

# **MASSAGE THERAPY FOUNDATION PRACTITIONER CASE REPORT CONTEST**

## **INTRODUCTION**

The Massage Therapy Foundation is delighted to invite you to participate in our Practitioner Case Report Contest. The Foundation has chosen to encourage the writing of case reports to provide an opportunity for massage therapists and bodyworkers to develop research skills and enhance their ability to provide knowledge-based massage to the public. The Foundation is a philanthropic, non-profit 501(c)(3) organization that grants money for scientific research and community service projects, and is a resource for research education to the massage and bodywork professions at large. (Please see the Foundation's Mission and Goals in Appendix A.)

## **CASE REPORT GOALS AND GUIDELINES**

Case reports play an important role in the professional literature. This contest is intended to enhance professional development skills of the practitioner: writing case reports help develop communication skills, critical thinking skills, and could contribute to future research and clinical practice. Cash and publication recognition will be awarded to practitioners submitting the top reports (Please see the awards in Appendix H.) Continuing Education credit is available through the National Certification Board of Therapeutic Massage and Bodywork (NCBTMB) for submitted reports that follow all guidelines (Please see Appendix G for more information.)

## **CASE REPORT STRUCTURE**

Practitioners must report on an independent clinical intervention(s) on one client. This includes doing a literature review on the presenting condition, creating and implementing a treatment plan in accordance with the literature, the needs of the client, and the practitioner's expertise, writing up the results, discussing the implications of the outcomes, and offering suggestions for future study.

## **SELECTING A CASE FOR SUBMISSION**

- Case reports are commonly based on a sequence of massage sessions; however, cases based on very few or even one session can produce interesting results. Thus, there is no expectation in regard to the number of sessions required. (Please consider that, if a series of massage sessions are used, massage therapy should be the only new intervention in the client's treatment plan so as to avoid confusing results.)
- Case reports are either prospective or retrospective. Prospective reports are begun before the treatment series, and thus allow the practitioner to tailor the treatment design to research questions. Retrospective reports describe a treatment series that occurred in the past (i.e. prior to the start of the case report), and can still be a valuable submission.
- The intention of the Foundation is to bring more massage therapists into the research world. To this end, the Foundation provides for the use of up to 2 advisors. A case report advisor is a person with more experience in research. (S)He helps guide the planning and execution of the treatment series, and can make recommendations in the preparation and editing of the report. Advisors must not apply modalities directly or participate in the writing.

Contest entrants are not required to have advisors. Entrants are responsible for seeking out their advisors independently, but some likely groups of potential advisors are listed below:

- Research faculty at academic institutions.
- Practicing health professionals, such as medical doctors, nurses, psychotherapists, osteopaths, chiropractors, physical therapists, and other massage therapists.
- Faculty at massage schools.

- The Foundation requires that the practitioner obtain consent from the client to use the client's case in writing up a case report and submitting it for publication. See attached example of a consent form in Appendix D.

- The Foundation requires that HIPAA guidelines for confidentiality are followed. See a summary of requirements in Appendix E. Please do not include the client's name on any papers submitted. If photographs are taken and submitted, include a release form for permission to use the photograph. See an example of a photograph release form in Appendix G.

- Case reports may be submitted by a practicing massage therapist or bodyworker. The Foundation requires proof of liability insurance as an indicator of current status, as licensing laws differ from state to state and province to province. **Please send a copy of your current liability insurance certificate along with your submission.**

- The Foundation does not require approval from an Institutional Review Board (IRB) for contest submissions. Consistent with federal regulations pertaining to case study research conducted for clinical and educational purposes (Department of Human Services Code of Federal Regulations, Human Subjects Section, Title 45, Part 46), the approval of an Institutional Review Board (IRB) is not required for a description of practice that does not involve research methodology. However, applicants working in a clinical setting that requires IRB approval should follow the guidelines established by that agency. Similarly, applicants with access to an IRB who wish to have their plans for conducting a case study reviewed are encouraged to do so.

#### LIST OF APPENDICES

Appendix A: Massage Therapy Foundation Mission and Goals

Appendix B: Suggested Reading

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Appendix I: Authorship and Copyright Transfer Agreement

Appendix J: Checklist

#### DOCUMENT PREPARATION AND SUBMISSION

- The case report document must be double-spaced, using 12 pt. font size, in Times (or similar) font with 1.5 inch margins on all sides, and written in the English language.

- The report must be concisely and coherently written (**value: 6 points**).
- The document must be 2000-4000 words, excluding the cover page and references.
- The case report should have a research question that is interesting and pertinent to the massage therapy profession (**value: 8 points**).
- **Submissions must be received online by October 8, 2010.**

## **THE CASE REPORT**

A well-written scientific case report explains the clinician's goal for investigating a client's condition, the outcome, the treatment series' design and implementation, and the meaning of the results. A meaningful or interesting discovery will lose much of its value if it is not presented in a succinct and coherent manner. Therefore, scientific papers are written in a style that is intended to be clear and concise. Their purpose is to inform an audience about an important issue and to document the particular approach-used to investigate that issue. Authors are encouraged to avoid using 1<sup>st</sup> person narrative.

### **1. Cover Page**

*Include the title, author's name, contact information, mailing address, email address, and signature.*

### **2. Acknowledgements**

*Recognize any non-authors who made substantial contribution to the work, including any advisors, colleagues, advisors or contributors.*

### **3. Abstract/Key Words (value: 6 points)**

*An **abstract** is a condensed version of the paper (200 word limit) and should contain all information necessary for the reader to determine:*

- Background and objectives for the study
- Methods for interventions and data collection
- Results that were observed
- Conclusion from the study

Frequently, readers of a scientific journal will only read the abstract, choosing to read at length those papers that are most relevant to them. For this reason, and because abstracts are frequently made available by various internet abstracting services, this section is an important summary of the study.

**Key Words** - *Citation indexes use key words (or phrases) to help people search for relevant articles. Authors should therefore list 4-5 key words that define their study; these words or phrases should be distinct from those used in the title.*

### **4. Introduction (value: 25 points)**

In this section, the author should build a case for selecting the patient or intervention to observe. There should be enough background information so a reader can understand the topic, but not necessarily an exhaustive review of the field. Findings of published studies will need to be presented to help explain why the current case is of scientific interest and is in need of being observed. No results or data from the current study should be in this section. The last sentence(s) of the Introduction should state the study objective and hypothesis. The objective and hypothesis should be a natural flow from what was presented earlier and should serve as a smooth lead-in to the methods section.

- Include a well-rounded literature review of relevant research studies and secondary sources (e.g. books and review articles).
- Based on the literature, present a reasonable hypothesis about why massage is an appropriate treatment for the client's condition
- Discuss what quantitative (numbers-based) and qualitative (word-based) outcomes/measures the practitioner chooses to assess the client's pre and post treatment condition

Appropriate use of citations from the literature will be emphasized in the review process. There must be reference to at least some of the following: academic books, professional journals, and peer-reviewed journals. It is expected that Practitioners will utilize reputable biomedical and massage therapy databases as part of their literature search strategy. Use of non-peer reviewed sources is not encouraged and should be kept to a minimum. (Please see Appendix C for more information on literature searches.)

#### 5. **Methods (value: Profile of Client 10 points, Treatment Plan 15 points)**

These sections provide all the methodological details necessary for another clinician to duplicate the work. It is assumed that readers have the same basic skills as the author, but don't know the specific details of the study. This section should be a narrative of the massage protocol, but not a step-by-step list of instructions. An important part of writing a scientific paper is deciding what bits of information need to be given in detail.

- The **Profile of Client** section should contain a relatively detailed account of the subject. This may include a presentation of the subject's medical history & diagnosis, prior treatments, findings from a massage assessment, findings from other health care providers, and any contraindications to the use of massage. The practitioner should include a description of the client's desired outcomes.
- The **Treatment Plan** should describe the massage/bodywork procedures and how subject progress was monitored. The author should provide specific details regarding the massage/bodywork techniques used including duration of treatment, type of stroke, body regions worked, number of sessions, etc. It is also asked that authors provide rationale for the use of the particular massage/bodywork technique(s) used.

Treatment choices must be supported with reference to the available literature, massage texts/instructional handbooks, and safe practice guidelines. If there are no direct references to massage therapy for the condition, the Practitioner should indicate why the treatment approach was chosen based on an understanding of how the condition typically presents and how it presents in the client. References from other disciplines may also be helpful.

A description of the plan for assessing progress should also be presented in the Treatment Plan. Any instrument (questionnaire, Visual Analog Scale, ergometer, goniometer, etc.) used to assess progress should be presented and described in moderate detail. Also, the frequency of assessment, the number of sessions (if appropriate), and the time tested (in relation to treatment) are also important factors. A reader of this section should be able to visualize how subject progress

was assessed.

## **6. Results (value: 10 points)**

This section presents the results of the study but should not attempt to interpret their meaning. Data should be presented in an organized and easily understandable manner; raw data should not be presented. Authors are encouraged to succinctly present study findings in either a table or graph format. However, data should be presented only once. If a table or figure is presented it should be titled as such and have a caption (and legend, if necessary) so the reader can quickly understand what is being presented. The written portion of the report must refer to any table or figure, if presented

The practitioner will include a summary of any methodological changes that occur during the course in the Treatment Plan, along with rationalization for such change.

## **7. Discussion (value: 20 points)**

In this section, the Practitioner should

- Provide meaning to the results
- Relate the patient findings back to the objective/hypothesis
- Place the results in context of published findings (using sources previously cited as well as new sources).
- Explain why the obtained results may differ from what others have found
- Speculate on why the treatment had an effect or not
- Note problems with the methods, and explain any anomalies in the data.
- Suggest implications to the profession. For example, discuss incorporating the treatment protocol into practice.
- Suggest directions for future research that are based on the results of the practice findings.

## **8. References**

While no specific point value is awarded for the References section, the strength of a report is, in part, dependent on the citations referenced. Therefore, it is strongly encouraged that citations used in preparing the report are from the primary research literature (e.g. peer-reviewed journal articles) rather than secondary sources (e.g. internet websites). Additional information on references can be found in Appendix C.

### **In-text references:**

Within the manuscript, any reference to others' work must refer the reader to the complete citation contained at the end of the manuscript. The in-text citation may be either the Arabic citation number corresponding to the full citation contained in the reference section or presented as the first author followed by the year of publication of the document (ex. (Smith, 2006)).

### **End of text listing:**

A list of all references cited in the manuscript must be included following the Discussion section and titled "References". Citations should be listed in accordance with the APA referencing system. References should be typed and in

alphabetical order. An APA format and Style Guide can be found here:  
<http://owl.english.purdue.edu/owl/resource/560/01/>.

Examples:

Articles in Journals

Author, A. A., Author, B. B., & Author, C. C. (Year). Title of manuscript. *Title of Periodical*, volume number, pages.

Nonperiodical Web Document, Web Page, or Report

Author, A. A., & Author, B. B. (Date of publication). *Title of document*. Retrieved month date, year, from <http://Web> address.

Book

Author, A. A. (Year of publication). *Title of work: Capital letter also for subtitle*. Location: Publisher.

Article or Chapter in an Edited Book

Author, A. A., & Author, B. B. (Year of publication). Title of chapter. In A. Editor & B. Editor (Eds.), *Title of book* (pages of chapter). Location: Publisher.

## **SCORING RUBRIC**

Case Report Contest entries are scored according to the following rubric:

### **Concise and Coherent: 6 points**

This addresses basic writing skills, spelling, grammar, punctuation, and the ability to follow the general guidelines regarding length and formatting.

### **Abstract/Key Works: 6 points**

The abstract must be under 200 words, and address background, methods, measuring tools, results and conclusions. Key words must be relevant, and should not appear in the title of the Case Report.

### **Research Question: 8 points**

The study objective and hypothesis should be clearly stated in the conclusion of the Introduction section, as a transition to the Methods section. This question must be directly addressed by the methods described.

### **Introduction and Literature Review: 25 points**

This is where the author builds a case for the study, based on what he or she finds in the existing literature. It includes information about the client's condition and information about bodywork modalities or other manual therapy disciplines in the context of that condition. The quality of resources, sophistication of thinking, and rigor of pursuit are all displayed in this section.

### **Profile of client: 10 points**

This section includes the client history, diagnosis, current treatments, and massage assessment. The client's desired outcomes and goals for the massage intervention should be here as well.

**Treatment plan: 15 points**

The rationale and strategy of the treatment plan should be directly linked to the literature review. Descriptions should be clear and reproducible, but not exhaustive. A plan for tracking changes and progress should be included in this section.

**Results: 10 points**

Findings should be reported succinctly, without interpretation. Graphs, charts and tables must have a legend, and must be referred to within the text. Any specific finding should appear only once.

**Discussion: 20 points**

This is a summary and integration of findings with the current body of literature. It should link the outcomes to the goals or research question, note problems with the process, speculate on why the findings worked out this way, and make suggestions for future studies.

Please direct any questions you may have to:

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[www.massagetherapyfoundation.org](http://www.massagetherapyfoundation.org)

## **APPENDIX A:**

### **MASSAGE THERAPY FOUNDATION MISSION AND GOALS**

#### MISSION STATEMENT

*The Massage Therapy Foundation advances the knowledge and practice of massage therapy by supporting scientific research, education and community service.*

#### GOALS

- *Promote well-designed research that reflects massage therapy as practiced.*
- *Provide access to therapeutic massage and bodywork to the broadest spectrum of society.*
- *Enhance research competency in the profession*
- *Provide access to information and resources on therapeutic massage and bodywork to the profession and the general public.*
- *Ensure that the Foundation is creative, energetic and organizationally effective.*

## **APPENDIX B:**

### **SUGGESTED READING**

Achilles, R.; Dryden, T. (2004). *Massage Therapy Research Curriculum Kit*. Evanston, IL: Massage Therapy Foundation.

Hagino, C. (2003). *How to Appraise Research: A Guide for Chiropractic Students and Practitioners*. Churchill Livingstone.

Hymel, G. M. (2006). *Research methods for massage and holistic therapies*. St. Louis, MO: Mosby/Elsevier Publisher.

Jenivek, M. (2001). *Clinical Case Reporting in Evidence-Based Medicine: Second Edition*. London, Great Britain: Arnold.

McEwen, I. (2001). *A How-to Manual for Writing Case Reports: Second Edition*. Alexandria, VA: American Physical Therapy Association.

Menard, M.B. (2009). *Making Sense of Research: A Guide to Research Literacy for Complementary Practitioners: Second Edition*. Toronto, ON: Curties-Overzet Publications, Inc.

Menard, M.B., Piltch, C. (2006). Case Reports in Clinical Care and Research. *Massage Therapy Journal*, 45(2), 163-165.

Yin, R. (2003). *Case Study Research, Design and Methods: Third Edition*. Thousand Oaks, CA: Sage Publications, Inc.

## APPENDIX C:

### **THE LITERATURE SEARCH**

Adapted and modified from “Identifying the research question and planning the project”  
J Wyatt and H Guly <http://emj.bmjournals.com/cgi/content/full/19/4/318>

Prior to starting your literature search you will want to formulate a well focused clinical or research question. A general or broad question may lead to the right answer down the road; however, you will have to wade through a large volume of material before you are able to find the material you need. Having decided upon an area of interest to research, or a specific question to investigate, finding out what has already been published on the chosen subject is a key step. Launching headlong into a project without having completed this step is almost never worth it. You may well find, after much work, that the study has been done and published before, on a larger scale and with a more rigorous design.

Well-read colleagues or experts can be useful sources of background information and can often instantly cite relevant papers. Learn about key words and concepts relevant to your research work by reading an introduction of your topic in a textbook

References in textbooks are (understandably) dated, thereby considerably limiting their use as a source of current evidence and information.

Recent articles in peer reviewed journals, on the other hand, may prove to be good sources, although it is as well to bear in mind that many authors tend to quote selectively from the literature in order to support their data and conclusions.

#### **Sources of information**

- colleagues, advisors, experts, conferences
- review articles
- Medline or other databases
- Cochrane Library
- textbooks

Choosing an evidence resource database is the initial step. A database is a collection of data organized to allow easy retrieval. Most researchers rely upon the massive Medline database. Using Medline is relatively straightforward and is described fully elsewhere. To make full use of the database, it is essential to take great care in choosing search terms (MeSH). Even then, there is a good chance that a number of relevant articles will not be identified in a Medline search. Even using optimistic estimates, only about two thirds of the medical literature is indexed by Medline—it is often important to search other databases. These might include EMBASE (the European equivalent of Medline), which is particularly useful for its coverage of drug and therapeutic journals, BNI (the British Nursing Index), or psychiatric databases such as PSYCHLIT or PSYCHINFO.

**Free databases:**

The Massage Therapy Research Database<sup>SM</sup>

<http://www.massagetherapyfoundation.org/researchdb.html>

PubMed

<http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?db=PubMed&itool=toolbar>

(Only approximately 55% of English language journals of interest to massage therapists are indexed with Medline)

PEDro (Physiotherapy Evidence Database)

<http://www.pedro.fhs.usyd.edu.au/>

Cochrane Library

[http://www.mrw.interscience.wiley.com/cochrane/cochrane\\_clsystrev\\_subjects\\_fs.html](http://www.mrw.interscience.wiley.com/cochrane/cochrane_clsystrev_subjects_fs.html)

CRD database, Centre for Reviews & Dissemination

<http://144.32.150.197/scripts/WEBC.EXE/NHSCRD/start>

OTseeker is a database that is relevant to occupational therapy.

<http://www.otseeker.com>

**Subscription databases:**

AMED - Allied and Complementary Medicine Database. AMED is a unique bibliographic database produced by the Health Care Information Service of the British Library.

<http://www.bl.uk/collections/health/amed.html>

CINAHL database, source of information for the professional literature of nursing, allied health, biomedicine, and healthcare.

<http://www.cinahl.com/>

MANTIS for alternative medicine. Manual Alternative and Natural Therapy Index System

<http://www.healthindex.com/>

EMBASE <http://www.embase.com/home>

PSYCHINFO <http://www.apa.org/psycinfo/>

**For further assistance:**

Making PubMed Searching Simple: Learning to Retrieve Medical Literature Through Interactive Problem Solving

Beatriz Vincent<sup>a</sup>, Maurice Vincent<sup>b</sup>, Carlos Gil Ferreira

<http://theoncologist.alphamedpress.org/cgi/content/full/11/3/243>

How to read a paper: The Medline database

Trisha Greenhalgh, *senior lecturer*<sup>a</sup>

<http://bmj.bmjournals.com/cgi/content/full/315/7101/180>

## **What's the Difference Between MEDLINE® and PubMed®?**

<http://www.nlm.nih.gov/pubs/factsheets/mesh.html> Accessed August 10, 2006

MEDLINE is the largest component of PubMed, the U.S. National Library of Medicine's (NLM®) database of biomedical citations and abstracts that is searchable on the Web (<http://pubmed.gov>) at no cost. MEDLINE covers over 4,800 journals published in the United States and more than 70 other countries primarily from 1966 to the present. MEDLINE includes references to articles indexed with terms from NLM's controlled vocabulary, MeSH®. Citations in MEDLINE are from journals selected for inclusion in the database.

[http://www.nlm.nih.gov/pubs/factsheets/dif\\_med\\_pub.html](http://www.nlm.nih.gov/pubs/factsheets/dif_med_pub.html) Accessed August 10, 2006

## **Medical Subject Headings (MeSH®)**

MeSH is the National Library of Medicine's controlled vocabulary thesaurus. It consists of sets of terms naming descriptors in a hierarchical structure that permits searching at various levels of specificity.

MeSH descriptors are arranged in both an alphabetic and a hierarchical structure. At the most general level of the hierarchical structure are very broad headings such as "Anatomy" or "Mental Disorders." More specific headings are found at more narrow levels of the eleven-level hierarchy, such as "Ankle" and "Conduct Disorder." There are 22,997 descriptors in MeSH. In addition to these headings, there are more than 151,000 headings called Supplementary Concept Records (formerly Supplementary Chemical Records) within a separate thesaurus. There are also thousands of cross-references that assist in finding the most appropriate MeSH Heading, for example, Vitamin C *see* Ascorbic Acid. These additional entries include 24,050 printed *see* references and 112,012 other entry points.

## **Features of the MeSH Vocabulary**

- MeSH contains several different types of terms.
- Descriptors (main headings): characterize the subject matter or content.
- Qualifiers: are used with descriptors and afford a means of grouping together those documents concerned with a particular aspect of a subject. A list of qualifiers appears following the list of new descriptors.
- MeSH also has special types of headings available for indexing, cataloging, and online searching:
  - Publication Types: characterize what the item is, i.e., its genre, rather than what it is about.
  - Geographics: include continents, regions, countries, states, and other geographic subdivisions. They are listed in category Z of the tree structures.
  - Entry terms or see references: synonyms or closely related terms that are cross-references to descriptors. Generally, entry vocabulary may be used interchangeably with preferred descriptors for searching of PubMed. Thus, the entry vocabulary is a means by which the MeSH thesaurus can be enriched.

**APPENDIX D:**

**PATIENT INFORMED CONSENT SAMPLE**

I have read the Information Sheet and agree to be a voluntary participant in this research case study. The procedures have been explained to me and any questions have been answered to my satisfaction. The potential benefits, as well as the harms and/or discomforts, of participating in this treatment and case study have been explained to me.

I understand that I may ask questions, now and in the future, about my treatment, the case study or research procedures. I am aware that I may decline to participate or withdraw from this study at any time.

I understand that the information collected from me will be published without my name attached and every attempt will be made to ensure my anonymity. I understand, however, that complete anonymity cannot be guaranteed. It is possible that somebody somewhere – perhaps for example someone who looked after me if I was in the hospital, or perhaps a relative – may identify me.

I ask that the following information not be disclosed in any materials:

- Home address, date of birth, name, marital status, religious status.

I understand that the following information may be used:

- Sex/gender, age, health status (specific to treatment).

I understand that declining to participate or withdrawing from this case study will not jeopardize my relationship with \_\_\_\_\_ (therapist, clinic) and will have no influence on my care.

I, \_\_\_\_\_, (*name of participant*) agree to participate in the case study conducted by \_\_\_\_\_ (*name of researcher*) at \_\_\_\_\_ (*name of clinic*).

Participant's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

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Witness' Name: \_\_\_\_\_

Witness' Signature: \_\_\_\_\_

Date: \_\_\_\_\_

## APPENDIX E:

### HIPAA GUIDELINES

#### Fact Sheet

FOR IMMEDIATE RELEASE  
Monday, April 14, 2003

Contact: HHS Press Office  
(202) 690-6343

#### PROTECTING THE PRIVACY OF PATIENTS' HEALTH INFORMATION

**Overview:** *The first-ever federal privacy standards to protect patients' medical records and other health information provided to health plans, doctors, hospitals and other health care providers took effect on April 14, 2003. Developed by the Department of Health and Human Services (HHS), these new standards provide patients with access to their medical records and more control over how their personal health information is used and disclosed. They represent a uniform, federal floor of privacy protections for consumers across the country. State laws providing additional protections to consumers are not affected by this new rule.*

*Congress called on HHS to issue patient privacy protections as part of the Health Insurance Portability and Accountability Act of 1996 (HIPAA). HIPAA included provisions designed to encourage electronic transactions and also required new safeguards to protect the security and confidentiality of health information. The final regulation covers health plans, health care clearinghouses, and those health care providers who conduct certain financial and administrative transactions (e.g., enrollment, billing and eligibility verification) electronically. Most health insurers, pharmacies, doctors and other health care providers were required to comply with these federal standards beginning April 14, 2003. As provided by Congress, certain small health plans have an additional year to comply. HHS has conducted extensive outreach and provided guidance and technical assistance to these providers and businesses to make it as easy as possible for them to implement the new privacy protections. These efforts include answers to hundreds of common questions about the rule, as well as explanations and descriptions about key elements of the rule. These materials are available at <http://www.hhs.gov/ocr/hipaa/>.*

#### PATIENT PROTECTIONS

The new privacy regulations ensure a national floor of privacy protections for patients by limiting the ways that health plans, pharmacies, hospitals and other covered entities can use patients' personal medical information. The regulations protect medical records and other individually identifiable health information, whether it is on paper, in computers or communicated orally. Key provisions of these new standards include:

- **Access To Medical Records.** Patients generally should be able to see and obtain copies of their medical records and request corrections if they identify errors and mistakes. Health plans, doctors, hospitals, clinics, nursing homes and other covered entities generally should provide access these records within 30 days and may charge patients for the cost of copying and sending the records.
- **Notice of Privacy Practices.** Covered health plans, doctors and other health care providers must provide a notice to their patients how they may use personal medical information and their rights under the new privacy regulation. Doctors, hospitals and other direct-care providers generally will provide the notice on the patient's first visit following the April 14, 2003, compliance date and upon request. Patients generally will be asked to sign, initial or otherwise acknowledge that they received this notice. Health plans generally must mail the notice to their enrollees by April 14 and again if the notice changes significantly. Patients also may ask covered entities to restrict the use or disclosure of their information beyond the practices included in the notice, but the covered entities would not have to agree to the changes.
- **Limits on Use of Personal Medical Information.** The privacy rule sets limits on how health plans and covered providers may use individually identifiable health information. To promote the best quality care for patients, the rule does not restrict the ability of doctors, nurses and other providers to share information needed to treat their patients. In other situations, though, personal

health information generally may not be used for purposes not related to health care, and covered entities may use or share only the minimum amount of protected information needed for a particular purpose. In addition, patients would have to sign a specific authorization before a covered entity could release their medical information to a life insurer, a bank, a marketing firm or another outside business for purposes not related to their health care.

- **Prohibition on Marketing.** The final privacy rule sets new restrictions and limits on the use of patient information for marketing purposes. Pharmacies, health plans and other covered entities must first obtain an individual's specific authorization before disclosing their patient information for marketing. At the same time, the rule permits doctors and other covered entities to communicate freely with patients about treatment options and other health-related information, including disease-management programs.
- **Stronger State Laws.** The new federal privacy standards do not affect state laws that provide additional privacy protections for patients. The confidentiality protections are cumulative; the privacy rule will set a national "floor" of privacy standards that protect all Americans, and any state law providing additional protections would continue to apply. When a state law requires a certain disclosure -- such as reporting an infectious disease outbreak to the public health authorities -- the federal privacy regulations would not preempt the state law.
- **Confidential communications.** Under the privacy rule, patients can request that their doctors, health plans and other covered entities take reasonable steps to ensure that their communications with the patient are confidential. For example, a patient could ask a doctor to call his or her office rather than home, and the doctor's office should comply with that request if it can be reasonably accommodated.
- **Complaints.** Consumers may file a formal complaint regarding the privacy practices of a covered health plan or provider. Such complaints can be made directly to the covered provider or health plan or to HHS' Office for Civil Rights (OCR), which is charged with investigating complaints and enforcing the privacy regulation. Information about filing complaints should be included in each covered entity's notice of privacy practices. Consumers can find out more information about filing a complaint at <http://www.hhs.gov/ocr/hipaa/> or by calling (866) 627-7748.

#### HEALTH PLANS AND PROVIDERS

The privacy rule requires health plans, pharmacies, doctors and other covered entities to establish policies and procedures to protect the confidentiality of protected health information about their patients. These requirements are flexible and scalable to allow different covered entities to implement them as appropriate for their businesses or practices. Covered entities must provide all the protections for patients cited above, such as providing a notice of their privacy practices and limiting the use and disclosure of information as required under the rule. In addition, covered entities must take some additional steps to protect patient privacy:

- **Written Privacy Procedures.** The rule requires covered entities to have written privacy procedures, including a description of staff that has access to protected information, how it will be used and when it may be disclosed. Covered entities generally must take steps to ensure that any business associates who have access to protected information agree to the same limitations on the use and disclosure of that information.
- **Employee Training and Privacy Officer.** Covered entities must train their employees in their privacy procedures and must designate an individual to be responsible for ensuring the procedures are followed. If covered entities learn an employee failed to follow these procedures, they must take appropriate disciplinary action.

**Public Responsibilities.** In limited circumstances, the final rule permits -- but does not require -- covered entities to continue certain existing disclosures of health information for specific public responsibilities. These permitted disclosures include: emergency circumstances; identification of the body of a deceased person, or the cause of death; public health needs; research that involves limited data or has been

independently approved by an Institutional Review Board or privacy board; oversight of the health care system; judicial and administrative proceedings; limited law enforcement activities; and activities related to national defense and security. The privacy rule generally establishes new safeguards and limits on these disclosures. Where no other law requires disclosures in these situations, covered entities may continue to use their professional judgment to decide whether to make such disclosures based on their own policies and ethical principles.

- **Equivalent Requirements For Government.** The provisions of the final rule generally apply equally to private sector and public sector covered entities. For example, private hospitals and government-run hospitals covered by the rule have to comply with the full range of requirements.

#### OUTREACH AND ENFORCEMENT

HHS' Office for Civil Rights (OCR) oversees and enforces the new federal privacy regulations. Led by OCR, HHS has issued extensive guidance and technical assistance materials to make it as easy as possible for covered entities to comply with the new requirements. Key elements of OCR's outreach and enforcement efforts include:

- **Guidance and technical assistance materials.** HHS has issued extensive guidance and technical materials to explain the privacy rule, including an extensive, searchable collection of frequently asked questions that address major aspects of the rule. HHS will continue to expand and update these materials to further assist covered entities in complying. These materials are available at <http://www.hhs.gov/ocr/hipaa/assist.html>.
- **Conferences and seminars.** HHS has participated in hundreds of conferences, trade association meetings and conference calls to explain and clarify the provisions of the privacy regulation. These included a series of regional conferences sponsored by HHS, as well as many held by professional associations and trade groups. HHS will continue these outreach efforts to encourage compliance with the privacy requirements.
- **Information line.** To help covered entities find out information about the privacy regulation and other administrative simplification provisions of the Health Insurance Portability and Accountability Act of 1996, OCR and HHS' Centers for Medicare & Medicaid Services have established a toll-free information line. The number is (866) 627-7748.
- **Complaint investigations.** Enforcement will be primarily complaint-driven. OCR will investigate complaints and work to make sure that consumers receive the privacy rights and protections required under the new regulations. When appropriate, OCR can impose civil monetary penalties for violations of the privacy rule provisions. Potential criminal violations of the law would be referred to the U.S. Department of Justice for further investigation and appropriate action.
- **Civil and Criminal Penalties.** Congress provided civil and criminal penalties for covered entities that misuse personal health information. For civil violations of the standards, OCR may impose monetary penalties up to \$100 per violation, up to \$25,000 per year, for each requirement or prohibition violated. Criminal penalties apply for certain actions such as knowingly obtaining protected health information in violation of the law. Criminal penalties can range up to \$50,000 and one year in prison for certain offenses; up to \$100,000 and up to five years in prison if the offenses are committed under "false pretenses"; and up to \$250,000 and up to 10 years in prison if the offenses are committed with the intent to sell, transfer or use protected health information for commercial advantage, personal gain or malicious harm.

Note: All HHS press releases, fact sheets and other press materials are available at <http://www.hhs.gov/news>. Last Revised: April 14, 2003.

**APPENDIX F:**

**PHOTOGRAPH RELEASE FORM SAMPLE**



**MASSAGE THERAPY FOUNDATION PHOTOGRAPH RELEASE FORM**

I hereby give Massage Therapy Foundation ®, (hereinafter, known as the publisher), its clients, agents, and assigns, the absolute right and permission to use, publish, and copyright the photographic portraits or other reproductions from all negatives made of me and/or of my property, or any part thereof, either in conjunction with or without using my name, and to make alterations therein and/or additions thereto for publications in Massage Therapy Foundation and other AMTA publications.

Date: \_\_\_\_\_

Signed: \_\_\_\_\_

Signed: \_\_\_\_\_  
(parent or guardian; if appropriate)

Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signed: \_\_\_\_\_  
(witness)

## **Appendix G:**

### **Continuing Education Opportunity with the National Certification Board of Therapeutic Massage and Bodywork:**

Practitioners completing and submitting a case report under these guidelines can utilize this work in applying for recertification with the NCBTMB. The NCBTMB has indicated that this work would qualify for a maximum of 48 Credits as a Self-Directed Learning Project. Detail on how to recertify under this heading can be found on Page 20 of their document titled "Requirements for Recertification" at:  
[http://www.ncbtmb.com/handbooks/2003/recertification\\_handbook\\_03.htm](http://www.ncbtmb.com/handbooks/2003/recertification_handbook_03.htm).

## Appendix H:

### **Practitioner Case Report Contest Awards:**

#### **Grand Prize “Gold” Award**

- ◆ \$2,500.00 cash prize contingent upon the winner undergoing the peer review publication process for IJTMB (International Journal of Therapeutic Massage and Bodywork) or another peer reviewed academic journal by the appropriate deadline.\*
- ◆ Invitation to present the paper at the 2011 AMTA National Convention and up to \$1,000.00 stipend each for the practitioner Case Report Contest winner and their advisor\*\* to be used toward travel to the convention.
- ◆ Winner is invited to submit a poster for the poster session at the 2011 AMTA National Convention.
- ◆ Winner is listed on the Massage Therapy Foundation website.
- ◆ Local and national press releases announcing the grand prize winner and advisor.
- ◆ Two personal keepsake gold plaques, one for the practitioner and one for the advisor.

#### **Second Place “Silver” Award**

- ◆ \$2,000.00 cash prize contingent upon the winner undergoing the peer review publication process for IJTMB (International Journal of Therapeutic Massage and Bodywork) or another peer reviewed academic journal by the appropriate deadline.\*
- ◆ Winner is invited to submit a poster for the poster session at the 2011 AMTA National Convention.
- ◆ Winner is listed on the Massage Therapy Foundation website.
- ◆ Local and national press releases announcing the grand prize winner and advisor.
- ◆ Two personal keepsake gold plaques, one for the practitioner and one for the advisor.

#### **Third Place “Bronze” Award**

- ◆ \$1,500.00 cash prize contingent upon the winner undergoing the peer review publication process for IJTMB (International Journal of Therapeutic Massage and Bodywork) or another peer reviewed academic journal by the appropriate deadline.\*
- ◆ Winner is invited to submit a poster for the poster session at the 2011 AMTA National Convention.
- ◆ Winner is listed on the Massage Therapy Foundation website.
- ◆ Local and national press releases announcing the third place practitioner and advisor.
- ◆ Two personal keepsake bronze plaques, one for the practitioner and one for the advisor.

#### **Honorable Mentions**

- ◆ Winners listed on the Massage Therapy Foundation’s website.
- ◆ Two personal keepsake certificates, one for the winning practitioner and one for the advisor.

**\*The deadline for undergoing peer review is February 28<sup>th</sup> 2011.**

**\*\*Prizes listed for advisors are applicable only to practitioners who choose to work with an advisor on their case report.**

## Appendix I:

### Checklist:

**THINGS TO CHECK BEFORE SUBMITTING TO ENSURE COMPLETION** -  
Submissions are due on **October 8, 2009** (Please do not include this form in your submission).

- Have I included proof of liability insurance?**
- Have I included a signed Authorship and Copyright Transfer Agreement?**
- Is my case report properly formatted?**  
(12pt Font, 1.5" margins on all sides, 2000-4000 words, double spaced, Microsoft Word format)
- Are my references properly cited?**  
(See APA Referencing guide)
- Have I obtained the required consent forms and followed all local regulations?**  
(Do not include consent forms with submission. See bullet point for IRB approval and Appendices D, E, and F)
- Is my review of the literature relevant and comprehensive?**  
(See Appendix C)
- Is my rationale for treatment choices supported by the literature review?**
- Are my quantitative/qualitative measures relevant to my subject's condition(s)?**
- Is my presentation of data well-organized and concise?**
- Does the discussion connect the results back to my objective/hypothesis in the context of the literature review?**
- Does the discussion suggest areas for future research and implications for clinical practice?**