

COLLEGE OF MASSAGE THERAPISTS OF NEW BRUNSWICK

**Certification Examinations
Candidate Handbook
2017**

Certification Examinations Candidate Handbook 2017

The Handbook includes the policies and procedures for the Massage Therapy Certification Examinations in New Brunswick. Although accurate at the time of publication, subsequent changes may take place without prior notice. The College will attempt to advise candidates of important changes, but reserves the right to make any changes necessary at any time without advance notice.

Please visit the website www.cmtnb.ca for the most accurate version of this handbook and for new or revised policies.

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1. General Information

1.1 The College of Massage Therapists of New Brunswick

The College of Massage Therapists of New Brunswick (CMTNB) is dedicated to excellence in protecting the public, serving its members, and promoting the highest possible quality of the practice of massage therapy in a safe and ethical manner. The College exists to protect the public interest and to regulate the profession of massage therapy.

Through the maintenance of high professional standards, the College of Massage Therapists of New Brunswick ensures ethical, high-quality health care.

As part of its responsibility to the public, the CMTNB sets minimum entrance to practice requirements, administers the certification examinations and promotes continuous improvement of massage therapists' knowledge, skills and abilities through the Continuing Education and Quality Assurance program.

Candidates are expected to read, understand and comply with all requirements of the *Massage Therapy Act* of New Brunswick, 2013, By-Laws, Policy and Position Statements, Standards of Practice, and Code of Ethics.

1.2 Certification Examinations and Registration with the College

There are two components of the College's certification examination: the objectively Structured Clinical Evaluation (OSCE) and the Multiple-Choice Examination (MCQ). Successful completion of both components of the certification examination is one of the conditions for registration with the College.

Massage therapy students or graduates who have not yet taken, or have failed the certification examinations are not yet members with the College and are advised they should not practice massage therapy or hold themselves out as Massage Therapists before they are registered with the College.

If the College receives a complaint about a student or graduate of a massage therapy program who is, or has been, practicing before being registered, the information will be investigated. When the student or graduate files an application for registration, the complaint will be reviewed by the Registrar for a decision.

An application for registration as an active member of the College shall be made to the Registrar and shall be referred to the Admissions Committee for review and recommendation. The Board of Directors, upon the recommendation of the Admissions Committee, may approve for registration a person who has met all conditions stipulated in subsection 17(2) of the *Massage Therapy Act* of New Brunswick.

Notwithstanding anything in the Act, the Board of Directors may deny registration to any person who: a) has been convicted of an indictable offence; b) has been refused registration in a jurisdiction outside New Brunswick; c) has been removed from the register of a recognized professional massage therapy organization; or d) for any other reason is considered unfit to practise massage therapy in New Brunswick. (Subsection 17(6) of the *Massage Therapy Act*.)

The Admissions Committee is prepared to refuse to register graduate(s) who practiced before registration with the College.

Please refer to Appendix C for full position statement

1.3 New Brunswick Examination Regulation

The following is taken directly from the Massage Therapy Act and By-laws of New Brunswick

- (1) The board shall offer competency examinations
- (2) A person is eligible to take a competency examination if he or she:
 - (a) submits a Certification Exam application posted on the website at www.cmtnb.ca
 - (b) pays the required fees;
 - (c) submits copy of diploma and school transcript from an approved college or university;
 - (d) demonstrates to the board's satisfaction that he or she is reasonably fluent in English and/or French; and
 - (e) submits evidence of Canadian citizenship or proof that he or she is lawfully admitted to and entitled to work in Canada. The College requires two pieces of government issued identification, with at least one being a photo ID. If he or she had a legal name change, provide proof with documentation (*i.e.* marriage certificate or divorce certificate.)
- (3) A person who fails an examination:
 - (a) may apply for re-examination up to 2 times within the 2 year period after the failure; and
 - (b) Shall provide proof of upgrading satisfactory to the board if he or she applies for re-examination after the 2 year period has elapsed.

1.4 Registration Requirements for a General Certificate of Registration

- (1) For the purposes of registration and the issuance of a licence under this Act, the College shall recognize and approve examinations and schools of or pertaining to massage therapy and shall make provisions for the holding of examinations as it may consider necessary for those purposes, but the standards of the examinations and schools recognized and approved and of the examinations held shall not be lower than the standards prescribed by the Canadian Massage Therapy Alliance.
- (2) The authority of the College to recognize and approve schools of massage therapy does not include authority to determine whether or not an educational institution may offer courses or training related to the practice of massage therapy.
- (3) The college shall register as a massage therapist and issue a licence to practise massage therapy to a person who
 - (a) pays the required fee;
 - (b) has a diploma, degree or certification and has passed the examinations recognized and approved by the College under section 17 of the *Massage Therapy Act*;
 - (c) provides proof that he or she has obtained professional liability insurance coverage in a form and amount satisfactory to the college; and
 - (d) Meets other requirements as outlined in section 17 of the Act.

1.5 Examination Content and Item Development

The certification examinations are based upon internationally recognized testing standards, designed to ensure fairness, openness and defensibility. The cornerstone of these standards is the requirement that the certification examinations be job-related. The education and experience

requirements and the content of the examinations must reflect what competent massage therapists in New Brunswick do on the job.

The College of Massage Therapists of New Brunswick has adopted the *Inter-jurisdictional Practice Competencies and Performance Indicators for Massage Therapist at Entry-to-practice* (2012) as approved by CMTO, CMTBC and CMTNL. These competencies were used to develop both OSCE and MCQ criteria for the 2017 year.

The internationally recognized testing standards employed at the examinations ensure that each candidate is afforded an optimal, standardized testing experience. The certification examinations undergo rigorous psychometric consultants (Yardstick), the College's Subject matter Experts and Examination Committee/Officer ensures the development, administration and review of the certification examination.

1.6 Eligibility for Certification Examination

The following eligibility criteria apply to both the OSCE and MCQ exams:

Eligibility for New Brunswick educated candidates

An applicant educated in New Brunswick must have obtained a diploma in massage therapy from an approved school in New Brunswick.

Massage Therapy graduates in New Brunswick **must submit** their official transcript and diploma from their school **no later than 14 days** prior to each exam date. To avoid losing an exam date, confirm when your school will be able to provide you with the official transcript BEFORE scheduling your exam. If the applicant has not submitted their official transcript from their school the candidate will be removed from the examination schedule immediately.

Eligibility for Canadian educated candidates (outside New Brunswick)

An applicant educated in Canada outside New Brunswick must have qualifications equivalent to those provided by the educational program currently being taught in schools and Colleges in New Brunswick.

Applicants must have their qualifications assessed and their eligibility determined **before** they are able to take the certification examinations. All necessary documents and payments must be forwarded to the College. Once an applicant's credentials have been approved, admission to the certification examination is granted. Each applicant will be assessed on a case by case basis.

Eligibility for Internationally educated candidates

An applicant educated outside Canada must have qualifications equivalent to those provided by the educational program currently being taught in schools and Colleges in New Brunswick.

Applicants must have their qualifications assessed and their eligibility determined **before** they are able to take the certification examinations. All necessary registration documents must be forwarded to the College. Once an applicant's credentials have been approved, admission to the certification examination is granted. Each applicant will be assessed on a case by case basis.

1.7 Description of the Certification Examinations

The following sections detail the OSCE and MCQ test format:

1.7.1 OSCE

The Objectively Structured Clinical Evaluation (OSCE) is the clinical component of the College's certification exams. This exam is designed to evaluate both the candidates' knowledge and application of skill, and tests their ability to safely and effectively apply the principles and processes of massage therapy practice, within the context of multiple clinical scenarios in one of 7 test stations. Scores are given by massage therapist examiners based on the candidate's performance in each station. The overall score for the exam is the sum of the station scores. Competency area subtopics and the percentage of marks allocated to each competency area are provided in section 13.1 (i.e. OSCE content outline).

OSCE Station Specifications:

The OSCE consists of 7 Stations (detailed in the chart below). Candidates may be assigned to start at any station. Candidates will proceed sequentially from their starting point. For example, a candidate starting at station 6 would continue as follows: 7, 1, 2, 3, 4, and 5. Candidates receive their starting station position on the day of the exam, which is listed on the candidate badge issued by the Examination Officer the day of the certification exam.

Table 1: OSCE Stations & Descriptions

Station 1

Remedial
Exercise/Self care

The candidate is expected to assign specific therapeutic exercises and home-care to the client.

Station 2

Client Interview

The candidate is expected to obtain a relevant case history by conducting a client interview.

Station 3

Treatment Plan/Consent

The candidate is expected to interact with the client to explain their treatment plan for initial and ongoing treatment, and obtain informed consent.

Station 4

Assessment 1

The candidate is expected to demonstrate their ability to perform specific assessment techniques (e.g. palpation, range of motion, neurological, orthopaedic testing, etc.)

Station 5

Assessment 2

The candidate is expected to conduct an assessment to determine the nature of the client's presenting dysfunction.

Station 6

Treatment 1

The candidate is expected to perform a focused massage therapy treatment, given the presenting case history and assessment findings.

Station 7

Treatment 2

The candidate is expected to demonstrate their ability to perform specific massage therapy techniques on specific structures.

Station 1-7: The combination of the 7 Stations are designed to assess the candidate's ability to safely and effectively obtain a case history, conduct an assessment, outline a treatment plan and obtain informed consent, perform a treatment, and assign therapeutic exercise and home-care. Candidates must be **focused** in their approach and tailor their interaction to **specifically address the presenting clinical problem**. Candidates are expected to do the work assigned within the time allotted, the OSCE lasts approximately 1 ½ hours.

1.7.2 MCQ

The MCQ is the Multiple-choice component of the certification exams and consists of 150 questions administered within a time period of 180 minutes. This exam is designed to evaluate the candidates' theoretical knowledge in the three competency areas of profession practice, assessment and treatment planning, and treatment and patient self-care. Competency area subtopics and the percentage of questions allocated to each competency area are provided in section 13.2 (i.e. MCQ content outline). Test questions provide four options, where one option is correct and three others are incorrect distracters.

Exams are held at least three times year at a location determined by the examination committee. Candidates will be notified of date options once they have registered. Candidates are expected to arrive 30 minutes prior to scheduled exam time. All necessary supplies will be provided at the exam and a proctor will provide one sheet of blank scrap paper, which candidates may use during the examination. This paper will not be reviewed by the College, and are for the candidate's use during testing only. This sheet must be returned to the proctor upon completion of the test, whether or not the candidate marked it.

Be aware that an examination environment is never perfect so expect some noise, distractions, temperature variations, etc. Candidates are not permitted to bring any personal items in to the examination room except earplugs or headphones to block out the noise. The College is not responsible for any personal injury or articles lost, stolen, or broken at the examination centres.

2. Exam Scheduling and Fee policy

2.1 OSCE Dates and Scheduling

The following sections detail OSCE dates, application deadlines and policies. For information on OSCE fees, go to section 2.4.

Please note the CMTNB reserves the right to cancel and exam based on insufficient applicants. A minimum number of applicants must apply for an exam to go ahead as scheduled.

2.1.1 OSCE Dates and Scheduling

Table 2. OSCE Dates & Deadlines

OSCE Examination Date	Application Deadline	Withdrawal (without penalty by 4:00pm)
April 30, 2017	March 17, 2017	March 31, 2017
June 25, 2017	May 19, 2017	June 2, 2017
August 19 & 20, 2017	July 15, 2017	July 28, 2017

Exam 4: A date has not been scheduled for the 4th exam. It will only be offered if a minimum number of candidates apply for the exam. If applying please use Exam 4 as the date.

IMPORTANT:

Candidates who withdraw after the specified 3-week deadline are required to pay the \$150.00 withdrawal fee. Withdrawal one day or day of the exam would result in candidate being charged the full amount of \$700, as per the 2017 fee schedule. See Table 3 for details

Please Note:

1. Exams are delivered in English and/or French on all dates.
2. Special Accommodations for OSCE must be approved prior to application deadline and Accommodation dates will be set at that time.

The deadline for Special Accommodation application is 3 months prior to the date.

2.1.2 Scheduling Policies

Important: The College must receive your school's graduation (program completion) list a minimum of 14 calendar days before your scheduled OSCE date. To avoid losing an exam date, confirm when your school will be able to provide you with the official transcript BEFORE scheduling your exam. Exceptions may be made by contacting the Registrar before the application deadline date.

Please note that we reserve the right to change your session time on the OSCE exam day, you will be notified immediately.

Please note that we reserve the right to cancel an examination day. If your examination day is cancelled, we will re-schedule for the next available exam day. In this event you will be notified immediately.

Candidates may apply to take the OSCE or MCQ in any order

2.2 MCQ Examination Dates and Scheduling

The following sections detail MCQ dates, application deadlines and policies. For information on MCQ fees, go to section 2.4.

2.2.1 MCQ Examination Dates & Scheduling

Candidates can select their exam date on the CMTNB website using the exam registration form under the exam tab.

To arrange for an e-transfer: registrar@cmtnb.ca please send a separate email to confirm your password in answer to your security question when arranging for the e-transfer.

Scheduling instructions will be sent by email to candidates who have paid for their MCQ and have completed their massage therapy program.

The deadline to sign up for an exam day is 4 business days prior to the date.

MCQ Examination Date
May 6, 2017
July 8, 2017
August 18, 2017
September 16, 2017

Exam 5: A date has not been scheduled for the 5th exam. It will only be offered if a minimum number of candidates apply for the exam. If applying please use Exam 5 as the date

Note that the deadline for Special Accommodation Applications is 3 months prior to the date.

2.2.2 MCQ Scheduling Policies

You must pay for your MCQ exam before you can select an exam date. You will not receive MCQ scheduling instructions until you provide your official transcript from your school showing proof of graduation. Candidates may apply to take the OSCE or MCQ in any order.

2.3 Withdrawing from Scheduled OSCE and MCQ Exam Sessions

2.3.1 OSCE Withdrawal

IMPORTANT: Candidates may withdraw from an exam at any time, up until the commencement of the exam, without the exam counting as an attempt.

Candidates who wish to withdraw from, or re-schedule an OSCE must send their request to the Registrar, by **email** (registar@cmtnb.ca).

Candidates who withdraw one day before, or the day of the exam would result in the candidate being charged the full amount of \$700.00 which would result in no refund.

Candidates may withdraw from the OSCE on or prior to the Friday (4:00pm) three weeks prior to the exam date, without incurring an administrative fee. An administrative fee of \$150.00 is applied when a candidate withdraws or re-schedules *after* the withdrawal date specified. Candidates who withdraw after the specified withdrawal date due to medical reasons will be charged an administrative fee of \$50.00 if a doctor's note is provided.

Candidates who encounter an extraordinary circumstance (sudden illness or accident) during the examination must discuss their options with the Examination Officer.

2.3.2 MCQ Withdrawal

IMPORTANT: Candidates may withdraw from an exam at any time, up until the commencement of the exam, without the exam counting as an attempt. A \$150.00 administrative fee will apply.

Rescheduling the MCQ: Rescheduling can be done by resubmitting a new application up to 4 business days prior to the examination.

Cancelling the MCQ Exam: Candidates must call the **CMTNB Registrar** at: **1-844-836-2402** to cancel a session **at least 4 days prior** to the examination. If a candidate fails to attend at the specified examination time and has not advised the **CMTNB Registrar** at least 4 days in advance, a \$150.00 cancellation fee applies (see Table 3).

2.4 OSCE and MCQ Application Fees

The following (Table 3) outlines exam events, and associated deadlines and fees related to scheduling and withdrawing from the OSCE and MCQ.

Table 3: Exam Application Fees

Activity	Fee
OSCE	\$700.00
OSCE late withdrawal fee (within 3 weeks prior to exam)	\$150.00
OSCE late withdrawal fee (one day prior or day of exam)	\$700.00
MCQ	\$500.00
MCQ late withdrawal fee (within 4 days prior to exam)	\$150.00
Withdrawal Fee with proper medical documentation	\$50.00
Incomplete Application or insufficient funds	\$50.00
Appeals Fee	\$100.00

IMPORTANT: Candidates who do not complete the program requirements to graduate from their massage therapy program and do not notify the College within 3 weeks of their Scheduled OSCE are required to pay the \$150 withdrawal fee.

The CMTNB can accept payment in the following forms: certified cheque, e-transfer, and money order.

Both the application and payment must be received and funds must be available by the deadline dates stated in this handbook.

If payment is found to be NSF or declined, the applicant will be charged an administration fee of \$50.00 in addition to the original examination fee and the application will be considered not received until the CMTNB receives the funds. If the CMTNB does not receive funds by the deadline date, the application will be returned to the candidate unprocessed.

3. Exam Application Process

Below are instructions on how to take the OSCE and the MCQ, beginning with the OSCE Process.

3.1 How to apply to take the OSCE

- Go to www.cmtnb.ca under the tab Exams and click on the CMTNB Certification Exam Application.
- Follow the instructions indicated.
- Your application will be reviewed by the Registrar.
- The Examination Officer will review your application and at that time the Examination Officer will place you into an exam time. You will receive confirmation via **email 2 weeks prior** to your OSCE exam time.

3.2 How to apply to take the MCQ

- Go to www.cmtnb.ca under the tab Exams and click on the CMTNB Certification Exam Application.
- Follow the instructions indicated.
- Your application will be reviewed by the Registrar.

- The Examination Officer will review your application; you will then receive confirmation via email with instructions 2 weeks prior to the MCQ date.

Name Change and Address Change

If you are changing your name as you had submitted when you originally sent in your application please note that the following documents are required:

- **A letter stating the new name you wish to use**
- **Photocopy of an official document (e.g. marriage certificate, divorce certificate) which shows both your old name and your new name.**

You may send your documents to (letter and scanned official document) to registrar@cmtnb.ca. Once your documents have been received, the College will update your name in the College's database and send an email notification to inform you that the update has been made.

Address updates are to be sent into the college via email to registrar@cmtnb.ca. Once we have received the changes, the College will update your name in the College's database and send an email notification to inform you that the update has been made.

3.3 Special Accommodations Policy and Process

3.3.1 Requests for Special Accommodations

Applicants with documented/diagnosed disabilities may apply to the College for special accommodation. Special accommodation forms may be completed on the CMTNB website under the exams tab and must be received 3 months, prior the exam date applied for, in order to allow the College to assess and if appropriate, accommodate the request. Requests are not automatically granted. Please allow several weeks for applications to be reviewed and whether approved or denied. Applicants will be notified as to the status of their application once a decision has been made.

The condition must affect all aspects of the candidate's life and not just be associated with taking examinations. (For a list of conditions for which special accommodation is *not* provided, refer to "Exceptions" in 3.3.2).

The following completed forms must be received

- Special Accommodation Request forms
- Special Accommodation Request Verification Form (include specific diagnostic data such as test results where applicable in support of the diagnosed disability)
- Documentation of Testing Accommodation Form
- Application form
- Any Professional providing documentation must:
 - Be registered/licensed and/or have credentials appropriate to diagnose and treat the candidate's disability
 - **And** have diagnosed and/or evaluated the candidate or have provided testing accommodations for the candidate **within the last five years**
- The professional is required to provide:

- An explanation as to the specific aspect of the disability which requires testing accommodation
- The effect of the disability on the candidate's ability to perform under the customary testing conditions
- The impact of the disability on major life activities (e.g. learning, seeing, etc.)

If there has been no history of testing accommodation, the professional verifying the disability should include an explanation as to why testing accommodations are currently needed. The candidate and the professional recommending the testing accommodation should consult and come to an agreement as to the appropriate testing accommodation being requested. That is, the accommodation requested by the candidate on the **Special Accommodation Request Form** should agree/match with those recommended by the professional on the **Special Accommodation Request Verification Form**. Without such agreement, the candidate's request for accommodation will not be considered.

The candidate is responsible for ensuring that the professional(s) completing the requested forms provide(s):

- All of the required information
- All documentation is completed
- All supporting documentation and materials are submitted with the candidate's application and payment for the examination.

If additional information is required about the candidate's disability, either the candidate will be requested to obtain it or the College will contact the professional directly. The candidate will authorize the College to contact such persons for any additional information about the candidate's disability as it relates to the candidate's testing needs. The College will only communicate with the candidate, professionals knowledgeable about the candidate's disability, and the candidate's authorized representative (verification required).

Candidates who qualify for Special Accommodations will be scheduled for their OSCE examinations on the specified OSCE examination dates and notified accordingly.

Where the College has approved an accommodation for an eligible candidate, a Test Accommodation Agreement will be prepared by the College specifying the elements and exact nature of the accommodation(s) and signed by the candidate and the Registrar.

3.3.2 Exceptions

Persons with observable disabilities (e.g., requiring accessibility accommodation) need not complete the **Special Accommodation Request Verification Form**. The candidate may indicate a request for elevator or wheelchair accessibility on the **Special Accommodation Request Form**.

Persons with transitory conditions, which are generally not “disabilities” (e.g. pregnancy, sprains, fractures, medical emergencies), are not eligible for some special testing accommodations (e.g. extra time).

4. Examination Sites

4.1 OSCE Site:

Location to be determined.

4.2 MCQ Test Centres:

Location to be determined.

5. Examination Scoring

The College certification examination, i.e. the OSCE and MCQ, are standards-based examinations. Passing candidates must demonstrate proficiency at or above the established standard in order to pass the examination. Candidates' total *scaled* scores will determine whether they pass. This *scaled* score is statistically derived from the raw score and can range from 1 through 99. The passing *scaled* score is 70 for the examination. The passing score reflects the amount of knowledge that the Subject Matter Experts (massage therapists) have determined to be appropriate for certification. A criterion-referenced standard-setting procedure and expert judgment were used to evaluate each item on the examination in order to identify the passing point.

The reason for calculating *scaled* scores is that different tasks or questions of the exam may vary in difficulty. As new tasks/questions are introduced, these changes may cause one version of the exam to be slightly easier or more difficult than another. To adjust for these differences in difficulty, a procedure called “equating” is used.

The goal of equating is to ensure fairness to all candidates. In the equating process, the minimum raw score (=number of correctly answered questions) required to equal the passing *scaled* score of 70 is statistically adjusted (or equated). For instance, if the test is determined to be more difficult than the base form of the test, then the minimum raw score required to pass will be slightly lower than the original passing raw score. If the test is easier, the passing raw score will be higher. Equating helps to assure that the passing *scaled* score of 70 represents the same level of knowledge, regardless of which set of tasks/questions the candidate is being tested on.

This scoring model ensures that if all candidates are competent, then all will pass. They will not be marked on a “curve”, which is dependent on the abilities of the candidate group.

Candidates should be aware that success in their massage therapy program does not guarantee success in the certification examinations. The College gives no consideration to scores received during a candidate's massage therapy studies.

Failing candidates will receive a diagnostic evaluation of their performance on the examination. This information is designed to be useful for studying when retaking the examination.

6. Examination Results

6.1 OSCE

Candidates will be informed of results within six (6) to eight (8) weeks after the OSCE. If results are not received within eight (8) weeks of the OSCE, it is the candidate's responsibility to contact the College. Please ensure the College has your current address e-mail and mailing address.

6.2 MCQ

Candidates will receive their MCQ results within four (4) weeks of completion of their examination. Once a candidate successfully completes both components of the certification examination, an initial registration package will be mailed to the candidate. Subsequent inquiries regarding registration with the College should be directed to the Registrar at registrar@cmtnb.ca

7. Privacy Policy

The College adheres to a strict privacy code. The College will not discuss anything about a candidate with anyone other than the candidate.

8. Confidentiality and Security of Examination Materials

The security issues for certification examinations include eliminating unfair advantages among the candidates and also avoiding the high human and financial costs of replacing examination materials should security be breached. The college endeavors to maintain the strictest security of the content of the examination at all times.

All examination materials are protected by copyright. The College has the strictest security measures in place to protect examination materials during all phases of development and administration including development and review of materials, reproduction, transportation and disposal of examination materials and presentation of examination material on examination days. Candidates are rigorously subjected to the Rules of Conduct for the certification examinations as described below. Candidates who are found to have contravened the Rules of Conduct may be denied registration and referred to the Registrar for formal hearing.

Candidates are advised that monitoring and surveillance may be used to detect and document cheating.

9. Preparing for your OSCE exam day

The following section outlines the exam day

9.1 OSCE Exam Day

Students will perform their OSCE in exam testing rooms at the location provided,

Candidates will be greeted by the Examination Officer or exam staff at the front entrance of the location provided. From there the candidate will be guided to the exam site where the Examination Officer will ask candidates to show proper identification and sign in. In consideration of other candidates who may be performing their exam during this sign in process, all candidates are asked to speak quietly and to be respectful of College staff. In the event of candidates' rude or aggressive behavior toward College staff, the candidate displaying such behavior may be asked to leave prior to taking the exam.

9.2 OSCE Dress Code

The purpose of the College's OSCE dress code is not to inhibit personal freedoms, but rather to acknowledge and reflect the high degree of professionalism that massage therapists bring to their role as regulated health care providers in New Brunswick. The massage therapists' image is an important component in how clients and the public of New Brunswick regard the profession. The way a massage therapist is dressed promotes an atmosphere of professionalism and inspires confidence.

The College has instituted a mandatory dress code for the OSCE and Candidates are expected to fully comply with the requirements. *If candidates fail to comply with the mandatory dress code requirements, then they will be denied access to the OSCE.* Compliance will be determined at registration check in by examination staff. In this event, OSCE fees will be reimbursed to the candidate, excluding a \$150 administrative fee. Candidates will be able to register for future OSCE dates, subject to availability.

Mandatory dress code requirements:

9.2.1 General

- The dress code will be strictly enforced at all times.
- All clothing must be clean, free of rips and free of holes.
- All hair, moustaches and beards must be neatly groomed. Long hair (below the shoulders) must be tied back or up.
- No perfume or cologne.
- No article of clothing displaying an offensive statement.
- No school logos on clothing; other logos must be discreet.

9.2.2 Headwear

- No caps or hats.

9.2.3 Above waist

- Shirts, long or short sleeves, must have collars and be tucked in or a scrubs top is acceptable.
- Shoulders, distal portion of clavicles and abdomen must be covered.
- No see-through shirts.

9.2.4 Below waist

- Pants, slacks, Capri pants, skirts, shorts are acceptable.
- Shorts and skirts are NOT to exceed four inches (10cm) above the mid knee when standing.
- No jeans/denim, cut-offs, rugby pants, sweat pants, jogging pants, stirrup pants, paramilitary or camouflage style trousers, combat trousers (multiple pockets), athletic shorts, training shorts, or tights.

9.2.5 Shoes

- No sandals are permitted.
- Appropriate clean shoes must be worn at all times.

9.3 OSCE Session Information

Please note that there will be two examiners present in each station, marking independently of each other. *Be aware that an examination environment is never perfect. Please be prepared for some noise, distractions, temperature variations, etc.* The CMTNB is not responsible for any personal injury or articles lost, stolen, or broken at the examination centres.

9.3.1 Examination Day Registration

- OSCE sessions start promptly at the times stated in your confirmation letter. Please arrive **30 minutes before your scheduled registration start time at the front entrance of the location provided**. Wear clothing appropriate for a professional certification examination (See dress code section). Candidates who arrive before the 30 minute mark will not be admitted into the examination area.
- Valid photo identification that includes a signature (Driver's License, Passport, Citizenship, Government issued ID such as Health Card with photo) must be provided or candidates will not be permitted to take the examination.
- Candidates' must wear their identification badge issued by the examination officer throughout the examination. The badge displays the starting station for each candidate, and a number which is a unique identifier assigned to each candidate. **As you enter each station make visible the number to the examiners.**
- No cellular phones, personal data assistants, pocket PCs, and other audio and/or video recording or transmitting devices are permitted while the candidate is doing the exam. Candidates will be permitted to store all personal belongings in a secure room near the exam area. If there is evidence of any devices during an exam, the candidate will receive a zero score, and a permanent record will be kept on file regarding this infraction.
- No perfumes, colognes, scented hair sprays, after-shave, scented deodorants, or scented oils, are permitted due to candidate, client and examiner allergies.
- No outside food or drink is allowed at the exam site. Candidates with specific medical conditions (e.g., hypoglycemia, diabetes) requiring the consumption of food or drink must request permission from the College when applying for the exam.

9.3.2 In the Stations

At any time, the following individuals may be present in a station:

- The candidate
- The standardized patient
- Two examiners
- An observer monitoring the consistency of the scoring by the examiners and consistency of performance by the standardized patient. Observers do not evaluate the candidate.

9.3.3 The Buzzer System

A buzzer system is used to ensure standardized timing for all candidates.

- At the first signal (one short buzz) lift the cover page and **read the Stem information** on the door. The same information is available in the room. Regular candidates have 2 minutes to read. Special Accommodation candidates will have 3 minutes to read.
- At the second signal (one long buzz) **enter the room** and perform as directed.
- When you have been in the room 8 minutes, there will be a third signal (two short buzzes) as a warning that there are **2 minutes remaining** in the station. Regular candidates receive this warning at the 8-minute mark (10 minutes total in the room). Special Accommodation candidates receive this warning at the 13-minute mark (15 minutes total in the room).
- The next signal indicates that the station is completed (one long buzz). Candidates exit the rooms, proceed to the next station, and wait for the one short buzz to lift the cover sheet and begin reading.

9.3.4 Standardized Patient

The examination stations are staffed by Standardized Patients who:

- Should be treated with the same respect given to any patient by a candidate
- Will be in an appropriate state of dress or undress depending on the station type
- Will not tell candidates to ask certain questions or examine specific areas
- Will respond to the candidate when the appropriate response is elicited by the candidate
If you feel the need to introduce yourself to the client/patient, please do so as: "Hello, I am "first name only"; or "Hello, I am Candidate #####".

9.3.5 Examiners

Examiners are all Registered Massage Therapists with a number of years of ongoing practice experience who are trained to provide impartial and fair evaluations. They are rigorously trained on specific stations and the associated item checklists. Examiners assess each candidate according to the predetermined checklist of criteria based on the Standards of Practice and other approved references. Examiners do not know the identity of the candidates they evaluate and also do not know which schools the candidates attended. The examiner also, if necessary, protects the standardized patient from inadvertent injury if the candidate's activity will place or is placing the patient at risk.

Examiners will not stop candidates who have gone off course during a station or are doing something other than what was instructed. Note that examiners will not respond to questions about the scenario or about how the candidate is doing.

9.3.6 The Stems

Candidates should carefully read the information posted on the door to the station (called the **Stem**) to ensure that they are doing what is required in each of the stations. There are no tricks in the exam and all necessary information is provided to candidates both inside and outside the room. The information on the door will specify if it is necessary to obtain consent.

9.3.7 Props

All items necessary to each station will be located in the station in clear view. There will be massage tables in all stations where a table would be necessary. Massage tables are set to one height and cannot be changed. Candidates are expected to make the modifications necessary to permit them to adapt to that height. Linens as well as massage oil and lotion are provided. Witch hazel or hand sanitizer will be provided for the proper cleaning of hands. All infection control precautions should be taken as indicated by the clinical situation.

9.3.8 At the End of the OSCE

The end of the examination will be signaled by a very long buzz. Candidates will collect their belongings and if applicable, report in writing any extraordinary circumstances in the administration of the examination that significantly affected their ability to perform at their best. Candidates must vacate the premises as soon as possible so that College Staff can prepare for the next group of candidates.

9.4 Preparing for your MCQ Exam day

MCQ Examination sessions start promptly at the times stated. Please arrive **15 minutes before your scheduled start time. Candidates must present the MCQ Candidate Admission letter along with a valid photo identification that includes a signature** (Driver's License, Passport, Government issued ID). If a candidate cannot provide both documents upon registration at the exam, the candidate will not be permitted to take the examination. No food or drink is allowed on the exam site. Candidates with specific medical conditions (e.g. hypoglycaemia, diabetes) requiring the consumption of food or water must request permission from the College when applying for the exam. All cellular phones, personal data assistants, pocket PCs, and other audio and/or video recording or transmitting devices are banned from the MCQ site. Such devices found on the person of a candidate will be confiscated, the candidate will receive a zero score, and a permanent record will be kept on their file regarding this infraction.

10. Rules of Conduct

Each candidate who takes the certification examination, by his or her act of participating in the examination(s), agrees to the following Rules of Conduct:

- 1) Candidates acknowledge that the massage therapy certification examinations and the items therein are the sole property of the College of Massage Therapists of New Brunswick (the College).
- 2) Candidates acknowledge that they cannot remove any part of the examination from the test site, nor can they give or receive assistance during the examination.
- 3) Candidates acknowledge that their behavior before, during and after the examinations must be such that it does not disturb other candidates or cause them anxiety. This includes unnecessary questioning of the examination policies and procedures, disruptive comments about the examination, or any other behavior that in the opinion of the examination site staff could cause anxiety in other candidates.

- 4) Candidates acknowledge that their participation in any act of cheating, as described below, may be sufficient cause for the College to terminate their participation in the examinations, to invalidate the results of their examinations or to take other appropriate action.
- 5) Cheating refers to any act or omission by a candidate that could affect the result of that candidate, another candidate, or a potential future candidate. Cheating includes, but is not limited to the following acts:
 - a) non registered individuals posing as registered candidates;
 - b) bringing study materials into the examinations;
 - c) giving or receiving assistance during the examinations;
 - d) any conduct during the examination that disturbs other candidates;
 - e) removing or attempting to remove examination materials from the test site;
 - f) Receiving or giving information about the MCQ or OSCE examinations **either before or after** the examination. (E.g. information about questions such as assessment, tasks or activities requested.) **Note: this includes discussing station information or question content with other candidates after the examination.**

11. Protocol in the Event of Suspected Cheating

- 1) If the examination staff suspects cheating, they may confiscate a candidate's test materials, as well as any other document, object or materials that could be used for cheating, and require the candidate or other persons to leave the test site. (The College reserves the right to use monitoring and surveillance technologies to detect and document cheating).
- 2) The examination staff reports any suspected cheating to the Registrar of the College.
- 3) The Registrar shall conduct appropriate investigations of the alleged cheating. The candidate will be given at least two (2) weeks to respond in writing to the allegations of cheating.
- 4) The Registrar shall make one of the following decisions; declare that the occurrence of cheating was not established or declare that cheating did occur.
- 5) If the Registrar declares that the occurrence of cheating was not established, the candidate's score shall be released, if possible, or the candidate shall be permitted to sit the next available examination without charge.
- 6) Cheating may be declared at any time after a candidate has registered and includes the time after the examination as well as after results have been released.
- 7) If the Registrar declares that cheating did occur, **one or more** of the following will happen:
 - a. the candidate will be deemed to have failed the examination;
 - b. special measures will be taken at the candidate's expense at any repeat examination to prevent the reoccurrence of cheating;
 - c. the Registrar shall report findings to the Admissions Committee;
 - d. the Candidate will be subject to disciplinary action by the College; and
 - e. the College will deny future access to the examinations.

12. Appendix A

12.1 OSCE Outline

1	Professional Practice	
1.1	Communication	
	a	Utilize effective oral communication
		<ol style="list-style-type: none"> 1. Employ clear, concise and profession-specific language. 2. Speak in a manner that corresponds to the needs of the listener 3. Employ appropriate pace, tone and projection of voice. 4. Employ effective questioning techniques
	b	Communicate in a manner that respects diversity.
		<ol style="list-style-type: none"> 1. Respond appropriately to recipient's individuality. 2. Employ approaches that respect recipient diversity. 1. Identify resources that support recipient diversity.
	c	Communicate in a manner that is suitable to the recipient's understanding and background.
		<ol style="list-style-type: none"> 1. Assess recipient's capacity to comprehend and communicate. 2. Adapt communication skills to recipient. Confirm recipient understands communication.
	d	Utilize active listening skills.
		<ol style="list-style-type: none"> 1. Describe the use and characteristics of active listening. 2. Demonstrate active listening. 3. Affirm key points. 3. Clarify contradictions.
	e	Utilize and respond to non-verbal communication.
		<ol style="list-style-type: none"> 1. Interpret non-verbal communication. 2. Respond professionally to non-verbal communication. 4. Demonstrate appropriate non-verbal communication.
	f	Utilize medical terminology.
		<ol style="list-style-type: none"> 1. Use medical terminology appropriately. 3. Convey medical concepts using plain language.
1.2	Professional Conduct	
	a	Employ critical thinking.
		<ol style="list-style-type: none"> 1. Assess relevant evidence 2. Incorporate the client's situation and needs 3. Adapt to operational constraints

		<ol style="list-style-type: none"> 4. Determine a course of action 5. Provide rationale for decisions
	b	Utilize professional judgement.
		<ol style="list-style-type: none"> 1. Ensure patient's safety, dignity and autonomy in provision of care. 2. Apply principles from codes of ethics and standards of practice.
1.3	Therapeutic Relationship	
	a	Display positive regard toward patient.
		<ol style="list-style-type: none"> 1. Support the right of the patient to determine the approach to treatment
	b	Respect patient's physical privacy
		<ol style="list-style-type: none"> 1. Direct patient in degree of disrobing
	c	Maintain informed patient consent regarding assessment and treatment.
		<ol style="list-style-type: none"> 1. Obtain informed consent prior to performing assessment, treatment and reassessment.
	d	Obtain special consent prior to assessment and treatment of sensitive body areas
		<ol style="list-style-type: none"> 1. Obtain consent for intrusive work. 2. Establish a stop signal
2	Assessment and Treatment Planning	
2.1	Assessment	
	a	Obtain comprehensive case history from patient
		<ol style="list-style-type: none"> 1. Interview patient to obtain case history and their desired treatment outcomes
	b	Integrate findings of other health care practitioners.
		<ol style="list-style-type: none"> 1. Describe the significance of assessment findings from other healthcare practitioners. 2. Incorporate assessment findings of other health care practitioners into patient assessment.
	c	Select and perform assessments incorporating knowledge of patient history, contraindications, precautions and evidence.
		<ol style="list-style-type: none"> 1. Select appropriate assessment procedures.
	d	Modify assessments based upon assessment findings.
		<ol style="list-style-type: none"> 1. Identify discrepancies between subjective and objective findings.

		2. Adapt assessments based on findings.
	e	Perform ongoing, purposeful observation.
		1. Demonstrate on-going, purposeful observation.
	f	Perform postural assessment.
		<ol style="list-style-type: none"> 1. Identify the indications, contraindications and precautions for performing postural assessment. 2. Explain assessment to the patient. 3. Describe the process for performing a postural assessment. 4. Demonstrate postural assessment based upon patient history and presentation. 5. Differentiate between normal and abnormal findings. 6. Describe the relationship between abnormal findings and clinical manifestations.
	g	Perform palpatory assessment.
		<ol style="list-style-type: none"> 1. Identify the indications, contraindications and precautions for performing palpatory assessment. 2. Explain assessment to the patient. 3. Describe the process for performing a palpatory assessment. 4. Demonstrate palpatory assessment based upon patient history and presentation. 5. Differentiate between normal and abnormal findings. 6. Describe the relationship between abnormal findings and clinical manifestations.
	h	Perform gait assessment.
		<ol style="list-style-type: none"> 1. Identify the indications, contraindications and precautions for performing range of motion assessment. 2. Explain assessment to the patient. 3. Describe the process for performing a gait assessment. 4. Demonstrate gait assessment based upon patient history and presentation. 5. Differentiate between normal and abnormal findings. 6. Describe the relationship between abnormal findings and clinical manifestations.
	i	Perform functional assessment
		<ol style="list-style-type: none"> 1. Identify the indications, contraindications and precautions for performing muscle length assessment. 2. Explain assessment to the patient.

		<ol style="list-style-type: none"> 3. Describe the process for performing a functional assessment. 4. Demonstrate functional assessment based upon patient history and presentation. 5. Differentiate between normal and abnormal findings. 6. Describe the relationship between abnormal findings and clinical manifestations
	j	Perform range of motion assessment.
		<ol style="list-style-type: none"> 1. Identify the indications, contraindications and precautions for performing range of motion assessment. 2. Explain assessment to the patient. 3. Describe the process for performing a range of motion assessment. 4. Demonstrate range of motion assessment based upon patient history and presentation. 5. Differentiate between normal and abnormal findings. 6. Describe the relationship between abnormal findings and clinical manifestations
	k	Perform muscle length assessment
		<ol style="list-style-type: none"> 1. Identify the indications, contraindications and precautions for performing muscle length assessment. 2. Explain assessment to the patient. 3. Describe the process for performing a muscle length assessment. 4. Demonstrate muscle length assessment based upon patient history and presentation. 5. Differentiate between normal and abnormal findings. 6. Describe the relationship between abnormal findings and clinical manifestations
	l	Perform muscle strength assessment.
		<ol style="list-style-type: none"> 1. Identify the indications, contraindications and precautions for performing muscle length assessment. 2. Explain assessment to the patient. 3. Describe the process for performing a muscle strength assessment. 4. Demonstrate muscle length assessment based upon patient history and presentation. 5. Differentiate between normal and abnormal findings. 6. Describe the relationship between abnormal findings and clinical manifestations.
	m	Perform joint play assessment

		<ol style="list-style-type: none"> 1. Identify the indications; contraindications and precautions for performing joint play assessment. 2. Explain assessment to the patient. 3. Describe the process for performing a joint play assessment. 4. Differentiate between normal and abnormal findings. 5. Describe the relationship between abnormal findings and clinical manifestations.
	n	Perform neurological assessment
		<ol style="list-style-type: none"> 1. Identify the indications, contraindications and precautions for performing neurological assessment. 2. Explain assessment to the patient. 3. Describe the process for performing a neurological assessment. 4. Demonstrate neurological assessment based upon patient history and presentation. 5. Differentiate between normal and abnormal findings. 6. Describe the relationship between abnormal findings and clinical manifestations.
	o	Perform vital sign assessment.
		<ol style="list-style-type: none"> 1. Identify the indications, contraindications and precautions for performing vital signs assessment. 2. Explain assessment to the patient. 3. Describe the process for performing a vital signs assessment. 4. Demonstrate vital signs assessment based upon patient history and presentation. 5. Differentiate between normal and abnormal findings. 6. Describe the relationship between abnormal findings and clinical manifestations
	p	Perform appropriate special tests (specific selected assessments).
		<ol style="list-style-type: none"> 1. Identify the indications, contraindications and precautions for selecting a specific assessment. 2. Explain the purpose of the selected assessment. 3. Explain how the selected assessment affects the involved tissues. 4. Explain assessment to patient. 5. Demonstrate the selected assessment
	q	Recognize conditions requiring urgent medical attention and advise accordingly.

		1. Recognize the presentations of common urgent medical conditions.
	r	Recognize conditions requiring non-urgent medical attention and advise accordingly.
		1. Recognize presentations of conditions that require non-urgent medical care. 2. Advise patient to obtain medical opinion.
	s	Interpret findings and formulate clinical impression / differential diagnosis.
		1. Analyze findings. 2. Formulate a clinical impression / differential diagnosis. 3. Communicate findings to patient.
	t	Refer patient to other health care professionals when appropriate.
		1. Identify conditions that may benefit from referral. 2. Communicate referral recommendations to patient.
	u	Advise patient of relevant community health care and social service resources.
		1. Recommend community health care and social services resources according to patient needs.
2.2	Treatment Planning	
	a	Formulate individualized treatment plan based upon assessment findings.
		1. Describe the relationship between treatment planning and outcomes. 2. Incorporate assessment findings into treatment plan. 3. Adapt treatment plan according to findings and patient's desired outcomes.
	b	Select treatment modalities and techniques based upon indications, contraindications, precautions and patient stage of life.
		1. Select techniques that are appropriate to the patient's conditions and desired outcomes. 2. Formulate a treatment that addresses the patient's conditions and desired outcomes.
	c	Reassess patient, and adapt treatment plan as needed.
		1. Summarize reassessment findings, treatment outcomes and patient condition.

		2. Modify treatment plan according to new findings.
3	Treatment and Patient Self-Care	
3.1	Treatment Principles	
	a	Treat in a manner that reflects the principles of massage.
		1. Apply the principles of massage therapy to treatment.
	b	Apply standard hygiene and infection control precautions.
		1. Apply standard precautions for infection control.
	c	Apply draping as relevant.
		1. Drape patient appropriately for treatment.
	d	Position patient for selected therapeutic techniques.
		1. Select appropriate positioning. 2. Direct and position patient. 3. Modify position according to patient response.
	e	Apply modalities and techniques in a manner consistent with patient presentation.
		1. Demonstrate knowledge of anatomy, physiology, & pathology related to conditions listed in Appendix B. 2. Apply treatment modalities and techniques incorporating knowledge of commonly occurring conditions, as listed in Appendix B. 3. Treat in a manner appropriate to patient presentation.
	f	Apply treatment modalities and techniques incorporating knowledge of indications, contraindications, precautions and patient stage of life.
		1. Determine indications, contraindications and precautions for treatment based upon patient stage of life. 2. Employ modalities and techniques for safe and effective treatment based upon patient stage of life.
	g	Advise and instruct patient on self-care.
		1. Describe the value of patient self-care. 2. Select self-care based upon patient presentation. 3. Instruct patient in self-care.
3.2	Modalities and Techniques	
3.2a	Massage Skills	

	1	Perform effleurage techniques.
		<ol style="list-style-type: none"> 1. Demonstrate effleurage techniques. 2. Incorporate effleurage into a comprehensive treatment process. 3. Modify effleurage based on patient history, presentation and response.
	2	Perform stroking techniques.
		<ol style="list-style-type: none"> 1. Demonstrate stroking techniques. 2. Incorporate stroking into a comprehensive treatment process. 3. Modify stroking based on patient history, presentation and response.
	3	Perform petrissage techniques.
		<ol style="list-style-type: none"> 1. Demonstrate petrissage techniques. 2. Incorporate petrissage into a comprehensive treatment process. 3. Modify petrissage based on patient history, presentation and response.
	4	Perform skin-rolling techniques.
		<ol style="list-style-type: none"> 1. Demonstrate skin-rolling techniques. 2. Incorporate skin rolling into a comprehensive treatment process. 3. Modify skin rolling based on patient history, presentation and response.
	5	Perform vibration techniques
		<ol style="list-style-type: none"> 1. Demonstrate vibration techniques. 2. Incorporate vibration into a comprehensive treatment process. 3. Modify vibration based on patient history, presentation and response.
	6	Perform percussive techniques.
		<ol style="list-style-type: none"> 1. Demonstrate percussive techniques. 2. Incorporate percussive techniques into a comprehensive treatment process. 3. Modify percussive techniques based on patient history, presentation and response.
	7	Perform rocking and shaking techniques.
		<ol style="list-style-type: none"> 1. Demonstrate rocking and shaking techniques.

		<ol style="list-style-type: none"> 2. Incorporate rocking and shaking into a comprehensive treatment process. 3. Modify rocking and shaking based on patient history, presentation and response.
	8	Perform friction techniques
		<ol style="list-style-type: none"> 1. Demonstrate friction techniques. 2. Incorporate friction into a comprehensive treatment process. 3. Modify friction based on patient history, presentation and response.
	9	Perform muscle stripping techniques
		<ol style="list-style-type: none"> 1. Demonstrate muscle-stripping techniques. 2. Incorporate muscle stripping into a comprehensive treatment process. 3. Modify muscle stripping based on patient history, presentation and response.
	10	Perform muscle approximation techniques. (musculoskeletal conditions)
		<ol style="list-style-type: none"> 1. Demonstrate muscle approximation techniques. 2. Incorporate muscle approximation into a comprehensive treatment process. 3. Modify muscle approximation based on patient history, presentation and response
	11	Perform origin / insertion techniques.
		<ol style="list-style-type: none"> 1. Demonstrate origin / insertion techniques. 2. Incorporate origin / insertion into a comprehensive treatment process. 3. Modify origin / insertion based on patient history, presentation and response.
	12	Perform Golgi tendon organ techniques.
		<ol style="list-style-type: none"> 1. Demonstrate Golgi tendon organ techniques. 2. Incorporate Golgi tendon organ techniques into a comprehensive treatment process. 3. Modify Golgi tendon organ techniques based on patient history, presentation and response.
	13	Perform lymphatic drainage techniques.
		<ol style="list-style-type: none"> 1. Demonstrate the different types of lymphatic drainage techniques.

		<ol style="list-style-type: none"> 2. Incorporate lymphatic drainage into a comprehensive treatment process. 3. Modify lymphatic drainage based on patient history, presentation and response.
	14	Direct patient in diaphragmatic breathing.
		<ol style="list-style-type: none"> 1. Demonstrate diaphragmatic breathing techniques. 2. Incorporate diaphragmatic breathing into a comprehensive treatment process. 3. Modify diaphragmatic breathing based on patient history, presentation and response.
	15	Direct patient in progressive relaxation techniques.
		<ol style="list-style-type: none"> 1. Demonstrate the different types of progressive relaxation techniques. 2. Incorporate progressive relaxation into a comprehensive treatment process. 3. Modify progressive relaxation based on patient history, presentation and response.
3.2b	Myofascial techniques	
	1	Perform trigger point release techniques.
		<ol style="list-style-type: none"> 1. Demonstrate the different types of trigger point release techniques. 2. Incorporate trigger point release techniques into a comprehensive treatment process. 3. Modify trigger point release techniques based on patient history, presentation and response.
	2	Perform strain induction technique (fascial).
		<ol style="list-style-type: none"> 1. Demonstrate the different types of strain induction techniques. 2. Incorporate strain induction techniques into a comprehensive treatment process. 3. Modify strain induction techniques based on patient history, presentation and response.
3.2c	Therapeutic Exercise	
	1	Choose equipment and / or environment for selected therapeutic exercise technique.
		<ol style="list-style-type: none"> 1. Ensure equipment utilized is appropriate and safe for patient presentation.
	2	Perform contract / relax techniques.
		<ol style="list-style-type: none"> 1. Demonstrate contract / relax techniques. 2. Incorporate contract / relax techniques into a comprehensive treatment process.

		3. Modify contract / relax techniques based on patient history, presentation and response.
	3	Perform contract / relax / contract techniques.
		<ol style="list-style-type: none"> 1. Demonstrate contract / relax / contract techniques. 2. Incorporate contract / relax / contract techniques into a comprehensive treatment process. 3. Modify contract / relax / contract techniques based on patient history, presentation and response.
	4	Perform agonist contraction techniques.
		<ol style="list-style-type: none"> 1. Demonstrate agonist contraction techniques. 2. Incorporate agonist contraction techniques into a comprehensive treatment process. 3. Modify agonist contraction techniques based on patient history, presentation and response.
	5	Perform stretch techniques.
		<ol style="list-style-type: none"> 1. Demonstrate stretch techniques. 2. Incorporate stretch techniques into a comprehensive treatment process. 3. Modify stretch techniques based on patient history, presentation and response.
	6	Perform active assisted range of motion techniques.
		<ol style="list-style-type: none"> 1. Demonstrate active assisted range of motion techniques. 2. Incorporate active assisted range of motion techniques into a comprehensive treatment process. 3. Modify active assisted range of motion techniques based on patient history, presentation and response.
	7	Perform passive range of motion techniques.
		<ol style="list-style-type: none"> 1. Demonstrate passive range of motion techniques. 2. Incorporate passive range of motion techniques into a comprehensive treatment process. 3. Modify passive range of motion techniques based on patient history, presentation and response.
	8	Direct patient in active range of motion techniques.
		<ol style="list-style-type: none"> 1. Demonstrate active range of motion techniques. 2. Incorporate active range of motion techniques into a comprehensive treatment process.

		3. Modify active range of motion techniques based on patient history, presentation and response.
	9	Perform isometric and isotonic resistance exercise techniques.
		<ol style="list-style-type: none"> 1. Demonstrate isometric and isotonic resistance exercise techniques. 2. Incorporate isometric and isotonic resistance exercise techniques into a comprehensive treatment process. 3. Modify isometric and isotonic resistance exercise techniques based on patient history, presentation and response.
	10	Direct patient in anaerobic exercise techniques.
		<ol style="list-style-type: none"> 1. Demonstrate anaerobic exercise techniques. 2. Incorporate anaerobic exercise techniques into a comprehensive treatment process. 3. Modify anaerobic exercise techniques based on patient history, presentation and response.
	11	Direct patient in aerobic exercise techniques.
		<ol style="list-style-type: none"> 1. Demonstrate aerobic exercise techniques. 2. Incorporate aerobic exercise techniques into a comprehensive treatment process. 3. Modify aerobic exercise techniques based on patient history, presentation and response.
	12	Direct patient in balance exercises.
		<ol style="list-style-type: none"> 1. Direct balance exercise techniques. 2. Incorporate balance exercise techniques into a comprehensive treatment process. 3. Modify balance exercise techniques based on patient history, presentation and response.
	13	Direct patient in coordination exercises.
		<ol style="list-style-type: none"> 1. Demonstrate coordination exercises. 2. Incorporate coordination exercises into a comprehensive treatment process. 3. Modify coordination exercises based on patient history, presentation and response.
	14	Direct patient in functional skill exercises.
		<ol style="list-style-type: none"> 1. Demonstrate functional skill exercises. 2. Incorporate functional skill exercises into a comprehensive treatment process. 3. Modify functional skill exercises based on patient history, presentation and response.
3.2d	Joint Mobilization	

	1	Perform traction and distraction techniques.
		<ol style="list-style-type: none"> 1. Explain the purposes, effects and outcomes of traction and distraction techniques. 2. Demonstrate traction and distraction techniques. 3. Incorporate traction and distraction techniques into a comprehensive treatment process. 4. Modify traction and distraction techniques based on patient history, presentation and response.
	2	Perform oscillation techniques.
		<ol style="list-style-type: none"> 1. Explain the purposes, effects and outcomes of oscillation techniques. 2. Demonstrate oscillation techniques. 3. Incorporate graded oscillation techniques into a comprehensive treatment process. 4. Modify graded oscillation techniques based on patient history, presentation and response.
	3	Perform sustained glide techniques.
		<ol style="list-style-type: none"> 1. Explain the purposes, effects and outcomes of sustained glide techniques. 2. Demonstrate sustained glide techniques. Incorporate graded sustained glide techniques into a comprehensive treatment process. 3. Modify graded sustained glide techniques based on patient history, presentation and response.
	4	Perform compression and decompression techniques.
		<ol style="list-style-type: none"> 1. Explain the purposes, effects and outcomes of compression and decompression techniques. 2. Demonstrate compression and decompression techniques. 3. Incorporate compression and decompression techniques into a comprehensive treatment process. 4. Modify compression and decompression techniques based on patient history, presentation and response.
	5	Direct patient in auto-mobilization.
		<ol style="list-style-type: none"> 1. Explain the purposes, effects and outcomes of auto-mobilization techniques. 2. Demonstrate auto-mobilization techniques. 3. Incorporate auto-mobilization techniques into a comprehensive treatment process. 4. Modify auto-mobilization techniques based on patient history, presentation and response.
3.2e	Thermal Therapy	
	1	Perform paraffin wax treatment.

		<ol style="list-style-type: none"> 1. Demonstrate the different types of paraffin wax treatments. 2. Incorporate paraffin wax treatments into a comprehensive treatment process.
	2	Perform techniques utilizing therapeutic heating.
		<ol style="list-style-type: none"> 1. Demonstrate the different types of techniques for utilizing therapeutic heating. 2. Incorporate techniques utilizing therapeutic heating into a comprehensive treatment process.
	3	Perform cold pack treatments.
		<ol style="list-style-type: none"> 1. Demonstrate the different types of cold pack treatments. 2. Incorporate cold pack treatments into a comprehensive treatment process.
	4	Perform treatments utilizing ice towels.
		<ol style="list-style-type: none"> 1. Demonstrate the different types of ice towel treatments. 2. Incorporate ice towel treatment techniques into a comprehensive treatment process.
	5	Perform ice massage treatments.
		<ol style="list-style-type: none"> 1. Demonstrate ice massage. 2. Incorporate ice massage into a comprehensive treatment process.
	6	Perform contrast treatments.
		<ol style="list-style-type: none"> 1. Demonstrate contrast treatments. 2. Incorporate contrast treatments into a comprehensive treatment process.

12.2 MCQ Content Outline

1. Professional Practice 53 tasks- 25% (~37.5 questions)

1. Communication
2. Professional Conduct
3. Therapeutic Relationship

2. Assessment and Treatment Planning 70 tasks-33% (51 questions)

1. Assessment
2. Treatment Planning
3. Indications for Adjunctive Therapeutic Modalities

3. Treatment and Patient Self-Care 89 tasks- 41% (~61.5 questions)

1. Treatment Principles
2. Modalities and Techniques

Exam statement

The CMTNL/CMTNB MCQ examinations purpose is to test the candidate's knowledge of professional practices, assessments, treatment planning, treatments and patient self-care in accordance to the Inter-Jurisdictional Practice Competencies and Performance Indicators to ensure public safety.

1	Professional Practice	
1.1	Communication	
	a	Utilize effective oral communication
		5. Employ effective questioning techniques
	b	Utilize active listening skills.
		5. Describe the use and characteristics of active listening.
	c	Utilize and respond to non-verbal communication.
		4. Interpret non-verbal communication. 5. Respond professionally to non-verbal communication.
	d	Utilize medical terminology.
		2. Use medical terminology appropriately. 3. Use common medical abbreviations in written communications and clinical records.
	e	Establish and maintain inter-professional collaboration.
		1. Explain the value of inter-professional collaboration. 2. Describe approaches to establish inter-professional collaboration in practice. 3. Recognize opportunities for shared decision making.
	f	Identify and address interpersonal conflict.
		1. Describe factors that may create interpersonal conflict. 2. Describe strategies that may help resolve interpersonal conflict.
1.2	Professional Conduct	
	a	Comply with federal and provincial requirements
		1. Describe relevant provincial requirements. 2. Describe relevant federal requirements.
	b	Comply with regulatory requirements.
		1. Describe the mandate and roles of a regulatory body. 2. Describe the obligations of a registrant.

		3. Differentiate between the role of a regulatory body and that of a professional association.
	c	Comply with municipal and local requirements.
		4. Describe practice situations where compliance with municipal and local requirements may be relevant 5. Describe the scope of municipal and local requirements that may affect business practice.
	d	Practice professionally, independent of personal beliefs.
		4. Distinguish between professional and personal beliefs 5. Identify personal beliefs that may conflicts with professional practices.
	e	Identify and address conflict of interest.
		4. Describe conflict of interest 5. Identify situations that create conflict of interest
	f	Employ critical thinking.
		6. Assess ethical principles 7. Assess relevant evidence 8. Incorporate the client's situation and needs 9. Adapt to operational constraints 10. Determine a course of action 11. Provide rationale for decisions
	g	Utilize professional judgement.
		1. Ensure patient's safety, dignity and autonomy in provision of care. 2. Apply principles from codes of ethics and standards of practice.
	h	Practice in a manner that recognizes the role of massage therapy within the health care system.
		3. Describe the framework of health care delivery in Canada. 4. Describe options for care. 5. Explain the role of massage therapy within the health care system.
	i	Create comprehensive patient records.
		1. Record patient information consistent with charting requirements.
	j	Employ sustainable business practices.

		<ol style="list-style-type: none"> 1. Identify contractual elements that protect the practitioner's business and practice interests. 2. Describe factors to be addressed when closing a practice.
	k	Prepare reports for third parties.
		<ol style="list-style-type: none"> 1. Describe the nature and content of reports typically required. 2. Describe how to release patient information.
1.3	Therapeutic Relationship	
	a	Display positive regard toward patient.
		<ol style="list-style-type: none"> 2. Explain the implications of positive regard for developing a therapeutic relationship. 3. Demonstrate respect for the patient. 4. Support the right of the patient to determine the approach to treatment.
	b	Maintain professional boundaries in relationship with patient.
		<ol style="list-style-type: none"> 1. Manage personal responses to patient reactions. 2. Describe commonly occurring boundary violations that may require treatment adjustment. 3. Demonstrate respect for the personal boundaries of patients.
	c	Comply with confidentiality and information privacy requirements.
		<ol style="list-style-type: none"> 1. Explain the reasons for maintaining confidentiality of patient information. 2. Describe the circumstances where the patient's health record may be released. 3. Recognize patient's right to access their health record.
	d	Maintain informed patient consent regarding assessment and treatment.
		<ol style="list-style-type: none"> 2. Explain the importance of initial and ongoing informed consent as a principle of patient-centered care.
	e	Recognize and address the power differential in the patient-therapist relationship.
		<ol style="list-style-type: none"> 1. Explain the characteristics and implications of the power differential in the patient-therapist relationship. 2. Describe the potential for harm from exploitation.

		3. Determine potential solutions for difficult situations arising in clinical practice.
	f	Recognize and address transference and countertransference.
		<ol style="list-style-type: none"> 1. Describe the concepts of transference and countertransference. 2. Describe strategies to resolve situations of transference and countertransference.
2	Assessment and Treatment Planning	
2.1	Assessment	
	a	Obtain comprehensive case history from patient
		<ol style="list-style-type: none"> 2. Explain the importance of obtaining case history. 3. Describe the range of approaches that may be necessary to obtain a comprehensive case history.
	b	Integrate findings of other health care practitioners.
		3. Describe the significance of assessment findings from other healthcare practitioners.
	c	Apply knowledge of commonly occurring conditions (as listed in Appendix B) to assessment.
		<ol style="list-style-type: none"> 1. Identify the indications, contraindications and precautions for assessing patients presenting with the conditions listed in Appendix B. 2. Describe adaptation of assessments for patients presenting with conditions listed in Appendix B.
	d	Select and perform assessments incorporating knowledge of patient history, contraindications, precautions and evidence.
		<ol style="list-style-type: none"> 2. Identify assessment needs. 3. Select appropriate assessment procedures.
	e	Modify assessments based upon assessment findings.
		<ol style="list-style-type: none"> 1. Identify discrepancies between subjective and objective findings. 2. Adapt assessments based on findings.
	f	Perform postural assessment.
		<ol style="list-style-type: none"> 7. Identify the indications, contraindications and precautions for performing postural assessment. 8. Differentiate between normal and abnormal findings.

		9. Describe the relationship between abnormal findings and clinical manifestations.
	g	Perform palpatory assessment.
		7. Identify the indications, contraindications and precautions for performing palpatory assessment. 8. Differentiate between normal and abnormal findings. 9. Describe the relationship between abnormal findings and clinical manifestations.
	h	Perform gait assessment.
		1. Identify the indications, contraindications and precautions for performing gait assessment. 2. Differentiate between normal and abnormal findings. 3. Describe the relationship between abnormal findings and clinical manifestations.
	i	Perform range of motion assessment.
		7. Identify the indications, contraindications and precautions for performing range of motion assessment. 8. Differentiate between normal and abnormal findings. 9. Describe the relationship between abnormal findings and clinical manifestations.
	j	Perform muscle length assessment
		7. Identify the indications, contraindications and precautions for performing muscle length assessment. 8. Differentiate between normal and abnormal findings. 9. Describe the relationship between abnormal findings and clinical manifestations.
	k	Perform muscle strength assessment.
		1. Identify the indications, contraindications and precautions for performing muscle length assessment. 2. Differentiate between normal and abnormal findings. 3. Describe the relationship between abnormal findings and clinical manifestations.
	l	Perform joint play assessment
		1. Identify the indications; contraindications and precautions for performing joint play assessment. 2. Differentiate between normal and abnormal findings. 3. Describe the relationship between abnormal findings and clinical manifestations.

	m	Perform neurological assessment
		<ol style="list-style-type: none"> 1. Identify the indications, contraindications and precautions for performing neurological assessment. 2. Differentiate between normal and abnormal findings. 3. Describe the relationship between abnormal findings and clinical manifestations.
	n	Perform vital sign assessment.
		<ol style="list-style-type: none"> 1. Identify the indications, contraindications and precautions for performing vital signs assessment. 2. Differentiate between normal and abnormal findings. 3. Describe the relationship between abnormal findings and clinical manifestations.
	m	Perform appropriate special tests (specific selected assessments).
		<ol style="list-style-type: none"> 1. Identify the indications, contraindications and precautions for selecting a specific assessment. 2. Explain the purpose of the selected assessment. 3. Explain how the selected assessment affects the involved tissues. 4. Explain assessment to patient.
	n	Recognize conditions requiring urgent medical attention and advise accordingly.
		<ol style="list-style-type: none"> 1. Recognize the presentations of common urgent medical conditions. 2. Describe the steps needed to ensure patient safety.
	o	Recognize conditions requiring non-urgent medical attention and advise accordingly.
		<ol style="list-style-type: none"> 1. Recognize presentations of conditions that require non-urgent medical care.
	p	Interpret findings and formulate clinical impression / differential diagnosis.
		<ol style="list-style-type: none"> 1. Analyze findings. 2. Formulate a clinical impression / differential diagnosis.
	q	Refer patient to other health care professionals when appropriate.
		<ol style="list-style-type: none"> 1. Identify conditions that may benefit from referral.
2.2	Treatment Planning	

	a	Formulate individualized treatment plan based upon assessment findings.
		<ol style="list-style-type: none"> 4. Explain the components of treatment planning 5. Describe the relationship between treatment planning and outcomes. 6. Incorporate assessment findings into treatment plan. 7. Adapt treatment plan according to findings and patient's desired outcomes.
	b	Select treatment modalities and techniques based upon indications, contraindications, precautions and patient stage of life.
		<ol style="list-style-type: none"> 3. Explain how stages of life may impact treatment planning. 4. Select techniques that are appropriate to the patient's conditions and desired outcomes. 5. Formulate a treatment that addresses the patient's conditions and desired outcomes.
	c	Reassess patient, and adapt treatment plan as needed.
		<ol style="list-style-type: none"> 3. Explain the importance of reassessment and treatment plan adaptation. 4. Modify treatment plan according to new findings.
2.3	Indications for Adjunctive Therapeutic Modalities	
	a	Recognize indications for and benefits of therapeutic ultrasound.
		<ol style="list-style-type: none"> 1. Describe the indications for and potential benefits of therapeutic ultrasound. 2. Identify common assessment findings which may indicate the use of therapeutic ultrasound.
	b	Recognize indications for and benefits of low level (cold) laser treatment.
		<ol style="list-style-type: none"> 1. Describe the indications for and potential benefits of low level (cold) laser treatment. 2. Identify common assessment findings which may indicate the use of low level (cold) laser treatment.
	c	Recognize indications for and benefits of interferential therapy.
		<ol style="list-style-type: none"> 1. Describe the indications for and potential benefits of interferential therapy.

		2. Identify common assessment findings which may indicate the use of interferential therapy.
	d	Recognize indications for and benefits of transcutaneous electrical nerve stimulation (TENS).
		1. Describe the indications for and potential benefits of transcutaneous electrical nerve stimulation (TENS). 2. Identify common assessment findings that may indicate the use of transcutaneous electrical nerve stimulation (TENS).
	e	Recognize indications for and benefits of cranio-sacral therapy.
		1. Describe the indications for and potential benefits of cranio-sacral therapy. 2. Identify common assessment findings that may indicate the use of cranio-sacral therapy.
	f	Recognize indications for and benefits of strapping and taping.
		1. Describe the indications for and potential benefits of strapping and taping. 2. Identify common assessment findings that may indicate the use of strapping and taping.
	g	Recognize indications for and benefits of acupuncture.
		1. Describe the indications for and potential benefits of acupuncture. 2. Identify common assessment findings that may indicate the use of acupuncture.
3	Treatment and Patient Self-Care	
3.1	Treatment Principles	
	a	Treat in a manner that reflects the principles of massage.
		2. Describe the principles of massage therapy treatment.
	b	Apply standard hygiene and infection control precautions.
		2. Describe requirements of hygiene. 3. Describe precautions of infection control.
	c	Assist patient with dressing and undressing as needed.

		1. Describe situations where documentation of patient's consent is appropriate.
	d	Apply draping as relevant.
		2. Describe principles of draping.
	e	Position patient for selected therapeutic techniques.
		4. Select appropriate positioning. 5. Modify position according to patient response.
	f	Apply modalities and techniques in a manner consistent with patient presentation.
		4. Demonstrate knowledge of anatomy, physiology, & pathology related to conditions listed in Appendix B. 5. Describe common clinical presentations of patient with conditions listed in Appendix B. 6. Apply treatment modalities and techniques incorporating knowledge of commonly occurring conditions, as listed in Appendix B.
	g	Apply treatment modalities and techniques incorporating knowledge of indications, contraindications, precautions and patient stage of life.
		3. Determine indications, contraindications and precautions for treatment based upon patient stage of life.
	h	Monitor and adapt to patient response.
		1. Monitor patient responses that require adaptation, reassessment or cessation of treatment. 2. Respond as necessary.
	i	Advise and instruct patient on self-care.
		1. Select self-care based upon patient presentation.
3.2	Modalities and Techniques	
	1	Perform effleurage techniques.
		4. Explain the purposes, effects and outcomes of effleurage. 5. Modify effleurage based on patient history, presentation and response
	2	Perform stroking techniques.
		4. Explain the purposes, effects and outcomes of stroking.

		5. Modify stroking based on patient history, presentation and response
	3	Perform petrissage techniques.
		4. Explain the purposes, effects and outcomes of petrissage. 5. Modify petrissage based on patient history, presentation and response.
	4	Perform skin-rolling techniques.
		4. Explain the purposes, effects and outcomes of skin rolling. 5. Modify skin rolling based on patient history, presentation and response.
	5	Perform vibration techniques.
		4. Explain the purposes, effects and outcomes of vibration. 5. Modify vibration based on patient history, presentation and response.
	6	Perform percussive techniques.
		4. Explain the purposes, effects and outcomes of percussion. 5. Modify percussive techniques based on patient history, presentation and response.
	7	Perform rocking and shaking techniques.
		4. Explain the purposes, effects and outcomes of rocking and shaking. 5. Modify rocking and shaking based on patient history, presentation and response.
	8	Perform friction techniques.
		4. Explain the purposes, effects and outcomes of friction. 5. Modify friction based on patient history, presentation and response.
	9	Perform muscle stripping techniques.
		4. Explain the purposes, effects and outcomes of muscle stripping. 5. Modify muscle stripping based on patient history, presentation and response.
	10	Perform muscle approximation techniques. (Musculoskeletal conditions)

		<ul style="list-style-type: none"> 4. Explain the purposes, effects and outcomes muscle approximation. 5. Modify muscle approximation based on patient history, presentation and response.
	11	Perform origin / insertion techniques.
		<ul style="list-style-type: none"> 4. Explain the purposes, effects and outcomes origin / insertion. 5. Modify origin / insertion based on patient history, presentation and response.
	12	Perform Golgi tendon organ techniques
		<ul style="list-style-type: none"> 4. Explain the purposes, effects and outcomes of Golgi tendon organ techniques. 5. Modify Golgi tendon organ techniques based on patient history, presentation and response.
	13	Perform lymphatic drainage techniques.
		<ul style="list-style-type: none"> 4. Explain the purposes, effects and outcomes of lymphatic drainage. 5. Modify lymphatic drainage based on patient history, presentation and response.
	14	Direct patient in diaphragmatic breathing.
		<ul style="list-style-type: none"> 4. Demonstrate diaphragmatic breathing techniques. 5. Incorporate diaphragmatic breathing into a comprehensive treatment process. 6. Modify diaphragmatic breathing based on patient history, presentation and response.
	15	Perform trigger point release techniques.
		<ul style="list-style-type: none"> 4. Explain the purposes, effects and outcomes of trigger point release techniques. 5. Modify trigger point release techniques based on patient history, presentation and response.
	16	Choose equipment and / or environment for selected therapeutic exercise technique.
		<ul style="list-style-type: none"> 2. Explain the indications, purposes and precautions when selecting equipment for therapeutic exercise.
	17	Perform contract / relax techniques.
		<ul style="list-style-type: none"> 4. Explain the purpose, effects and outcomes of contract / relax techniques.

		5. Modify contract / relax techniques based on patient history, presentation and response.
	18	Perform contract / relax / contract techniques.
		4. Explain the purpose, effects and outcomes of contract / relax / contract techniques. 5. Modify contract / relax / contract techniques based on patient history, presentation and response.
	19	Perform agonist contraction techniques.
		4. Explain the purpose, effects and outcomes of agonist contraction techniques. 5. Modify agonist contraction techniques based on patient history, presentation and response.
	20	Perform stretch techniques.
		4. Explain the purpose, effects and outcomes of stretch techniques. 5. Modify stretch techniques based on patient history, presentation and response.
	21	Perform active assisted range of motion techniques.
		4. Explain the purpose, effects and outcomes of active assisted range of motion techniques. 5. Modify active assisted range of motion techniques based on patient history, presentation and response.
	22	Perform passive range of motion techniques.
		4. Explain the purpose, effects and outcomes of passive range of motion techniques. 5. Modify passive range of motion techniques based on patient history, presentation and response.
	23	Direct patient in active range of motion techniques.
		4. Explain the purpose, effects and outcomes of active range of motion techniques. 5. Modify active range of motion techniques based on patient history, presentation and response.
	24	Perform isometric and isotonic resistance exercise techniques.
		4. Explain the purpose, effects and outcomes of isometric, isokinetic and isotonic resistance exercise techniques.

		5. Modify isometric and isotonic resistance exercise techniques based on patient history, presentation and response.
	25	Direct patient in anaerobic exercise techniques.
		4. Explain the purposes, effects and outcomes of anaerobic exercise techniques. 5. Modify anaerobic exercise techniques based on patient history, presentation and response.
	26	Direct patient in aerobic exercise techniques.
		4. Explain the purposes, effects and outcomes of aerobic exercise techniques. 5. Modify aerobic exercise techniques based on patient history, presentation and response.
	27	Direct patient in balance exercises.
		4. Explain the purposes, effects and outcomes of balance exercises. 5. Modify balance exercise techniques based on patient history, presentation and response.
	28	Direct patient in coordination exercises.
		4. Explain the purposes, effects and outcomes of coordination exercises. 5. Modify coordination exercises based on patient history, presentation and response.
	29	Perform traction and distraction techniques.
		5. Explain the purposes, effects and outcomes of traction and distraction techniques. 6. Incorporate traction and distraction techniques into a comprehensive treatment process.
	30	Perform oscillation techniques.
		5. Explain the purposes, effects and outcomes of oscillation techniques. 6. Incorporate graded oscillation techniques into a comprehensive treatment process.
	31	Perform sustained glide techniques.
		4. Explain the purposes, effects and outcomes of sustained glide techniques. 5. Incorporate graded sustained glide techniques into a comprehensive treatment process.

	32	Perform bath treatments.
		<ol style="list-style-type: none"> 1. Explain the purposes, effects and outcomes of bath treatments. 2. Describe the process of performing bath treatments.
	33	Perform steam treatments.
		<ol style="list-style-type: none"> 1. Explain the purposes, effects and outcomes of steam treatments. 2. Describe the process of performing steam treatments.
	34	Perform paraffin wax treatment.
		<ol style="list-style-type: none"> 3. Explain the purposes, effects and outcomes of paraffin wax treatments. 4. Modify paraffin wax treatments based on patient history, presentation and response.
	35	Perform techniques utilizing therapeutic heating.
		<ol style="list-style-type: none"> 3. Explain the purposes, effects and outcomes of utilizing therapeutic heating. 4. Modify techniques utilizing therapeutic heating based on patient history, presentation and response.
	36	Perform cold pack treatments.
		<ol style="list-style-type: none"> 3. Explain the purposes, effects and outcomes of cold pack treatments. 4. Modify cold pack treatments based on patient history, presentation and response.
	37	Perform ice massage treatments.
		<ol style="list-style-type: none"> 3. Explain the purposes, effects and outcomes of ice massage. 4. Modify ice massage based on patient history, presentation and response.
	38	Perform contrast treatments.
		<ol style="list-style-type: none"> 3. Explain the purposes, effects and outcomes of contrast treatments. 4. Modify contrast treatments based on patient history, presentation and response.

13. Appendix B

Conditions

	Commonly-occurring conditions
1	Common clinical conditions that present as variables of
	Pain
	Mood
	Anxiety
	Sleep
	Cognition
2	Conditions with multi-factorial considerations
	Inflammation
	Infection
	Scarring
	Swelling
	Congestion
	Movement restrictions
	Malignancy
3	Stages of life
	Pregnancy
	Infancy and childhood
	Adolescence
	Adulthood
	Senior years
	End of life
4	Neurological conditions
	Conditions of the central nervous system
	Conditions of the peripheral nervous system
	General neurological conditions
5	Orthopedic conditions
	Conditions of the bone and periosteum
	Conditions of the muscles and tendons
	Conditions of the fascia
	Conditions of the skin and connective tissue
	Conditions of the synovial joints, cartilage, ligaments and bursa

	Systemic myofascial and orthopedic conditions
6	Post-surgical conditions
	Conditions involving orthopedic interventions
	Conditions involving artificial openings
	Conditions involving implants
7	Systemic conditions
	Conditions of the cardiovascular system
	Conditions of the digestive system
	Conditions of the endocrine system
	Conditions of the gastrointestinal system
	Conditions of the immune system
	Conditions of the integumentary system
	Conditions of the lymphatic system
	Conditions of the reproductive system
	Conditions of the respiratory system
	Conditions of the urinary system

14. Appendix C

Position Statement on Practicing before Registration

The College believes that it is not in the public's interest for students or unregistered graduates to practice massage therapy before they are registered with the College. If the College receives a complaint about the practice of a massage therapy student or graduate who is, or has been, practicing before being registered, the information will be investigated to determine if the student has contravened the title provisions of the *Massage Therapy Act, 2013*.