



DIVISION SCOPE OF SERVICE

Division: GULF COAST
Classification: LICENSED MASSAGE THERAPIST
Applicant Name:

<p>Licensed Massage Therapist: The Licensed Massage Therapist must have equivalent qualifications, competence and function in the same role as employed individuals performing the same or similar services at the facility, as defined by facility job description.</p>
<p>Definition of Care or Service: The Licensed Massage Therapist provides therapeutic and medical massage services to aid in the comfort of the patient. Scope of Services include:</p> <ul style="list-style-type: none"> • Talk with clients about symptoms, medical history, and desired results • Evaluate clients to locate painful or tense areas of the body • Manipulate muscles or other soft tissues of the body • Provide clients with guidance on stretching, strengthening, and overall relaxation. • Document client’s condition and progress • Applies massage therapy with or without the aid of lubricants, salts or herbal preparations, water, heat, or a massage device that mimics or enhances the therapy. • Excludes therapeutic exercise, intentional joint mobilization or manipulation or physical therapy. • Attentive to medical condition of the patient for precautions or contra-indications to massage therapy; checks with attending nurse and/or physician for concerns • Demonstrates Clinical and Service excellence behaviors to include HCA code of conduct core fundamentals in daily interactions with patients, families, co-workers and physicians
<p>Setting(s):</p> <ul style="list-style-type: none"> • Healthcare facilities including but not limited to hospitals, outpatient treatment facilities, ambulatory surgery centers, imaging centers, and physician practices. • Patient Care areas, all settings
<p>Supervision:</p> <ul style="list-style-type: none"> • Direct supervision department director, site manager or designee
<p>Evaluator: Department director or designee</p> <p>Tier Level: 2</p> <p>eSAF Access Required: YES</p>
<p>Qualifications:</p> <ul style="list-style-type: none"> • Completion of a degree, diploma or successfully completed massage therapy educational program • Licensed as a Massage Therapist (see state requirements) • American Heart Association or Red Cross health care provider BLS Certification <p>NOTE: Where education may not be defined in qualifications area of the Scope, HCA requires the highest level of education completed (not training or courses) confirmed on your background check.</p>
<p>State Requirements:</p> <ul style="list-style-type: none"> • Licensed in the state of Texas as Massage Therapist



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Experience:

- One year experience as a Massage Therapist

Competencies:

The Massage Therapist will demonstrate:

- Safe and effective practice of massage therapy
 - Demonstrates proficiency in the different aspects of massage therapy
 - Maintains equipment in good working order (i.e., massage table, massage chair)
 - Demonstrates effective infection control practices related to equipment operation
- Accurate patient information review and assessment
 - Uses at least two ways to identify patients before providing services
 - Verifies that the requested therapy correlates with the patient’s request and is appropriate given the patient’s condition
 - Notifies nurse/physician of any unusual or adverse response to medical **massage** therapy.
- Patient education and counseling
 - Counsels patients regarding the outcomes or side effects of massage therapy
 - Counsels/educates patients regarding movements or stretches that may be done outside of massage therapy
- Infection Prevention
 - Practices consistent hand hygiene
 - Uses personal protective equipment (PPE)
 - Required immunizations per Division requirements
 - Complies with Isolation precautions

References:

- Texas Department of Licensing and Regulation (TDLR) <https://www.tdlr.texas.gov/mas/mas.htm>

Your signature confirms you will be able to comply with the Qualifications and Competencies listed within this Scope of Service and that you will confirm education via your background check.

Applicant Printed Name: _____

Signature: _____

Date: _____