

Follow-Up Comments to testimony on S220 relating to registration of touch practitioners

Submitted by Rachele Ackerman 8/25/20

I would like to thank the committee for its time and consideration on this issue. I would like to elaborate on a few points and address specific topics that came up during committee hearings.

Direct Response to Questions Raised in Testimony

Scope of practice: it was suggested that the provision in the registration bill against applying techniques for for which a practitioner is not trained was sufficient safeguard against the potentially physical harms from mis-applied massage. I would argue this is not the case, as it takes a minimal standard of education and training to be able to understand the potential harms and recognize that one's training may be insufficient. If I don't know that it's contraindicated to massage over a deep vein thrombosis, then I have not violated the provisions under S220. If I don't know that I could rupture a spleen by applying deep abdominal massage to someone with Epstein-Barr, then I have not violated the provisions. If I can't recognize the signs and symptoms of conditions that require referral to a qualified medical practitioner, then I have not violated the provisions. The list goes on.

Resuming practice under a different name after violations: Ms. Rapee-Adams testified that under licensure someone could simply label themselves differently after a violation and continue practicing. With an adequately defined scope of practice, this is not at all the case. For example, I cannot diagnose a disease under any label, because that is the specific purview of doctors and nurse practitioners under their licensed scope of practice. That would be called practicing medicine without a license. The same would apply to defined scope of practice for massage therapy.

Including other touch practitioners under a licensure bill: I agree with Ms. Rapee-Adams that it would be onerous and inappropriate to include all touch practitioners under a massage licensing bill. Many modalities that include only light touch and primarily manipulation of energy fields do not carry the same physiological risks as those that directly manipulate tissue. A tiered system whereby all touch practitioners were required to register (to provide some level of protection against misconduct) and only those modalities that manipulate tissue (there are 45 states to look to as models for definitions) would answer all concerns.

On the impact of existing practitioners: In Friday's testimony someone raised a concern about existing practitioners getting shut out of the profession under licensure. Most licensure bills include a grandfathering provision and this could be drafted carefully to minimize the impact on existing practitioners but ensure they are bound to standards in the future.

On definition of the category: the provision for removal of street clothing is, frankly, bizarre and unprecedented to my knowledge in the definition of touch professions. It leaves a major loophole in the requirements for registration.

Summary of What I support

I am very glad we are finally seeing some regulation for the profession. My clients are universally shocked when I tell them that massage is entirely unregulated in Vermont. I realize that amending S220 to require licensing, as I support, may not be practical at this time.

At a minimum, I strongly urge you to eliminate the provision requiring the removal of street clothing as a defining characteristic of touch professions.

In my ideal bill, these are elements I would like to see:

- Minimum education standard, with or without an accompanying exam
- Continuing education requirement
- Ethics education requirement
- Through definition of scope of practice
- Provisions preventing those barred from practice in other states/provinces/territories from resuming practice in Vermont
- Requirement to carry liability insurance (this provision, as pointed out by Sen Hardy, could potentially ensure the ability of victims to receive compensation)
- Clearly defined oversight and enforcement provisions

Relating to potential harm by touch professionals

It is concerning to me that the discussion of potential harm has been so weighted to sexual misconduct alone.

In my previous written testimony, I listed some of the rare but real adverse events that have come from ill-trained or poorly applies massage. In my verbal testimony, I shared some anecdotal stories from my own practice. It is true that liability insurance for massage is very inexpensive due to few claims lobbied. Instances of harm by massage are likely underreported. The client-therapist relationship is an intimate one based on trust here clients tend to be reluctant to criticize practitioners, and the power dynamic also involved makes it less likely still.

Here are some links to studies and reported incidents of adverse events.

- <https://academic.oup.com/rheumatology/article/42/9/1101/1772218> --documentation of 16 adverse events. Notable excerpt: "The majority of adverse effects were associated with exotic types of manual massage or massage delivered by laymen, while massage therapists were rarely implicated. The reported adverse events include cerebrovascular accidents, displacement of a ureteral stent, embolization of a kidney, haematoma, leg ulcers, nerve damage, posterior interosseous syndrome, pseudoaneurism, pulmonary embolism, ruptured uterus, strangulation

of neck, thyrotoxicosis and various pain syndromes. In the majority of these instances, there can be little doubt about a cause–effect relationship.”

- <https://www.disabilityhappens.com/deep-massage-can-damage-nerves/> --reported nerve compression from massage (please read the many comments attesting to similar experiences)
- <https://academic.oup.com/ndt/article/21/1/233/1819000> --a case of severe rhabdomyolysis following deep massage
- <https://pubmed.ncbi.nlm.nih.gov/28400223/> --case presentation of nerve compression from massage
- <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6940404/> --intestinal rupture from abdominal massage
- https://journals.lww.com/ajpmr/Citation/2007/08000/MASSIVE_PULMONARY_EMBOLI_AFTER_LEGS_MASSAGE.16.aspx --pulmonary embolism after leg massage; this is just one of several case study examples of pulmonary embolism resulting from release of a deep vein thrombosis from massage.

I share these case examples by way of demonstrating that sexual misconduct is far from the only concern regarding the practice of massage therapy and bodywork by poorly trained practitioners. Massage and bodywork are an important part of health care delivery and can have amazing benefits. The efficacy of massage in treating a range of conditions is well documented. Clearly after 28 years in practice, I am committed to massage as a powerful healing modality. My interest is in getting people to take seriously the notion that massage is real health care requiring real training to be safely and effectively practiced.

Conclusion

Once again, I thank the committee for your thoughtful consideration of this topic and for the opportunity to testify. I am happy to speak with anyone in more detail if you have questions.

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