



Oregon

Theodore R. Kulongoski, Governor

Board of Massage Therapists

748 Hawthorne Ave NE

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Phone: (503) 365-8657

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www.oregon.gov/OBMT

Topical Preparations Policy*

Adopted March 9, 2006

Topical preparations may be used for the purposes of massage as defined in ORS 687.011 (5).

Topical preparations are used for but not limited to:

- lubricating and minimizing friction,
- warming or cooling an area,
- minimizing pain,
- addressing inflammation,
- promoting the healthy function of organs and systems of the body.

The Oregon Board of Massage Therapists expects that any LMT using a topical preparation understand the safe application, indications, and contraindications as they apply to each client. Informed consent protocol must be followed.

LMTs are reminded that they need appropriate knowledge and education that may be beyond their initial training when utilizing topical preparations.

* The OBMT has adopted various policies/guidelines to provide additional clarification and information for both licensees and the general public. This policy is supplemental to the Oregon Revised Statutes and Oregon Administrative Rules and as such does not supersede or replace information contained in the Statutes or Rules that govern massage. Should you have any questions regarding this policy please contact the Board office.



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Coverage/Draping Policy*

Adopted July 19, 2005

The purpose of coverage/draping is to establish boundaries, protect privacy, and to give safe access to areas being addressed. The Oregon Board of Massage Therapists expects LMTs to use safe and functional coverage/ draping practices on their client during the practice of massage.

Safe coverage/draping means:

- client gives informed consent
- LMT maintains and respects coverage/draping boundaries
- genitals and gluteal cleft are not exposed
- breast tissue is covered except when massaging area

Functional coverage/draping means:

- **massage or movement of body doesn't expose genitals, gluteal cleft or breast tissue**

Exceptions to this policy may be made for advanced Licensed Massage Therapists who can document training in specific modalities that require variations in coverage/draping.

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Breast Massage Policy*

Adopted June 12, 1998

The Oregon Board of Massage Therapists has never stated breast massage is beyond the scope of practice. We have taken a position on sexual abuse, sexual violation, and sexual impropriety outlined in the Administrative Rules 334-030-0025.

There are times when massage of the anterior chest is appropriate. For example, massage of the chest used to aid in pulmonary drainage consisting of proper positioning, vibration and percussion is a valuable technique. Some authors suggest strong percussion should not be used over the entire chest. Massage of the breast to aid in the flow of milk of the nursing mother can be of benefit and there are other indications for massage of the anterior chest including the breast tissue.

What is not appropriate is massage of the breast for self gratification of the therapists, unnecessary exposure, massage of the nipple without reason, breast massage without explanation or consent of the client. Most of the complaints received by the board are around issues of sexual impropriety, lack of communication or improper draping practices.

The therapist must have reason, consent and knowledge before proceeding to perform massage of the breast. Cooperation with other Health Care Practitioners in the management of a client in need of such a treatment is recommended. The client must be fully informed of the treatment procedure, expected outcomes and possible adverse reactions and give consent. Most of these special procedures will require advanced training beyond the basic massage course. The therapist should be able to present evidence of the completion of such training. Having someone else present for questionable procedures is advisable for the protection of the therapist.

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Communicable Disease Guidelines*

Adopted June 12, 1998

There are a number of infectious agents causing disease, which can be transmitted in person-to-person contact. Massage therapists work in close physical contact with their clients and thus are potentially at risk for both contacting and transmitting disease-causing organisms. Transmission routes are numerous and an organism can be conveyed from one person to another by more than one route. The examples listed below describe common disease entities and modes of transmission. The examples do not represent an all-inclusive list.

ROUTE OF TRANSMISSION	DISEASE
Skin to skin contact	Staphylococcal infection; Streptococcal infection; Lice; Scabies; Herpes
Skin contact with object contaminated with infectious agents (i.e. clothing, handles on faucets, doorknobs, etc.)	Lice (clothing); Measles; Upper respiratory; Viruses (i.e. cold); Conjunctivitis
Skin contact with infected secretions (i.e. runny noses, rubbing eyes or skin when an infectious agent is present)	Upper respiratory; Viruses (i.e. cold); Conjunctivitis; Streptococcal infection
Fecal contamination of food/fluids followed by oral ingestion (i.e. failure to wash hands after using the toilet followed by food handling)	Hepatitis A; Candida (yeast)
Inhalation of airborne organisms	Many bacteria and viruses (i.e. cold, whooping cough)
Impaired skin integrity or mucosal skin exposure to infected body fluids (i.e. contact with infected body fluids allow organisms to enter the body through a break in the skin such as a cut or through mucous membranes such as found in the mouth and genitalia)	Hepatitis B (saliva, semen, blood, vaginal fluids); Human immunodeficiency virus (H.I.V.) (blood, semen, vaginal fluids); Herpes

In the vast majority of instances transmission is preventable with the use of basic hygienic practices available to anyone. The following guidelines were developed to address such concerns:

General Recommendations

- A. Give rigorous attention to hand-washing practices. Washing is the primary protection against acquiring and transmitting infectious organisms. Wash fingertips to elbows prior to and after every massage activity. Use warm water with antibacterial liquid soap and paper towels or a personal cloth towel that no one else uses.
- B. Provide antibacterial liquid soap and paper towels for client use in the restrooms.
- C. Encourage client hand-washing after use of the toilet via signs in the restrooms.
- D. Practice hand-washing after personal use of the toilet

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- E. Practice, and encourage client practice, of turning off water taps with a paper towel after washing and drying hands.
- F. Follow guidelines detailed in administrative rules regarding proper care and cleaning of equipment and linen.
- G. Seek health care attention for diagnosis and treatment of symptoms that indicate an infectious process in the L.M.T.
- H. Encourage client to seek health care attention for diagnosis treatment of symptoms that indicate an infectious process.
- I. Conduct simple verbal and/or written assessments of client's health and presence of symptoms of possible infectious conditions that are transmissible through ordinary massage activities, especially respiratory or skin conditions (i.e. coughing, sneezing, severe itching of scalp or other area, rashes, wounds, skin lesions). Ask the client if he/she has a known communicable disease.
- J. If in doubt about potential for transmission, refrain from massage and request client to obtain evaluation of health from a licensed health-care provider. Do not risk infecting yourself or transmitting infection to another client. Use good judgment based on principles of healthful living, sanitation, and disease control.

Specific Recommendations

- A. If an L.M.T. is displaying symptoms of an upper respiratory infection (fever, coughing, sneezing, green or yellow nasal discharge), refrain from massage until the symptoms are controlled. Wash your hands frequently, especially after blowing your nose or covering your mouth with your hand.
- B. If an L.M.T. has an infectious skin rash, lesions, or an open wound of any kind on the hands or arms, do not massage until skin integrity is restored.
- C. If an L.M.T. has an infectious body rash, do not massage until the infection is absent.
- D. If an L.M.T. has an infectious lesion or wound present on body areas other than hands and forearms, adequately bandage the area so no infective secretions come into contact with clothes or hands. Be thorough about hand washing after bandaging and before massaging.
- E. Individual L.M.T.s who are carriers of Hepatitis B, H.I.V., or any other infectious organisms transmitted by body fluids must refrain from giving massages if there are any areas of the hands or forearms which, for any reason, are subject to bleeding or have open and/or draining areas in the skin. The practice of massage may be resumed once skin integrity is restored to the hands and arms.

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