

MassageTherapyMEDIA

MAGAZINE



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Contributors



NICKI ISKANDER
RMT

Nicki is a registered massage therapist with a women-focused home studio in Toronto, Ontario where her cats greet her clients at the door. Her practice is body-positive and queer-friendly. As a bonus, she plays Otis Redding instead of spa music! Register for her online course, [Make Money as a Massage Therapist](#).



SARAH KING
RMT

Sarah has been an RMT since 1998, a massage therapy educator since 2003 and has had a pediatric focused practice for over a decade. She's also a gymnastics coach in a program designed to meet the needs of neurodiverse populations. Expanding on her knowledge and skill set, she's taken training including; Yoga for Kids, Brain Gym, NLP, Reiki, Gymnastics Coaching, Sick Kids Palliative Care Symposium and Online Pediatric Pain curriculum. To better understand her patient's experiences, she's also taken Autism, LGBTQS2+, and Mental Health training. Most importantly she learns from every child and family she works with.



AMANDA COOKE
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Registered Massage Therapists'
Association of Ontario

The Registered Massage Therapists' Association of Ontario (RMTAO) is a member-driven, not-for-profit professional association for Registered Massage Therapists (RMTs) in Ontario. We advance the profession of massage therapy in Ontario. The RMTAO advocates on behalf of the profession and provides resources and opportunities to help RMTs improve their knowledge, navigate the latest research and grow their practices.



DAVONNA M. WILLIS
MA, ATC, LMT

Davonna is a respected health and wellness practitioner and an acclaimed educator. Davonna currently is the Owner of 4 Nineteen Education & Training where she teaches a variety of massage curricula, marketing and business strategies to new business enterprises. Davonna has over 20 years of experience in the field of health and wellness. She is committed to the health and recovery of her clients and to the development of her colleagues and students.



Amanda has a degree in Kinesiology and is a Registered Massage Therapist. She has practiced in multidisciplinary settings, corporate settings, and has been a clinic and outreach supervisor for Massage Therapy Students. Amanda and her partner Mark own ConEd Institute in Toronto which is a continuing education company for Manual Therapists.

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As we develop future issues, we want your input. We want to hear about the great things you're doing and about the things you'd like to learn about through this magazine. Tell us what you have been doing or simply email us your ideas for future articles and features. We'd love to hear from you!

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Editor's Note



Amanda Cooke, RMT
Editor

Exclusivity for the Purpose of Inclusivity?

As a general grammar rule, exclusive and inclusive are antonyms, meaning that they have opposite definitions. I probably didn't need to tell you that because that is pretty common knowledge. If you are not including everyone, you are excluding some people, right? But is this rule absolute? We as a society believe in inclusivity as I think we should, but is it always possible to be one hundred percent inclusive? Is there ever a time where exclusivity might be beneficial? Can exclusivity work to strengthen the inclusiveness of the world we live in? I posed these questions to the contributors of this issue who all have the same goal in mind which is to educate Massage Therapists and other healthcare providers to ensure that they are equipped with the knowledge to create and maintain an inclusive practice where all people, even marginalized people, can feel safe and cared for in healthcare environments. What is interesting is that some of these contributors do in fact have an element of exclusivity in their work and my goal is to discuss why sometimes, that is just the way we strengthen the feeling of belonging and inclusion for more people.

Let's start out by simply looking at people and how we categorize them. We

all belong to the same inclusive category; we are human beings. Within this inclusive group, there are so many sub-categories based on race, ethnicity, culture, religion, gender etc. These categories of course may overlap and some people will fall into multiple categories but is it possible to find a person who would fit into every group? Of course not; and that's ok. In a country like Canada (or the United States for that matter), you will find a diverse population with all different types of people with different cultures, abilities, socio-economic status, and all of the other sub-categories we have already mentioned and so many more. When people from other parts of the world come to Canada, it is of course important that they integrate into society and the way of life in their new country but it would be a shame if they were forced to assimilate. Most of us can agree that maintaining your culture, religion, belief system, values etc. is important and is what makes the diversity of this country so beautiful. If many different types of people are welcome in one place, there is a natural tendency to seek out those you feel most connected to. Humans crave connection and to have something, anything, in common with someone allows for a connection to form, and further common interests or values will in time strengthen that connection. This leads a person to feel accepted, and comfortable, and allows them to let down their guard and truly be themselves.

I am in no way suggesting that segregation, even self-segregation, is a good thing. There is a fine line between integrating and assimilating as I mentioned above. When certain groups do not feel included, sometimes self-segregation can occur. In this case, a certain group of people only form relationships with others in their specific sub-category, and tend to adopt a way of life that looks nothing like the rest of their community. As this continues, this group of people may feel completely disconnected to the community, no ownership or pride in being a part of the larger community,

feel like they are misunderstood or disliked in the community, and it can even go as far as the community rejecting the entire group which of course can lead to conflict and tension. How can a large, inclusive group like human beings strengthen and reinforce inclusivity, without stripping people of their own cultures?

Let me ask you this simpler question first. Is having exclusive groups and clubs based on shared interests or passion inclusive or deliberately exclusive? The way I look at this is that when exclusive groups are given that space to exist within a larger community, it actually does reinforce inclusivity into the community, society, and country as a whole. It becomes a lot easier to feel at home when given space to be you with others that are looking for the same thing. In my city I love to see festivals and celebrations put on by members of a certain religion, culture, ethnicity, etc. because it allows those of us that are excluded from that group an opportunity to get an exclusive look at what their celebrations look like, and a rare glimpse at what is important to them and what makes them happy. You may get exposure to food or music you otherwise would not have. You may learn some hard and/or valuable lessons about the struggles this group may have faced in the past or is currently still facing and you get to be more educated about the fight. Either way, it is this encouragement of different groups of people to have their own exclusive clubs that may actually allow for the other groups within their society to gain a better understanding of who they really are and a reminder that we are all a part of the larger and more inclusive group of being human.

One of our writers speaks about working with people, children specifically, who have different abilities. She speaks to a very valid point that being inclusive is much more than claiming that you treat everyone and that all bodies are welcome. There has to be intention behind that claim and most of the time there is a lot that many of us would have to change or adapt

about our practice to be truly accessible to everyone. This may not always be available and even with the best intentions, we may not accomplish the goal of being truly inclusive for every unique human in our society. Thankfully, there are therapists with all different areas of focus, who have in fact created an environment that is actually intentionally exclusive to serve a specific population that has very specific needs and requirements. With that said, as healthcare workers we must always be asking ourselves how we can make our practice and our space as safe, open, welcoming, and comfortable, for as many different types of people as possible. The Registered Massage Therapists' Association of Ontario (RMTAO) contributed an article to outline some of the ways that we as an exclusive group of healthcare professionals could work towards having a more inclusive practice. I thought a very key point from our association is to not make assumptions about a person's preferences based on whichever demographics they fit into. As outlined, people may fit into many sub-categories and each person will be unique. The best we can do for an inclusive practice is to ensure that each individual knows that we want to make them as comfortable in our space as possible.

The other two contributors have created businesses that are deliberately exclusive and in doing so, are allowing for two marginalized communities to have the opportunity to feel like they belong in the healthcare realm. I would like to start out by talking about the 2SLGBTQIA+

community. This is both an exclusive group of people as well as an inclusive group with multiple sub-categories of exclusive groups. As a whole, this community has faced hate, discrimination, violence, and internal and external struggles all based on their sexual orientation and gender identities. As a whole, many of the people in this group have not felt safe, welcome, cared-for, or even like they belong in healthcare environments. One of our contributors started her exclusive practice for her own comfort and safety, and ended up creating a space for trans people, gay men, and women to truly feel the comfort and acceptance that they do not always get in all places within our society. So, while she may face criticism for excluding men, her intent is apparent to those marginalized groups and this exclusivity allows her patients to see that they are in fact included in healthcare, in their neighbourhood, and their larger community.

The last article was submitted by the force behind the inaugural Black Massage Therapist Conference that took place this past October in Charlotte, North Carolina. She faced a lot, and I mean a lot, of criticism for hosting a conference only for black therapists. People outside of this exclusive group felt it was akin to self-segregation, rather than it being akin to a Diwali festival, a gay pride parade, or even a cultural celebration like the Toronto Caribbean Carnival (Caribana for us Millennials and Gen X folk). This was actually the event that sparked my interest in having a magazine dedicated to inclusion. Black

Massage Therapists are actually a rather small group in North America and deal with a significant amount of anti-black racism in different parts of Canada and the US. I've heard personal stories of black therapists being rejected by patients to their face because of their race. This of course can make this group of people feel unwelcome in their own community and within healthcare as a profession. The intent of this conference was to allow members of this exclusive group to attend an educational event where they were not only welcomed, but more importantly celebrated. They could be themselves, celebrate their culture, and network with other members of this exclusive group that truly understood their experiences, and could offer support, encouragement, and a sense of belonging. The purpose was education at the heart of the conference, but the feeling of belonging left so many of these therapists with a new confidence that they do have a place within the healthcare community.

In conclusion, as healthcare practitioners, inclusion should never be an afterthought. In fact, our job is literally to make people feel safe and comfortable. How can we do that without a greater understanding of all types of people? We may not be perfect all the time, but if we continue to foster environments within our communities that allow for exclusive groups to come together and celebrate their own culture, passions, race, ethnicity, religion, gender etc., more people will gain that feeling of belonging within society, and that my friends, is inclusion.

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CREATING A SAFE SPACE... MOSTLY FOR ME

BY NICKI ISKANDER, RMT

W

hen I first opened my Toronto home massage studio, I knew two things: 1) I wanted to work with women. 2) Trans women are women.

For safety purposes, I chose to only accept men that I already knew (and liked) and men who were directly referred to me by a trusted source.

Why? Ask a woman—any woman—and you’ll quickly understand. I don’t care if he’s the plumber; under no circumstances will I let a strange man into my home while I’m alone. This is not how I die. I hit the ground running with self-promotion. I chose hot pink as the main colour for my branding. My marketing messaging exclusively spoke to women, emphasizing the body positivity movement and women’s empowerment.

I hired interior designers to give my massage room a feminine aesthetic—from soft lighting to the ornate, gold-framed mirror on the wall to the floral art piece on the ceiling (a delightful surprise when my clients turn from prone to supine). I wanted every woman to feel like a queen when she set foot in that room.

I even sourced a muscle chart labelled The Female Muscular System. Spoiler alert: It features all the same muscles as the male chart, only prettier!

I placed a sign on my front lawn that read “Massage Therapy for Women,” to make it very clear who was welcome and, just as importantly, who wasn’t.

My women-only targeting was working. Women love supporting women-owned businesses. Clients were flocking in droves and then sending their female friends. It felt to them like an invitation to be a member of an exclusive club. No Boys Allowed.

I quickly gained a reputation for being one of the go-to massage therapists in the city for women seeking size-inclusive and trans-friendly care. I had found my people, and it was an honour to serve them.

One day, I received a request for an appointment from a man. I declined the request, citing my policy of accepting men by direct referral only, and suggested a nearby clinic instead.

“I’m gay. Does that change things?” he replied.

Oddly, yes. That did change things.

While a person’s sexual orientation is none of my business, and while this piece of information should have precisely zero impact on my treatment plan as a massage therapist, it makes a big difference in one key aspect:

My safety.

With a gay man, I figured, I didn’t need to worry about him forcefully grabbing my arm during his treatment and asking me out on a date. (This has happened to me.)

Nor would I need to fear him leaving, ahem, a gift between the sheets for me to clean up afterwards. (This has happened to several of my friends.)

I took a chance and accepted him as a client without a referral source. Unsurprisingly, he was harmless and lovely. Bullet dodged.

As my practice grew in popularity, more requests like his started to appear in my inbox. I received emails from queer men and trans men looking for massages. They liked my vibe, they respected my policies, and they asked permission for entry into my home.

Some of them had heartbreaking stories involving abuse at the hands of other men, or having been mistreated and misgendered

by other healthcare providers. Not everyone puts the “care” in “healthcare.”

Just like me, these men didn’t feel safe being alone in a room with another man. They wanted a female massage therapist, and they hoped that therapist could be me.

But what about my women-only policy? How could I address this without offending anyone and without putting myself in harm’s way?

Here’s the rub (pun intended) ...Gay men are men. Trans men are men. This is indisputable.

But you know what they’re not?

A threat. At least, not statistically.

I spent nearly seven years living in the Church-Wellesley Village—the gay area of Toronto. It’s statistically the safest area of the city for women to live, because it’s largely populated by men who have no interest in touching us.

During my time there, the only catcalls I received were compliments on my outfits. I’d never felt safer in this city at night—or cuter, for that matter.

I wanted to send a clear message to these men who were contacting me:

You are no less of a man because of the gender of the people you’re attracted to, or because of the gender that was assigned to you at birth. And you are welcome here in my home for the same reason that you want to see me: I feel safe in your presence.

By nature, any recipient of a massage therapy treatment is placing themselves in a vulnerable position—mentally, emotionally, and physically.

Clients are expected to disrobe within minutes of meeting their therapist, to spend time alone in a darkened room with a total stranger, and to lie face down on a table while we touch them for an hour plus.

As the therapist, we’re placed in a position of power. We’re fully clothed, we’re standing above them, we may be physically stronger than them, and we’re hailed as the experts in their care. We’re in command of that room and they know it.

I had been so focused on my own safety—my comfort, my boundaries, my policies—that I had inadvertently excluded an important segment of the population who wanted what I provided: gender-affirming and size-inclusive care in a safe and calming environment.

Because of the exclusive nature of my practice, I had drawn in a whole world of misfits who didn’t feel like they belonged elsewhere. Some said they’d never felt comfortable receiving a massage until they’d met me.

Queer men, trans men, non-binary people, and plus-size people of all genders deserve feelings of safety and nonjudgment in the hands of their massage therapist. We all do.

Just as I need to feel safe opening my door to them, they need to feel safe entering that door.

Today, my clientele is 95% women, with the remainder comprising people of other genders and a small handful of vetted cisgender heterosexual men. (If you don’t know what cis means, you are cis.)

And to the straight dudes who text me at 2 o’clock in the morning asking for a massage, I encourage you to contact a licensed body rub parlour instead. They’re legal here in Toronto.

Block and delete.



Inclusion

BY SARAH KING, RMT

What is inclusion really? I mean really. As a society we generally believe that all people should be able to access spaces, activities, services, and resources they need. But access is more than installing a ramp, promoting programs as open to kids or people with disabilities or welcoming of 2SLGBTQI+, faiths, cultures, races etc... It's not just saying "I treat everybody!" Inclusion is being intentional about making your space and service accessible and culturally safe to meet the needs of the individuals you are saying you welcome.

The Accessibility for Ontarians with Disabilities Act, 2005 (AODA) provides the legal requirements, it doesn't address what it means to be truly inclusive in your business and practice. The AODA can't possibly provide direction for every single scenario as true inclusion requires adapting for each person. Inclusive practice requires that we all start from a point of acknowledging our biases and what we don't know, only then are we open to learn what an individual needs and adapt to best suit them.

To start, we need to acknowledge that not all spaces are culturally safe or truly accessible and ask, "how can we do better?" To be truly inclusive we must move beyond equality and ensure equity. Equality results in everyone being treated the same, regardless of uniqueness of need. Equity means everyone is provided with what they need as an individual. Truly understanding the needs of inclusion can sometimes be complex and take time to do well.

Acknowledging a need to learn and change can be uncomfortable, but as individuals and healthcare providers this is where it begins. To start, believe that people will not ask for accommodation they don't require, and often don't ask at all out of fear of discrimination and experiences of stigma. Approach each client and situation with openness and transparency about what you know and don't know. Approach this work as an opportunity vs a problem to solve. Ask "how can I make this experience safer, easier, and more accessible for you?"

Here are some examples of barriers, and some ideas that demonstrate how we can do better at developing inclusive practices.

Small businesses often good intentioned, miss critical details. Installing a ramp at the door makes a business open to some one with mobility issues using a wheelchair or mobility device, but

unless you go the extra steps of making the isles large enough and without obstacles, then it's not accessible. To take this example a little further, if everything in the store is too high for someone in a wheelchair to see, then it's not accessible. There are ways to both maximize store space and make it accessible; it just requires flexibility and imagination.

It is widely known that many individuals have chemical and fragrance sensitivities, yet stores such as pharmacies and department stores locate perfumes and scented cosmetics at the front of the store requiring people to pass through heavily scented areas to reach prescriptions and other needed items. Move the basic needs to the front of the store!

I have always been open to different people including those from the 2SLGBTQI+ community personally, but to have a truly inclusive practice, I had to acknowledge that I probably had more to learn, more to understand. To help bring my practice more inline with the needs of the community, I took additional training from Rainbow Health Ontario. I learned a lot in the two courses I took, decided to update my health history, and can still acknowledge the need for improvement.

Working with kids from a variety of communities means being open to learning from those communities, and their families. Many of the kids I work with require me to find creative ways of communicating with them, more steps, more time, and more tools. Some kids may use a communication board, or a special computer program. Inclusion and adaptation mean it's my job to make it work, not the other way around. A child who runs away during recreation programs or class, may just need change or more breaks in their programs. It's the duty of the programs to make this work, not the other way around.

There is reason why people look for healthcare providers from their own communities. My practice is focused on children and youth, but I have heard adults speak of similar experiences as well. Inclusive practice requires an openness to acknowledge the need for improvement, to ask, listen and act. True adaptation requires a willingness to shift from the structures and ideas we're comfortable with and recognize the needs of the individual vs the dominant culture. Equal is not the same as equity. Equal doesn't help people who need something different or unique to have their needs met. We should respect each person's right to self-determination and support them in achieving their goals. We should all strive to be the best allies we can be.

Whether adults or children, we tend to make people jump through hoops to prove they need something. Assessments, documentation, IEPs in school settings. Why not just allow for flexible seating, extra time on exams, more breaks, opportunities to move, sensory and snack breaks, quiet rooms or noise canceling headphones. Why would we not just make this openly available to everyone, instead of making people work for the help they need. Change and flexibility is not as hard as we think.

The common belief is that inclusion is the norm, and everyone is welcome everywhere. The reality is that inclusion is often performative and not responsive. How often do businesses consult with the diverse communities to ensure they have created truly inclusive space. How often do we ask our patients if our space is comfortable for them or whether our interaction was culturally sensitive. There is a long history in healthcare of not only neglecting the needs of people from communities but harming them because of bias, or lack of interest in seeing another perspective.

The best thing we can do, is to ask how we can do better.





BY DAVONNA M. WILLIS, MA, ATC, LMT

REPRESENTATION MATTERS

This is a huge topic to take on... Therefore, I want to start with a few questions before we take a deeper dive.

Have you ever been the only person of your race, ethnic background or colour in the room? Or even an entire massage therapy business?

Have you been denied providing massage therapy service to a client because of your race, colour or ethnicity?

Has someone ever touched your hair without permission or told you not to wear your hair in its natural curly state because it's "not" appropriate?

I have experienced all of these situations in my life. While I was in Costco with a white friend of mine, I looked at her and said do you realize I am the only black person in this entire store? She looked at me with a confused look and said "No, I didn't even notice". To provide context the reason why I became more aware was because I finally saw another black woman heading into the store as we were leaving. As an "aware" black person you are always conscious of your surroundings especially when you're in a city or state when you're a minority in the population. I live in Phoenix; Black people are less than 7% of the population.

Steve Harvey was on the popular show "The View" a few months ago. He was saying how great it was to visit Africa and how he was going to purchase a house there. He stated "Africa is the birthplace of mankind, but for African-Americans I think it is even more special. To wake up and not have to be conscious that you're black. Just to be able to wake up and walk outside. And you're just yourself today. You don't have to filter that in. There's not a day that I can wake up over here (America), that I don't have to filter that in. To wake up and not be a minority. You don't know what that is, if you've never had to deal with that. Congratulations." When I heard him say this, it summed up my entire feeling and mindset.

The question was posed to me "When is exclusivity necessary/important?" I believe the better question would be "Why when exclusivity happens within the black community is it frowned upon or offensive or even called racist, however when other ethnic groups or religious groups gather or have strong community relationships, there is nothing said"? I'm from New York City. It's been called the "Melting Pot" because it has all different ethnicities and religions. New York is known to have places such as Chinatown, Little Italy, Spanish Harlem or in Brooklyn there is a huge Hasidic Jewish population. However, Harlem where a majority of black

As a culture and ethnic group, we need to help encourage each other. We need the networking, fellowship and experience like no other. When we are within each other's presence we can let our guard down and be comfortable and be who we are and speak our own language.

people lived has had gentrification and it is a shell of what it was in the 1930s to early 2000s. Blacks have been priced out of the neighbourhood that was rich in culture, identity and black history, however this didn't happen to these other neighbourhoods that I have previously mentioned. This is just one example of one city out of many across America where gentrification is happening to many black communities.

Why is exclusivity necessary and important? As a culture our history has been removed or hasn't been taught in schools. Our neighbourhoods have been impacted. It has impacted us socio-economically. Families of colour will soon make up a majority of the population, but most continue to fall behind whites in building wealth. In 1963, the average wealth of white families was \$121,000 higher than the average wealth of nonwhite families. By 2016, the average wealth of white families (\$919,000) was over \$700,000 higher than the average wealth of black families

Put another way, white family wealth was seven times greater than black family wealth and five times greater than Hispanic family wealth in 2016. Despite some fluctuations over the past five decades, this disparity is as high or higher than it was in 1963. White families accumulate more wealth over their lives than black or Hispanic families do, widening the wealth gap at older ages. In their 30s, whites have an average of \$147,000 more in wealth than blacks (three times as much). By their 60s, whites have over \$1.1 million more in average wealth than blacks (seven times as much). The federal government spends over \$400 billion to support asset development, but those subsidies primarily benefited higher-income families—exacerbating wealth inequality and racial wealth disparities.¹

As a culture and ethnic group, we need to help encourage each other. We need the networking, fellowship and experience like no other. When we are within each other's presence we can let our guard down and be comfortable and be who we are and speak our own language. It's important for us to build our self-esteem because any time black come together in the media and the press it is represented as something negative like violence in the community. Financially we do not have our own ecosystem. Other cultures have their own schools, banks and businesses. They rely on their community and don't have to rely on others outside of their community to thrive. More research shows why these numbers are the reflection of when we attempted exclusivity, however terrible things occurred in Black American history. Efforts by Black Americans to build wealth can be traced back throughout American history. But these efforts have been impeded in a host of ways, beginning with 246 years of chattel slavery and followed by Congressional mismanagement of the Freedman's Savings Bank (which left 61,144 depositors with losses of nearly \$3 million in 1874), the violent massacre decimating Tulsa's Greenwood District in 1921 (a population of 10,000 that thrived as the epicenter of

African American business and culture, commonly referred to as "Black Wall Street"), and discriminatory policies throughout the 20th century including the Jim Crow Era's "Black Codes" strictly limiting opportunity in many southern states, the GI bill, the New Deal's Fair Labor Standards Act's exemption of domestic agricultural and service occupations, and redlining. Wealth was taken from these communities before they had the opportunity to grow. This history matters for contemporary inequality in part because its legacy is passed down generation-to-generation through unequal monetary inheritances which make up a great deal of current wealth. In 2020 Americans are projected to inherit about \$765 billion in gifts and bequests, excluding wealth transfers to spouses and transfers that support minor children. Inheritances account for roughly 4% of annual household income, much of which goes untaxed by the U.S. government.²

Instead of just hearing the importance of exclusivity please read below some testimonials we have received from attendees from the Black Massage Therapist Conference.

"This is the only Place I believe that I've met so many black massage therapists all in one place. And we get a chance to talk about all the different opportunities and a different state network actually coming together and creating new opportunities for us." - Lemar S.

"I think Davonna and her team are doing something revolutionary and very necessary, especially for black people in the spa and wellness space. They are not very many spaces for us to come together. And to create this for us is needed. And I'm so blessed and grateful to be here and I'm grateful for Davonna and her team for doing that." - Patrick H.

"It was a pleasure meeting everyone. I can't wait for next year. I enjoyed all the networking and being able to talk freely about our experiences and how we can represent us and take things to the next level." - Kimberly M.

Instead of getting offended when Black Massage Therapists come together at a conference it should be celebrated, applauded, supported and encouraged.

1. Stats from the Urban Institute calculations from Survey of Consumer Finances 1983–2016. <https://apps.urban.org/features/wealth-inequality-charts/>

2. According to Examining the black-white wealth gap Kriston McIntosh, Emily Moss, Ryan Nunn, and Jay Shambaugh February 27, 2020 <https://www.brookings.edu/articles/examining-the-black-white-wealth-gap/>

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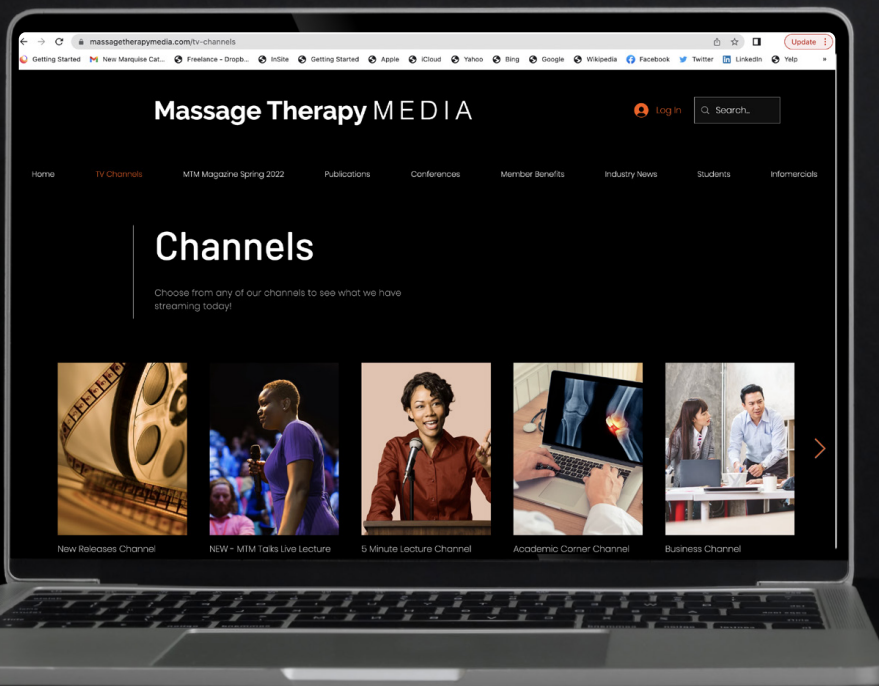
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SIX WAYS TO MAKE YOUR PRACTICE MORE INCLUSIVE



You want your patients to feel welcome in your practice regardless of who they are. If patients feel excluded it not only impacts how they feel about their experience but can also impact their outcomes. Of course, you wouldn't exclude certain groups of patients on purpose, but there are certain things you might do that can inadvertently make people feel excluded.

The six tips below will help you ensure your practice is more inclusive to all patients.

1. Take a Look at Your Intake Forms

When a patient enters your practice, the first thing they encounter is your intake forms, and some of the sections on an average intake form can feel othering.

There are some adjustments you can make so your intake forms are more inclusive. For example, include a space for preferred name in addition to legal name. That way you will call your patients what they prefer to be called. You should also include space for pronouns on your intake form and ensure you use the pronouns your patients indicate.

When you put sex on a form, only putting male or female can make people who don't identify with either feel excluded. Patients' sex assigned at birth can be different than their gender identity. You can ask for sex assigned at birth and gender identity, offering male

and female as options but also many other options. This should not be a mandatory section. Don't label your options beyond male and female "other" because that can make people feel excluded.

Some parts of your intake form, such as those relating to pregnancy or gynecological issues may be unnecessarily gendered e.g. some RMTs will label these sections "for women". However, there are people who do not identify as women who can become pregnant, so you shouldn't use those gendered labels.

2. Help People Feel They Fit into Your Practice

If you want diverse groups of patients to feel welcome, your marketing materials should reflect this. Your images should reflect a variety of different races, ages, gender expressions and backgrounds. When using images of families, show images of families with various compositions including grandparents, same-sex parents, or single parents.

Consider introducing yourself to all patients with the pronouns you use. With images of human bodies or anatomy, for example when asking patients to indicate where they feel pain, try to use gender neutral images. Consider providing gender neutral washrooms wherever possible, including clear signage. People won't see themselves fitting into your practice if it's not somewhere they feel comfortable using the washroom.



You can also be a bit more deliberate about the media you consume and seeking out media created by and centered around people of different races and ethnicities, LGBT+ people, fat activists, or other diverse creators creating content about their lived experiences. You can look up blogs from health care professionals from marginalized groups, as well as articles from people in marginalized groups sharing their experiences in healthcare. This can help you understand how to be more representative in your own marketing.

3. Tackle Digital Inclusion

There are certain aspects of your website that can make you less accessible to certain populations. If you're working with a website developer, you can ask them to keep accessibility in mind, but there are also a lot of simple things you can do.

You can use headings to properly organize your content, which makes it easier for anyone to follow but can also make it easier for people who use assistive technology like screen readers. Descriptive alt text for images and descriptive names for your links can also help. E.g., Instead of saying "Click here to read about my clinic" with the words "click here" as the link, try something like "To learn more about my clinic read About Me", with the words "About Me" being the link. Colour blindness is common so you shouldn't use colours to indicate required fields (try asterisks or question marks instead).

Some of your patients will prefer online appointment booking and are more comfortable online. Some patients, including many older patients, are not comfortable with or don't have access to technology. Therefore, you should make digital options available but provide alternatives. You can offer appointment booking by online booking system, email, phone, or even in person. You can use email, text, or phone calls for appointment reminders, depending on what your patient prefers. You can take as many different types of payments as possible including cash, cheques, credit cards, direct billing or even e-transfers.

You should not assume that your patients have access to the same digital tools or experiences, regardless of their demographics.

4. Take Steps to Become More Culturally Competent

Cultural competence is keeping in mind how cultural differences may impact healthcare. There are many barriers to health care that can come from cultural differences including language, cultural traditions, cultural understanding of healthcare, and cultural assumptions the healthcare practitioner may make.

To become more culturally competent, you should first avoid making assumptions. If you're not sure about something, ask. Many people will happily answer your questions. However, be sure you're asking because there's a reason to know, not just because you're curious – you don't want people to feel as if you're prying. You can also try to learn from reputable sources about the different cultures you've encountered in your practice and community.

If there's a language barrier, encourage your patient to bring someone to help translate. If they have someone translating, be sure to look at the patient while speaking as if no translator existed. Body language and eye contact become even more important with a language barrier. So does patience – this can be frustrating for the patient. You can use translation technologies to help enhance communication. Ensure you're practicing active listening by reassuring your patients that you've heard them and validate what they're saying. Let your patients know that it's ok to take their time to communicate. You can repeat back what you understood in your own words, to reassure patients you've understood. Keep your explanations simple and use commonly understood language – this can help with all patients.

Once you can clearly communicate your understanding of the patient's condition and your preferred treatment approach, you should respect that your patient has different preferences that might be informed by their cultural understanding. You should listen to what those preferences are without judgement and do your best to incorporate them into treatment (assuming it's within the scope of practice of massage therapy). By listening to and respecting a patient's cultural understanding of healthcare, you will build trust which can improve the patient-provider relationship.

5. Think About Your Physical Space

The physical environment of your clinic can exclude people with certain bodies in ways you might not anticipate. To ensure your practice is inclusive to plus-sized people, ensure they're able to fit into your treatment space. Consider investing in a solid, wide massage table with a high weight capacity, with arm extenders to widen it if needed. Consider larger sheets so your patients can feel fully covered and secure. Consider armless chairs in your waiting room so that no one has trouble fitting.

There are modifications you can consider for people with physical disabilities, depending on your control of your space.

You can ensure there is adequate open space in your clinic for patients who use mobility devices. You should ensure things like credit card terminals are mobile enough that they can be lowered for someone in a wheelchair. Wider doorways in washrooms and treatment rooms and more room for mobility devices in those spaces, as well as lower counters also help with accessibility. Consider emailing receipts to patients to aid in accessibility in reading them, but also consider offering to print receipts with larger print.

If you can't accommodate a patient with physical disabilities, be prepared to refer them to another RMT in the area who can. This could be an RMT who works in an accessible clinic, or who does home visits. You can do this using the RMTFind Advanced search and either selecting Outcalls (in home visits), or Wheelchair accessible (where applicable).

If a patient has physical or other disabilities and you determine them capable of consent, talk to them directly about their needs rather than any support person they bring. Treat them the same as any other patient and don't make assumptions about their needs, capabilities or competence.

6. Don't Make Assumptions

It's important not to assume that all patients will be comfortable with your treatments. There may be a variety of reasons based on culture, ethnic background or beliefs that people may not be comfortable with certain parts of their bodies being touched or may not be comfortable with certain products you may use. They may have cultural expectations about what safe touching is.

You should not assume that people from the same demographic have the same preferences. Although certain things may be more common in certain demographics, no group is a monolith, and everyone should be treated as an individual. Consider factors like culture when interacting with patients, but it shouldn't be the only thing you consider and shouldn't come before what the individual patient tells you. You also shouldn't assume that certain groups of patients will have problems with the same things.

Don't make any assumptions about a patient's culture, background, religion, sexual orientation, or anything else based on how the patient looks. However, if you do have confirmation that your patient belongs to a certain demographic don't ask them any question you have about that group. It's not your patient's responsibility to educate you on any group they belong to. If you don't have a professional reason to know, and are just curious or trying to make conversation, consider not asking your question.

Encouraging diversity and making your practice more inclusive is not just a single action, or one-time event. It is a continuous process of growth and starts with keeping an open mind and committing to listening and learning. You won't have all the answers and may be uncertain about the best way to move forward. If you don't make assumptions about how your patients will feel or react, and if you seek out diverse voices to learn from their experiences, you can continue to work on making your practice more welcoming to and inclusive of all patients.





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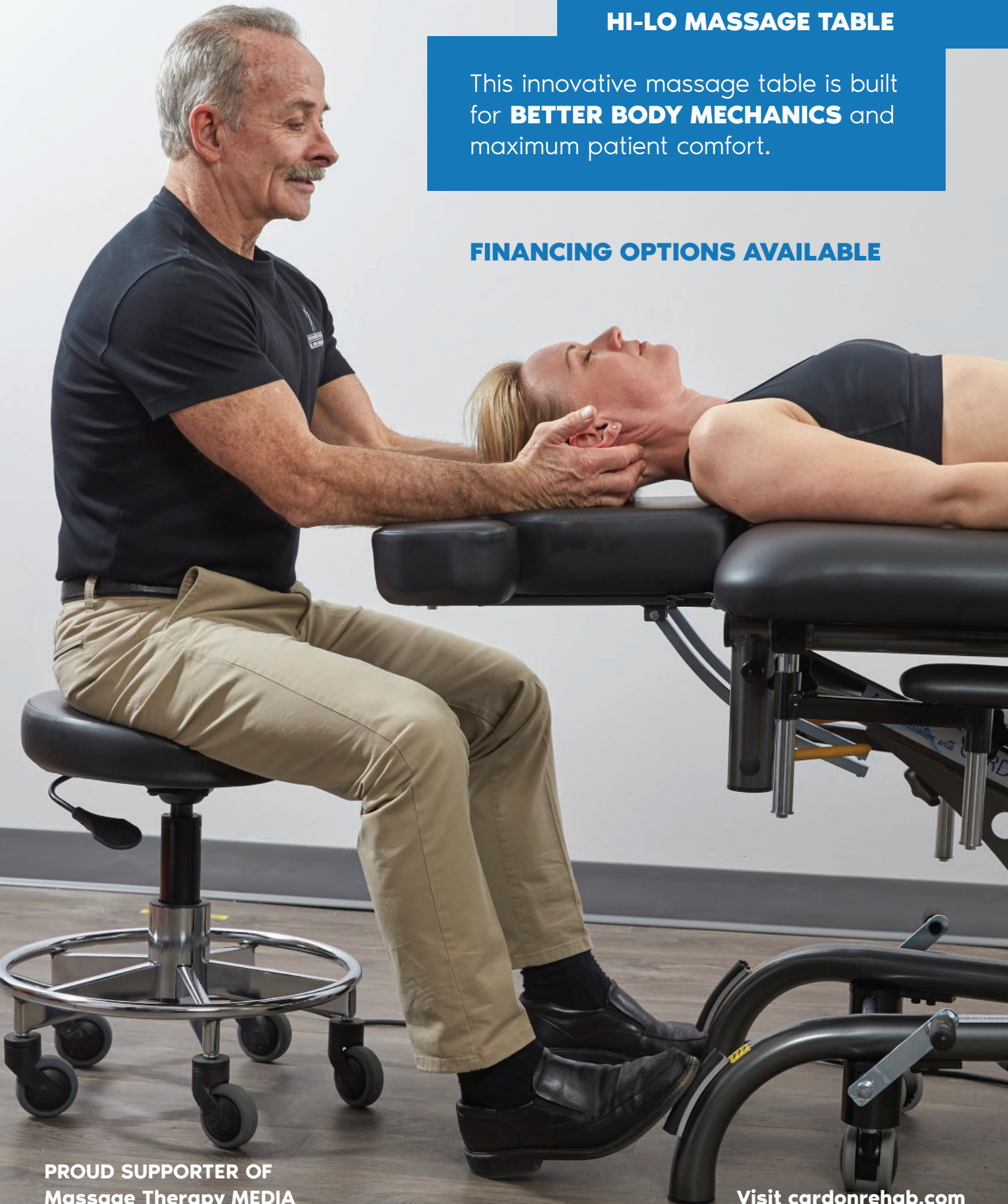


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