therapist Association has become the **Registered Massage Therapists' Association of Ontario (RMTAO)**.


The new name better aligns our organization with the new brand for the profession under the moniker "Registered Massage Therapist." This brand will relate more positively with Ontarians and allow them to better realize the value of our profession and the role the professional association plays in Ontario's health care system. The RMTAO's role is to advance the profession in order that it may



Registered Massage Therapists' Association of Ontario

play an important and continuing role in ensuring the health of Ontarians.

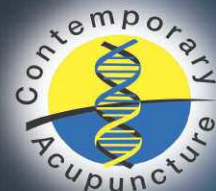
In moving to the new name, the Board of Directors and members of the association have recognized the value of our rich history, but also the need to allow all RMTs to become connected with their professional association. The association has worked diligently to improve the services and support it provides to the profession and the way in which it advocates to advance the profession. The new name is a reflection of a process of change many years in the making, and is an open invitation to all RMTs to renew their relationship with their professional association.

More information about the name change and the background to it is available on the association's website at www.RMTAO.com. The association is in the process of revamping all of its collateral materials, including the website, to reflect this new name. 



Amanda Baskwill, RMT
Chair, Board of Directors

Contemporary Acupuncture



Contemporary Acupuncture for Health Professionals is a 300 hour University accredited course.

The original McMaster Medical Acupuncture Program, since 1998

The program is skill-based and clinically oriented, with over 80 hours devoted to practical workshops on surface anatomy palpation, needle insertion skills, anatomy laboratory, condition-specific blueprint treatment design, and treatment of real patients. Since 1998, more than 1100 professionals have graduated from the program, achieving their training goals.

This is what they have to say:

"This course exceeded my expectations. I believe that I received the most advanced acupuncture training being offered today, provided by a team of instructors that bring a wealth of technical and practical knowledge to the program. I also appreciate feeling that I am part of a broader community of practitioners that continues to provide support, education, and advocacy."

Given G. Cortes, BA, RMT

"It has been a couple of years since I took the Contemporary Medical Acupuncture program and I have used it every day in my clinic since. The integration of McMaster's contemporary concepts blends very easily into a manual therapy practice. Their teachings, incorporating Western medical models, evidenced based medicine and functional assessment have provided me with a powerful treatment tool that is very effective in conjunction with manual techniques."

Ken Ansell, RMT

"The Contemporary Acupuncture Program provides you with the tools to develop neurological roadmaps for treatment protocols. As well, you will develop a paradigm shift in your understanding of Pain and Dysfunction in such a way that the focus of your treatments will be fine tuned. This entirely unique modality has greatly increased the efficacy of my treatments, with strategies that I was able to implement straight away. In addition, I am able to address somatic and visceral dysfunction together in one treatment. How cool is that ?"

Lisa M. Foreman, B.Sc., RMT

"Acupuncture is very effective in treating a variety of painful disorders, both acute and chronic. When I do acupuncture and massage therapy together my clients say its magic."

Khadja Afzal, RMT

"This course was exactly what I had been looking for - it was challenging, motivating and interactive. I was able to implement new skills and concepts learned immediately after the first unit and two years later I am still evolving and expanding my treatments combining acupuncture and massage therapy. Best of all, graduates have access to ongoing support and feedback from clinical instructors and staff, which I have found to be priceless."

Tonia Nisbet, RMT

The McMaster University Contemporary Acupuncture Program is recognized by numerous insurers, including the Workplace Safety and Insurance Board (WSIB) of Ontario, for payments to acupuncture providers.

For further information, please visit
ContemporaryAcupuncture.com

Contemporary Acupuncture for Health Professionals: Program Summary

A 300 hour comprehensive, university accredited, accelerated training program in contemporary acupuncture (126 contact hours, 174 hours home study portion). Five, three-day practical units focusing on:

Introduction to Contemporary Acupuncture

Neurobiology of peripheral nerve stimulation with fine needles. Adverse effects and precautions. Summary of traditional models and international nomenclature of acupoints. Five needling workshops. Two anatomy lab sessions.

Upper Extremity Problems • Acute Pain

Neurobiology and treatment of acute musculoskeletal pain. Shoulder and upper extremity insertion sites. Blueprint treatment of shoulder, lateral epicondylar, and median nerve compression problems. Five needling workshops. Two anatomy lab sessions.

Axial Skeletal Problems • Visceral Regulation

Neuroanatomy of the autonomic nervous system. Visceral innervation. Reflex somatovisceral stimulation. Blueprint treatment of neck and back pain, gastrointestinal and pelvic problems. Seven needling workshops. One anatomy lab session.

Head & Face Problems • Chronic Pain Syndromes

Neurobiology of chronic pain. Peripheral and central neuropathic pain. Facial pain. Blueprint treatment for chronic pain and fatigue. Five needling workshops. One anatomy lab session.

Lower Extremity Problems • Integrated Mgmt.

Functional medicine model for the management of complex cases. Contemporary electro-acupuncture integration in pain and functional medicine. Blueprint treatment of lower extremity pain problems. Six needling workshops including treatment of two outside patients under supervision.

Contemporary Acupuncture for Health Professionals

Fall 2010 Program

Introduction to Contemporary Acupuncture
Unit 1 • September 10-11-12, 2010

Upper Extremity Problems • Acute Pain
Unit 2 • October 1-2-3, 2010

Axial Skeletal Problems • Visceral Regulation
Unit 3 • October 22-23-24, 2010

Head & Face Problems • Chronic Pain Syndromes
Unit 4 • November 12-13-14, 2010

Lower Extremity Problems • Integrated Mgmt.
Unit 5 • December 3-4-5, 2010

Spring 2011 Program

Introduction to Contemporary Acupuncture
Unit 1 • February 18-19-20, 2011

Upper Extremity Problems • Acute Pain
Unit 2 • March 18-19-20, 2011

Axial Skeletal Problems • Visceral Regulation
Unit 3 • April 8-9-10, 2011

Head & Face Problems • Chronic Pain Syndromes
Unit 4 • April 29-30, May 1, 2011

Lower Extremity Problems • Integrated Mgmt.
Unit 5 • May 27-28-29, 2011

Registration is limited

Contact Valerie Cannon

905.521.2100 x75175

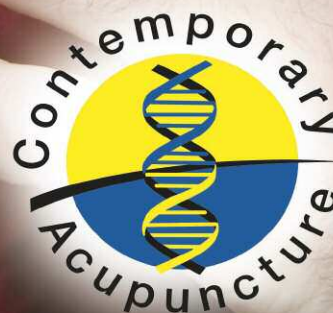
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