FSMTB
FEDERATION OF STATE MASSAGE THERAPY BOARDS

Job Task Analysis

Prepared by Meaningful Measurement, Inc.
March 2013

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Executive Summary

The Federation of State Massage Therapy Boards administers the Massage and Bodywork Licensing Examination (MBLEx), a national licensure examination. A fundamental requirement for best practices in testing is to conduct a formal Job Task Analysis (JTA) every five to seven years to ensure that the examination reflects practice. For the purpose of this survey, a massage/bodywork/somatic therapist/practitioner is defined as an expert who uses massage, bodywork or somatic practices to promote**,** maintain or restore health and wellness. Whenever the term "Massage Therapist" is used in this report, it encompasses bodywork and somatic practitioners.

Massage/Bodywork/Somatic Therapists answered how frequently they personally perform various tasks. Each task was also given a rating of importance specific to the Entry-Level Massage Therapist. This information is used to guide examination content and blueprint the test. Thus the examination will reflect the reality of practice and the knowledge required to perform in a safe and effective manner.

The first JTA survey was carefully developed in 2007. In 2012, the survey was reviewed and refined by twenty-two content experts under the guidance of five testing and psychometric experts.

The survey was deployed on-line from June 22, 2012 until August 7, 2012. FSMTB sent invitations to participate in the JTA survey to approximately 50,000 individuals who had taken the MBLEx. In addition, invitations were sent to all regulatory boards and agencies to distribute to their licensees. Two membership organizations, Associated Bodywork and Massage Professionals (ABMP) and American Massage Therapy Association (AMTA), also sent emails to their members with a link to the survey. Nearly 6,100 of the 6,759 respondents hold a massage therapy license.

➢ Method

Meaningful Measurement uses the techniques of Item Response Theory (IRT), in particular the Rasch model one parameter logistical model (1PL). The computer program Winsteps 3.74, written by John Michael Linacre, provides the basis for data analysis. Once raw scores are conditioned into measures, traditional statistical analyses may be performed. Additional analyses, charts and graphs are produced by SPSS 18.0, Excel, and PowerPoint.

The calibrated items (tasks) from each topic area have been mapped on the Importance and Frequency scales. This allows a visual assessment of the relative weights of the tasks. The tasks fall into one of four quadrants:

High Importance	High Frequency
High Importance	Low Frequency
Low Importance	High Frequency
Low Importance	Low Frequency

The map is a useful tool to understand the structure of the discipline of Massage Therapy. It highlights patterns of practice as revealed by the facts of measurement rather than the folklore of opinions.

➢ Outcomes

Respondent Characteristics

Most respondents were female (80%), Caucasian (77%) and graduated from a Certificate program (86%). The top five primary modalities/approaches used are Swedish (34%); Deep Tissue (22%); Clinical/Medical (7%); Neuromuscular Therapy (5%) and Trigger Point Therapy (3%). The top five modalities/approaches used in addition to the primary modality are Deep Tissue (60%); Swedish (53%); Trigger Point Therapy (45%); Myofascial (41%); and Reflexology (40%).

A little over half of respondents had 500-800 hours of initial massage education, with 26% receiving more initial education, and 20% receiving less. They overwhelmingly agreed (90%) that their school/education prepared them to practice. Entry level accounts for 43% of the respondents;18% have been in practice 3-5 years; 14% for 6-10 years and 25% for eleven or more years.

Respondents had a broad cross section of professionals. Every state and U.S. territory was represented. Seventy-eight percent of the participants considered themselves Massage Therapists and 16% considered themselves Bodywork Practitioners. They worked in a variety of practice settings and with special populations.

The length of a typical treatment is sixty minutes for 69% of the respondents and 50% treat 1 – 3 clients daily. Thirty-three percent of practitioners charge between $60-69 per hour of treatment. Hourly pay for treatment from primary employers is $30-39 for 20% of therapists. Forty-five percent make less per hour and 26% make more.

Massage practice is the primary income for 39% of respondents. Sixty-one percent of respondents say it does not provide a livable wage.

Respondent Opinions

Eighty-two percent of respondents indicated that there should be a minimum of 500 hours of education as a prerequisite for licensure. The minimum hours of formal education that should be required of entry level therapists is 500-749 for 55% of respondents, while 35% thought there should be more hours required, and 10% thought less hours should be required. Additionally, 95% percent of respondents said that they would take continuing education even if it were not required and 88% said licensing should be required across the nation.

Survey Instrument

The JTA survey passed all psychometric tests. The calibrated items cover a wide range of the variable - about 400 points. The reliability is very high, and the majority of the items fit along the line of inquiry. When the few misfitting items are examined, it is easy to identify and explain the reasons for variations in the responses.

Correlations

The profession is extremely consistent in its view of the importance and frequency of the various tasks associated with the practice of massage therapy.

It did not matter whether respondents considered themselves to be a massage therapist, body worker, or somatic practitioner; were entry level or experienced; had less than five hundred or more than a thousand hours of training; or worked in a spa or medical office; the responses are highly correlated. The assigned importance and frequency of the tasks maintain their order no matter who is responding.

The profession is unified in its approach to the basic competencies and is not fractured into subgroups with different perspectives and activities. The data confirm that body workers and somatic practitioners perform the tasks with nearly identical frequency as massage therapists. In addition, their view of the importance of these tasks matches that of massage therapists.

This means the data confirmed the previous study and there is no difference between types of practitioner in the practice of massage, bodywork and somatic therapy at entry level. One entry level licensure examination is appropriate and fair for all groups.

Test Plan

To comprise the test, Subject Matter Experts use the information from the JTA survey to determine appropriate percentages for each of the topic areas, thus ensuring the examination is an accurate reflection of practice. This snapshot of the profession is used in the development of a fair and appropriate national examination to ensure the entry level Massage Therapist is competent to practice safely and effectively.

FSMTB Mission

The mission of the Federation is to support its Member Boards in their work to ensure that the practice of massage therapy is provided to the public in a safe and effective manner. In carrying out this mission, the Federation shall:

- Facilitate communication among Member Boards and provide a forum for the exchange of information and experience.
- Provide education, services and guidance to Member Boards that help them fulfill their statutory, professional, public, and ethical obligations.
- Support efforts among Member Boards to establish compatible requirements and cooperative procedures for the legal regulation of massage therapists, in order to facilitate professional mobility and to simplify and standardize the licensing process.
- Ensure the provision of a valid reliable licensing examination to determine entry-level competence.
- Improve the standards of massage therapy education, licensure, and practice through cooperation with entities that share this objective, including other massage therapy organizations, accrediting agencies, governmental bodies, and groups whose areas of interest may coincide with those of Member Boards.
- Represent the interests of its Member Boards in matters consistent with the scope of the Bylaws.

Job Task Analysis

➢ Description

A Job Task Analysis (JTA) is a formal process for determining or verifying what people do, under what working conditions, what they must know and the skills they must have. The analysis can be applied to a set of duties, a group of tasks, a job, a role or a profession, but most people refer to the process as a Job Task Analysis.

Part of the role of the FSMTB is to develop an examination that is appropriate for use in any US jurisdiction and ensure that national standards for entry-level safe practice be scientifically established with the test development process designed to employ best practices and psychometric analysis at every step. In order to meet the FSMTB goal of creating standards of practice that are applicable to the field, regardless of geographic location or business arena (personal services or health care), a JTA must be conducted that addresses all of the issues inherent in establishing a single set of credentialing standards that can apply to all practitioners.

A JTA consists of identifying and defining the components of that occupation or profession that distinguishes it from other occupations or professions. It provides data to support the development of performance standards and training. For purposes of licensure, it is also necessary to identify and analyze the knowledge and skills required for one to be ***competent to practice*** the job or profession. This additional step results in a practice analysis which is required for the development and maintenance of licensure testing programs.

The first step in any comprehensive test development effort is the completion of a formal and thorough JTA. The results from the JTA define the domain of relevant knowledge, skills, and abilities needed for competent entry-level practice and form the backbone of the test blueprint. Thus, in a very real and direct sense, the test content itself is defined by the results of the JTA.

We are using a combination of both qualitative and quantitative approaches to gather this information for the Federation of State Massage Therapy Boards national licensure examination.

For the purpose of the JTA survey, a massage/bodywork/somatic therapist/practitioner is defined as an expert who uses massage, bodywork or somatic practices to promote, maintain or restore health and wellness. Whenever the term “Massage Therapist” is used in this report, it encompasses massage, bodywork and somatic practitioners.

This snapshot of the profession(s) is used to develop a fair and appropriate national licensure examination to ensure the ENTRY-LEVEL Massage Therapist is competent to practice safely and effectively.

➢ Survey Development

The first JTA survey was developed in 2007 by over fifty content experts and fifteen testing professionals. In order to maintain the same high quality, a review process was implemented for the 2012 survey.

Subject Matter Experts (SMEs) and testing professionals evaluated the 2007 JTA survey. Comments and suggestions were received for refining the 2012 JTA survey. After a thorough review of the feedback, the JTA Task Force made revisions to the survey. It was deployed for about six weeks from June 22 to August 7, 2012.

In addition to licensed and certified Massage Therapists, the Subject Matter Expert pool is comprised of Asian Bodywork Therapists, Structural Integrators, Energetic Practitioners, Reflexologists, Chiropractors, Naturopaths, Physical Therapists, Registered Nurses, State Regulators, Educators, Psychometricians and Test Development experts.

In all, twenty-two content experts and five testing specialists contributed to the review of the Federation of State Massage Therapy Boards 2012 Job Task Analysis Survey.

➢ Method

Scientists design, build and calibrate instruments to record physical phenomena. When latent trait variables such as “Importance and Frequency of Massage Therapy Tasks” are measured indirectly, fundamental objective measures must be constructed with which to measure the underlying dimension. Unfortunately it is not possible to retrieve a section of attitude or ability and then measure it with a ruler. Therefore, psychometricians must take great care to construct a frame of reference which evokes these objective, standardized measures. Only then can data be interpreted.

Objective Measurement requires the following:

- An underlying trait that can be expressed in terms of more or less
- Survey/test items that are the operational definition of the underlying trait
- Survey/test items that can be ordered from easy to hard
- Respondents that can be ordered from less to more in attitude or ability

Rasch/IRT Model

Meaningful Measurement uses the techniques of Item Response Theory (IRT), in particular the Rasch model one parameter logistical model (1PL), which meets the requirements for measurement. This method is widely used in educational testing, certification and licensure, outcomes assessment and many other research applications.

$$P_{1,0} = \frac{e^{(ability-item\_difficulty)}}{1 + e^{(ability-item\_difficulty)}}$$

Advantages of Using Item Response Theory

- Equal Interval Measure
- Test/survey-takers and items are represented on the same scale
- Item calibrations are independent of the respondents used for calibration
- Respondent ability/attitude estimates are independent of the particular set of items used for estimation
- Measurement precision is estimated for each person and each item

Data Analysis

The computer program Winsteps 3.74, written by John Michael Linacre, provides the basis for data analysis. Once raw scores are conditioned into measures, traditional statistical analyses may be performed. Additional analyses, charts and graphs are produced by SPSS 18.0, Excel, and PowerPoint.

➢ Data Description

The FSMTB JTA survey was open from June 22 to August 7, 2012. Responses numbered 6,759. The finalized JTA survey was distributed electronically to a large cross-section of practitioners and educators who were asked to respond to the list of proposed tasks in terms of both the importance and the frequency with which the tasks are performed. It is important to note that this sample of respondents includes both entry-level and experienced practitioners who are drawn from varied practice settings, experience, hours of initial training and diverse geographical areas.

Massage/ Bodywork/Somatic Therapists/Practitioners were asked to participate through electronic mailings. FSMTB sent invitations to participate in the JTA survey to approximately 50,000 individuals who had taken the MBLEx. Invitations were also sent to all regulatory boards and agencies to distribute to their licensees. Nearly 6,100 of the 6,759 respondents hold a massage therapy license.

In addition, two of the national membership associations, Associated Bodywork and Massage Professionals (ABMP) and American Massage Therapy Association (AMTA), sent emails to their members with a link to the survey. It is estimated that in excess of 100,000 Massage Therapy professionals in the United States were informed of the survey. Due to overlap in the mailing lists, some may have been notified by more than one organization.

The first part of the survey was a job task analysis asking respondents for ratings about the frequency and importance of different tasks they perform. This first section was extensive and took approximately 45 minutes to complete. About two thirds (approximately 4,400) completed the JTA portion of the on-line survey.

The second part of the survey was the Entry Level Analysis Project (ELAP) portion and asked respondents to answer items relevant to the entry level education. This second section took about 25 minutes to complete. Approximately 40 percent (2,650) of respondents completed the ELAP portion of the survey. Results are available in a separate report.

Respondent Characteristics And Opinions

This section displays personal characteristics and opinions of the survey respondents and is reported on pages 30 through 59. Respondents reflect the general population of Massage Therapists. There is a broad cross-section of experience, type of practice, work setting and geographical region. There is information on who respondents are (gender, age, race) and where they practice. Respondents shared what modalities they use and the type of practice in which they engage. Initial massage education and their satisfaction with it, as well as continuing education, are explored.

Work statistics are gathered with questions such as how many clients are treated per day; usual length of treatment; how much time is spent per week giving treatment and doing administrative tasks; and how many days per week the therapists practice. Additionally, economic questions about costs of treatment and income are reported by geographical regions.

Finally, respondent opinions are solicited concerning the minimum hours necessary to practice and the need for licensure.

➢ Survey Results

The JTA results are important and useful in many ways. Data analysis produces the facts of measurement, thus allowing a deeper understanding of the structure of the discipline of Massage/Bodywork/Somatic Therapy/Practice. Output from the analyses is presented in a separate document, the Data Analysis Report.

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The first thing that is done in a Meaningful Measurement data analysis is to "test the test." The FSMTB 2012 Job Task Analysis Survey passed all psychometric tests. The calibrated items cover a wide range of the variable - almost 400 points. The reliability is very high and the majority of the items fit along the line of inquiry. When the few misfitting items are examined, it is easy to identify and explain the reasons for variations in the responses.

Respondents were asked to rate TASKS on two scales, hereafter referred to as "Importance" and "Frequency". Additionally, KNOWLEDGE was rated on importance and is hereafter referred to as "Knowledge".

IMPORTANCE: How important is it for an ENTRY LEVEL (within the first two years after completion of training) practitioner to be able to perform the following ***task***?

1 = Not At All Important	4 = Important
2 = Minimally Important	5 = Very Important
3 = Somewhat Important	6 = Extremely Important

FREQUENCY: How often do YOU perform the ***task*** in your practice?

1 = Never	4 = Often (50-89%)
2 = Rarely (10% or less)	5 = Almost Always (90-99%)
3 = Sometimes (11-49%)	6 = Always

KNOWLEDGE: How important is it for an ENTRY LEVEL (within the first two years after completion of training) practitioner to have this ***knowledge*** to perform the job?

1 = Not At All Important	4 = Important
2 = Minimally Important	5 = Very Important
3 = Somewhat Important	6 = Extremely Important

Reliability is the degree to which scores for a group of people are consistent over repeated administrations of the same test (or survey), and therefore considered dependable and repeatable for an individual respondent. Reliability reflects the degree to which scores are free of measurement error. The higher the value of the index (closer to 1.0), the greater the reliability.

Reliability for the JTA survey scales is very high:

Importance	.92
Frequency	.93
Knowledge	.81

➢ Survey Results: Group Correlations

Correlations show if and how strongly pairs of variables are related. For example, height and weight are related - taller people tend to be heavier than shorter people. The relationship isn't perfect, but a person who is 5'8" tall is likely to weigh more than someone who is 5'5".

The main result of a correlation is called the correlation coefficient (or "r"). It ranges from -1.0 to +1.0. The closer r is to +1 or -1, the more closely the two variables are related. If r is close to 0, it means there is no relationship between the variables. If r is positive, it means that both variables are moving in the same direction, i.e. as one variable gets larger or smaller the other gets larger or smaller. If r is negative it means that variables move in opposite directions, i.e. as one gets larger, the other gets smaller (often called an "inverse" correlation).

A correlation report can also show a second result of each test – statistical significance. In this case, the significance level will tell you how likely it is that the correlations reported may be due to chance in the form of random sampling error. All of the correlations in this report are at the .01 significance level, which means there is only a 1% chance that the results are due to error, and a 99% probability that the results are accurate.

It is important to examine correlations because they can describe the connections between variables. It is possible to determine structural, functional, or qualitative relationships between comparable groups or variables. The following tables show the way various classifications of Massage Therapists respond to the tasks and knowledge statements. A strong positive correlation means there is equivalence between the two variables.

Correlations reflect the comparison of the top group to the group listed directly below it.

Sample Table of Correlations

Group Name	Importance	Frequency	Knowledge
A B	.99	.98	.98
A C	.93	.90	.93

Table 1: Correlations: Type of Practitioner

Type of Practitioner	Importance	Frequency	Knowledge
Massage Therapist Bodywork Therapist	.99	.98	.98
Massage Therapist Somatic Therapist	.93	.90	.93
Bodywork Therapist Somatic Therapist	.94	.91	.95

Table 2: Correlations: Type of Practice

Type of Practice	Importance	Frequency	Knowledge
Spa/Relaxation Conventional Medical	.98	.97	.98
Spa/Relaxation Alternative Medical	.99	.98	.98
Conventional Medical Alternative Medical	.99	.98	.98

Table 3 Correlations: Years in Practice

Years in Practice	Importance	Frequency	Knowledge
1 – 2 years 3 – 5 years	.99	.99	.98
1 – 2 years 6 – 10 years	.99	.99	.98
1 – 2 years 15+ years	.98	.97	.97
3 – 5 years 6 – 10 years	.99	.99	.99
3 – 5 years 15+ years	.98	.98	.98
6 – 10 years 15+ years	.99	.99	.99

Table 4: Correlations: Number of Hours Formal Massage Education

Hours Formal Massage Education	Importance	Frequency	Knowledge
201 – 400 401 – 500	.98	.98	.98
201 – 400 501 – 600	.98	.98	.98
201 – 400 601 – 800	.98	.98	.98
201 – 400 801 +	.97	.97	.97
401 – 500 501 - 600	1.00	.99	1.00
401 – 500 601 – 800	.99	.99	1.00
401 – 500 801 +	.97	.99	.99
501 – 600 601 – 800	.99	1.00	1.00
501 – 600 801 +	.99	.99	.99
601 – 800 801 +	.99	.99	.99

The fundamental question for the FSMTB to ask is whether it is fair and appropriate to give a common entry-level licensure examination to those who use massage, bodywork or somatic practices to promote, maintain or restore health and wellness.

The answer is an unequivocal "Yes".

The 2012 JTA survey data confirm results from the 2007 JTA survey. Correlations are remarkably high on every pair of variables. As demonstrated in the above tables, it does not matter whether practitioners self-identify as massage, bodywork, or somatic therapists; there is an almost perfect alignment in how frequently they perform tasks, how important they think those tasks are, and the importance of knowledge areas required to perform the job.

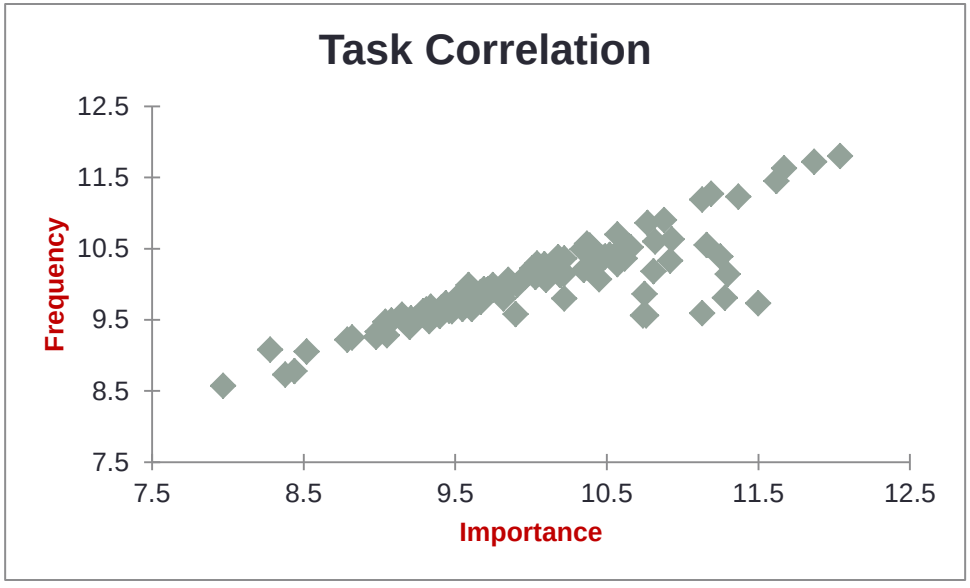
The same holds true regardless of the type of practice, the years in practice, or the number of hours of formal initial massage education. The practice of massage is consistent and parallel no matter the circumstances. Thus, it is defensible and practical to develop one examination to ensure that all those who perform these tasks are safe and competent to practice.

➢ Survey Results: Task Maps

The graph below shows a very strong correlation of .85 (significant at the 0.01 level) exists between the frequency and importance of tasks performed by Massage Therapists. This means there is a positive linear relationship between how often a task is carried out and how important it is considered.

However, as shown in the graph, some tasks are not in a straight line. In order to take a closer look, Task Maps are valuable.

Figure 1



The next action is to review the Test Plan for the FSMTB national licensure examination. Guided by the Task Maps, the SMEs will decide upon percentages of the test to be assigned to the topic areas. Consequently the examination will reflect practice as defined by a large cross section of professionals.

TASK MAPS

Task Maps are useful for visual assessment of the importance and frequency of duties performed by Massage/Bodywork/Somatic Therapists/Practitioners.

The **center vertical line** is the scale for the **Frequency** with which a task is performed.

The **horizontal line** is the scale indicating the **Importance** for an entry level practitioner to be able to perform the task.

The higher the number, the more important or more frequent is the task.

Below the maps are tables with measures of Importance and Frequency reported for each task in that topic area.

It is essential to note that while some tasks may appear to be very infrequent or unimportant, that is not the case. The lowest average score is 3.26 for Importance and 2.97 for Frequency out of a six-point scale.

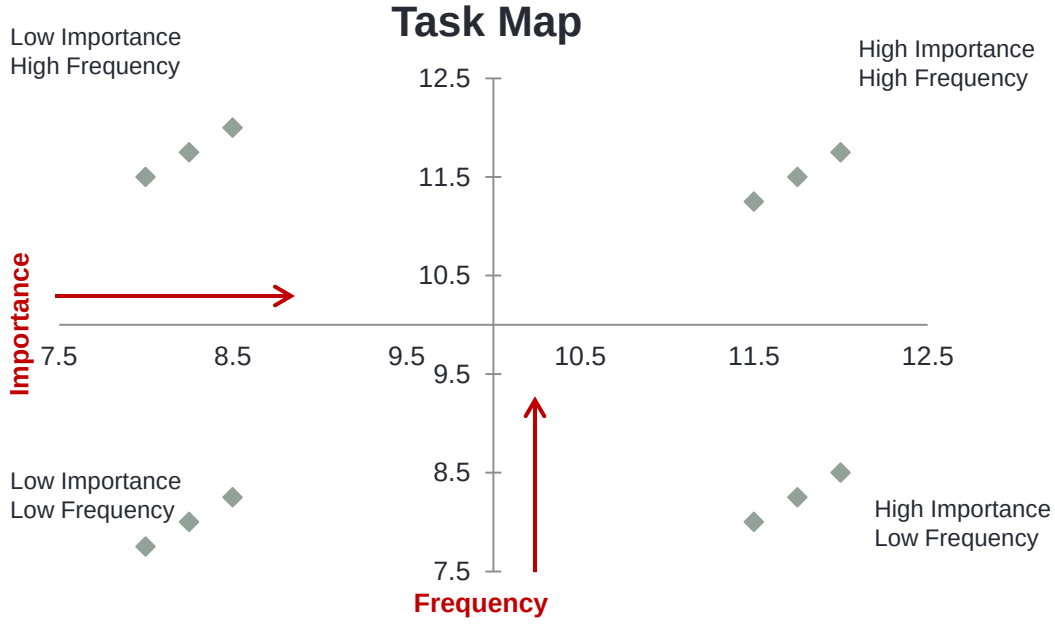
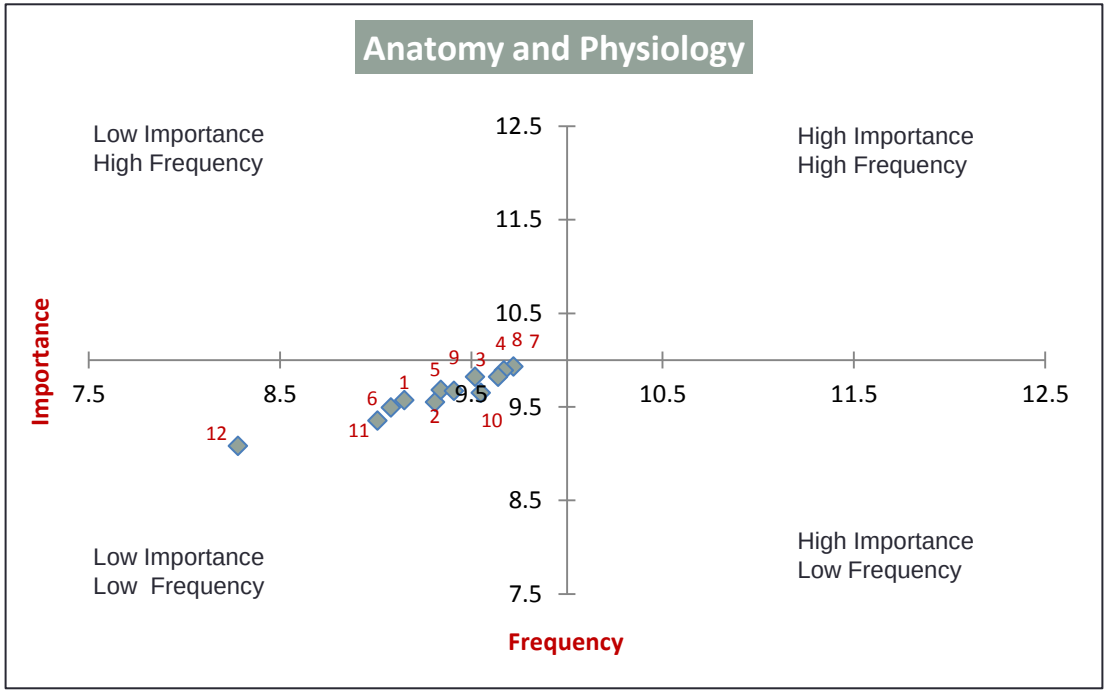
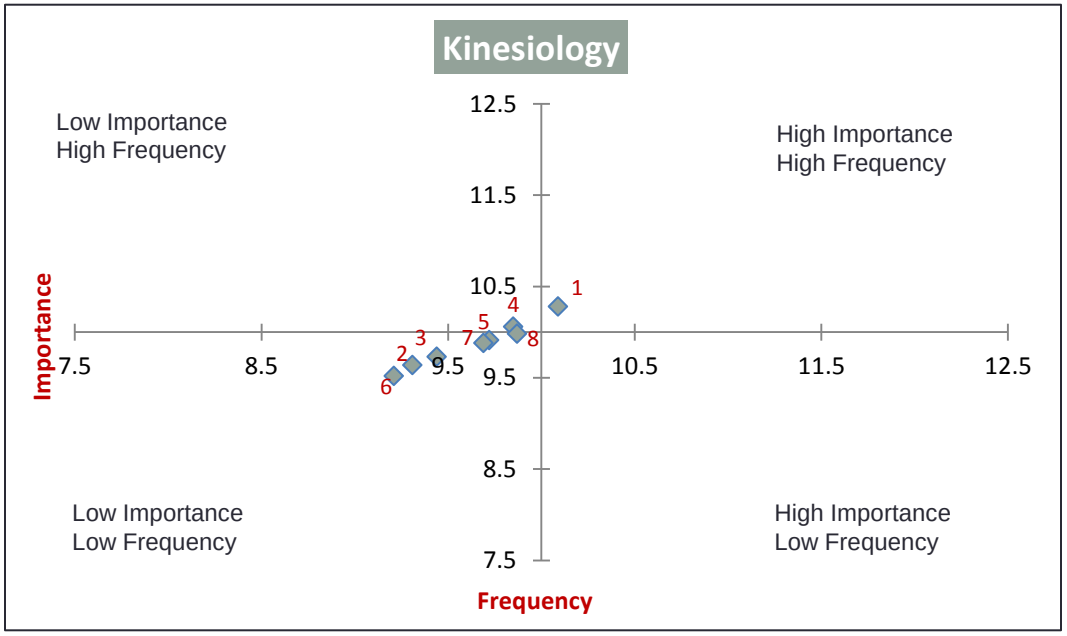


Figure 2



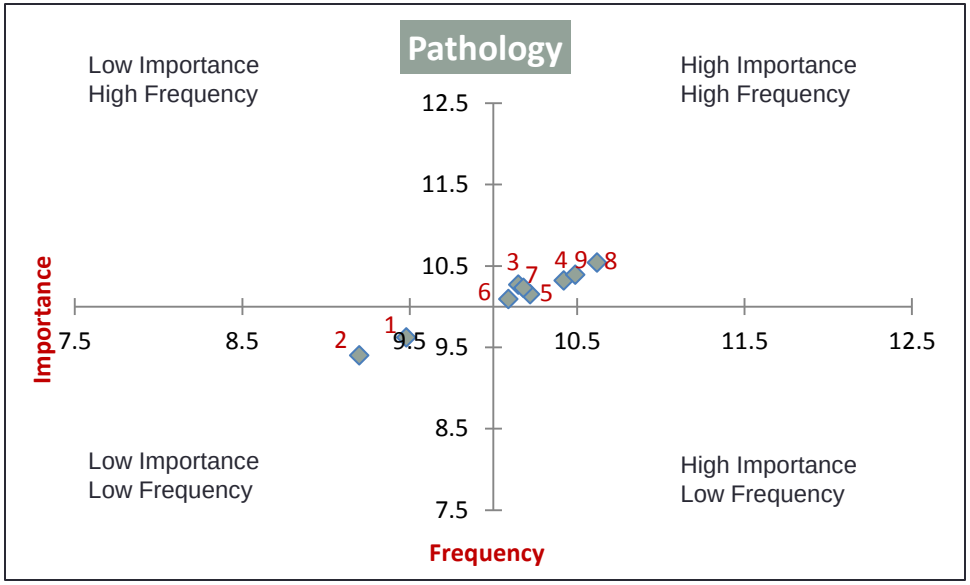
Number	Item	Importance	Frequency
1	Use medical terminology in documentation	9.15	9.57
2	Use medical terminology with other healthcare providers	9.31	9.55
3	Use reference materials	9.55	9.65
4	Explain anatomical concepts to clients	9.52	9.82
5	Explain physiological concepts to clients	9.34	9.68
6	Understand elimination of metabolic waste	9.08	9.49
7	Identify effects of massage on system structure	9.72	9.93
8	Identify effects of massage on system function	9.67	9.89
9	Identify origin and insertion of muscles	9.41	9.67
10	Identify action of muscles	9.64	9.82
11	Identify innervation of muscles	9.01	9.35
12	Use energetic techniques	8.28	9.08

Figure 3



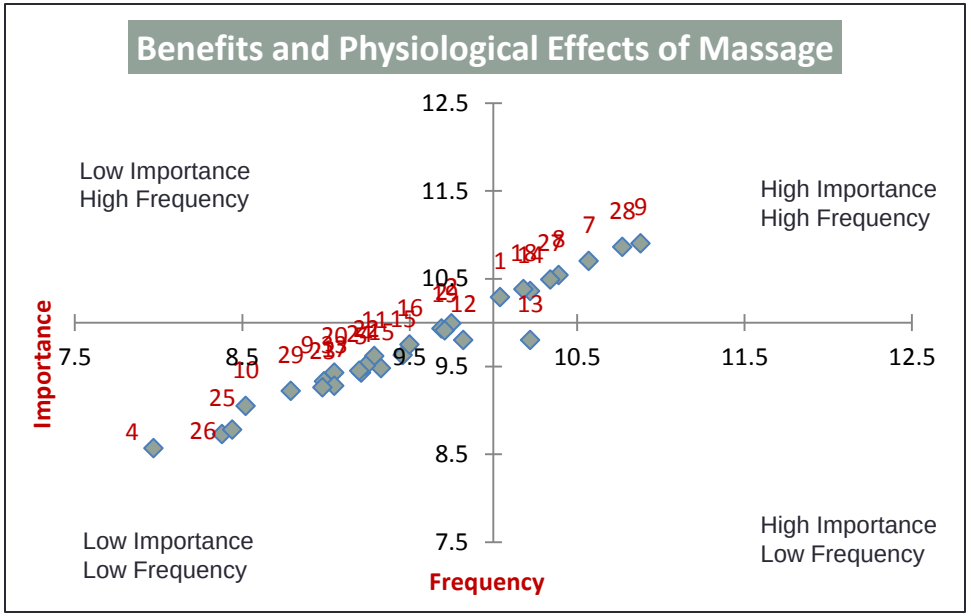
Number	Item	Importance	Frequency
1	Palpate soft tissue structures	10.09	10.28
2	Use kinesiology concepts to assess muscle health	9.31	9.64
3	Educate clients on muscles and their functions	9.44	9.73
4	Consider the client's ergonomics and body mechanics	9.85	10.06
5	Use knowledge of joint structure and function	9.72	9.91
6	Muscular contractions and proprioceptive techniques	9.21	9.52
7	Demonstrate stretching and strengthening techniques	9.69	9.88
8	Educate clients on ways to avoid reinjury	9.87	9.98

Figure 4



Number	Item	Importance	Frequency
1	Research client pathologies	9.48	9.62
2	Research client medications	9.20	9.40
3	Interpret info on intake forms	10.15	10.27
4	Determine level of contraindication	10.42	10.32
5	Identify pathology-related contraindications	10.22	10.15
6	Determine best course of treatment	10.09	10.09
7	Use adaptive measures	10.18	10.23
8	Identify endangerment sites	10.62	10.54
9	Adaptive measures for special populations	10.49	10.39

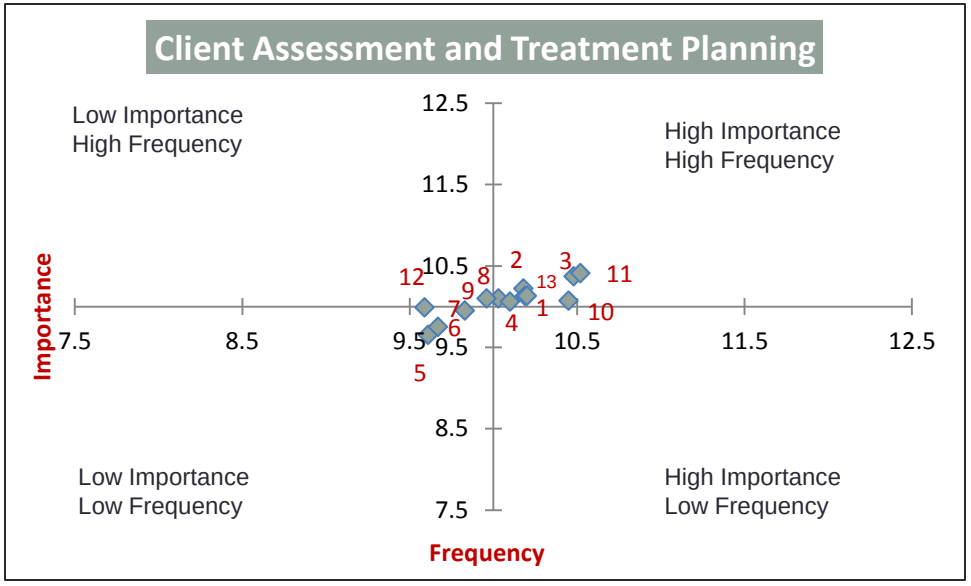
Figure 5



#	Item	Importance	Frequency
1	Address common pathologies	10.04	10.29
2	Use various positioning techniques	9.69	9.93
3	Apply hot or cold treatments	8.99	9.33
4	Use of tools and implements	7.97	8.57
5	Choose techniques to affect specific body systems	9.05	9.43
6	Communicate stress reduction aspects of massage	9.75	9.99
7	Use techniques appropriate for client needs	10.57	10.70
8	Evaluate effects of treatment during session	10.39	10.54
9	Communicate with clients on their comfort level	10.88	10.90
10	Detoxification techniques	8.52	9.05
11	Communicate benefits for different populations or conditions	9.29	9.62
12	Recognize & respond to clients' emotional release	9.82	9.80
13	Recognize effect of touch on abused individuals	10.22	9.80
14	Select stroke appropriate for tissue type	10.22	10.36
15	Use cross-fiber friction on scar tissue	9.46	9.63

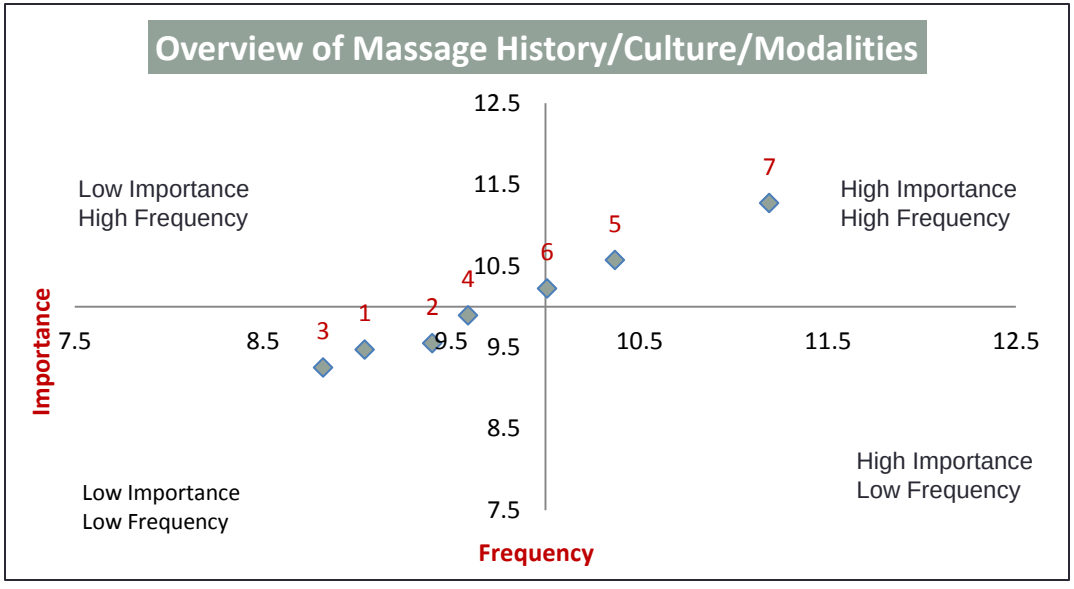
#	Item	Importance	Frequency
16	Circulatory system	9.50	9.75
17	Digestive system	9.05	9.28
18	Muscular system	10.18	10.38
19	Nervous system	9.71	9.91
20	Respiratory system	9.21	9.43
21	Lymphatic system	9.33	9.48
22	Integumentary system	9.24	9.51
23	Endocrine system	8.98	9.26
24	Immune system	9.20	9.45
25	Reproductive system	8.38	8.73
26	Urinary system	8.44	8.78
27	Use effects of strokes	10.34	10.49
28	Notice and respond to changes in client during session	10.77	10.86
29	Communicate benefits of energetic techniques	8.79	9.22

Figure 6



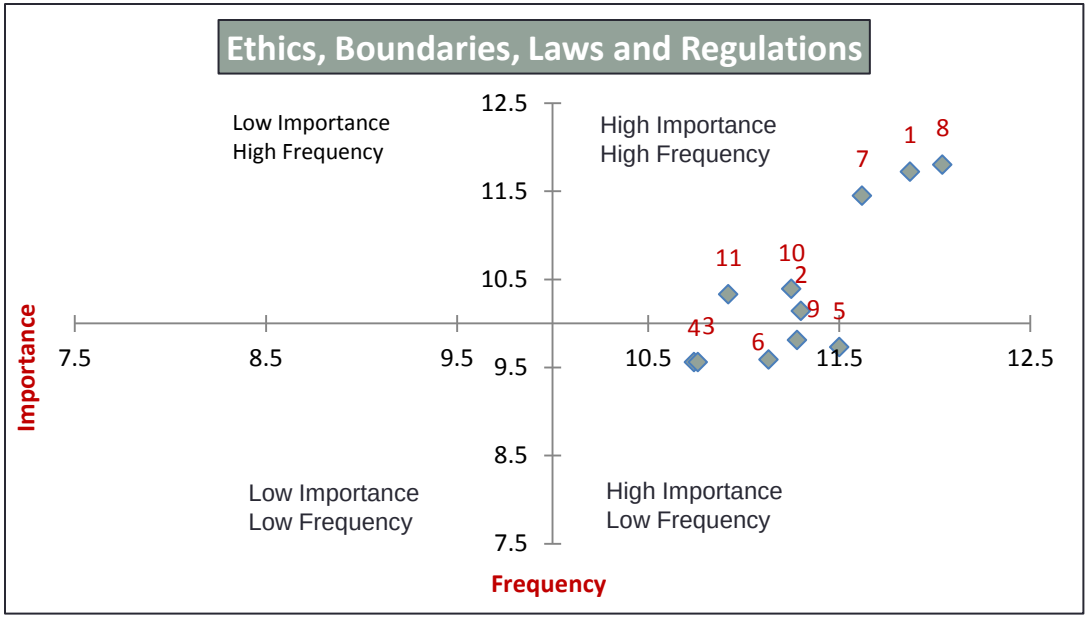
Number	Item	Importance	Frequency
1	Set treatment goals	10.18	10.22
2	Advise client of confidentiality policy	10.19	10.13
3	Administer a health history form	10.48	10.37
4	Perform and interpret a visual assessment	10.03	10.10
5	Perform and interpret ROM	9.61	9.65
6	Post treatment assessment	9.67	9.75
7	Apply clinical reasoning	9.59	9.99
8	Document findings from the session	10.10	10.06
9	Teach client self-care activities	9.96	10.10
10	Refer client when appropriate	10.45	10.07
11	Choose techniques appropriate to tissue condition	10.52	10.41
12	Assess efficiency of movement, posture and balance	9.83	9.95
13	Review client records before each session	10.20	10.13

Figure 7



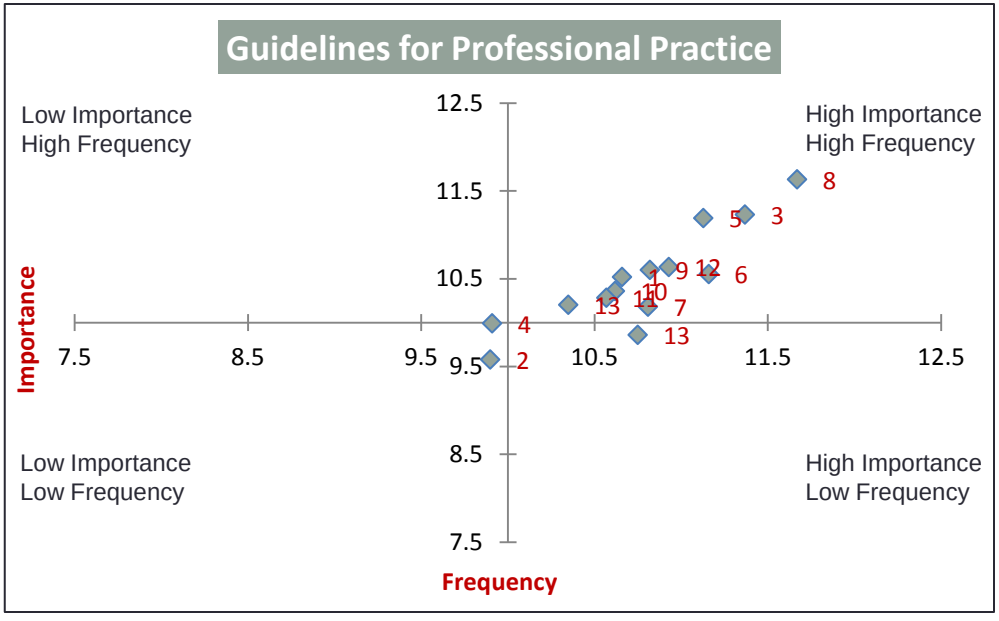
Number	Item	Importance	Frequency
1	Recognize the value of ancient medicine and beliefs	9.04	9.47
2	Address cultural or religious differences	9.40	9.55
3	Identify industry trends	8.82	9.25
4	Defined modality/approach	9.59	9.89
5	Choose appropriate modalities for client	10.37	10.57
6	Apply understanding of modalities when selecting CE	10.01	10.22
7	Use professional judgment	11.19	11.27

Figure 8



Number	Item	Importance	Frequency
1	Maintain ethical, professional and lawful relationships with clients	11.87	11.72
2	Identify ethical violations	11.30	10.14
3	Report ethical violations	10.74	9.56
4	Report professional and legal violations	10.76	9.56
5	Identify sexual misconduct	11.50	9.73
6	Report sexual misconduct	11.13	9.59
7	Operate within a legally defined scope of practice	11.62	11.45
8	Maintain client confidentiality	12.04	11.80
9	Follow reporting requirements	11.28	9.81
10	Communicate professional limits	11.25	10.39
11	Communicate client rights	10.92	10.33

Figure 9



Number	Item	Importance	Frequency
1	Implement HIPPA guidelines	10.66	10.52
2	Implement disaster/safety plan	9.90	9.58
3	Implement sanitation procedures	11.37	11.23
4	Differentiate between various business entities	9.91	9.99
5	Work within legal business structure	11.13	11.19
6	Use self-care and injury prevention	11.16	10.55
7	Recognize and respond to practitioner burnout	10.81	10.18
8	Use draping procedures	11.67	11.63
9	Establish client records	10.82	10.60
10	Document each client visit	10.62	10.36
11	Keep complete and accurate treatment records	10.57	10.28
12	Securely store client records	10.93	10.63
13	Set business policies and guidelines	10.35	10.20
14	Ability to handle emergency situations	10.75	9.86

Synopsis of Task Survey

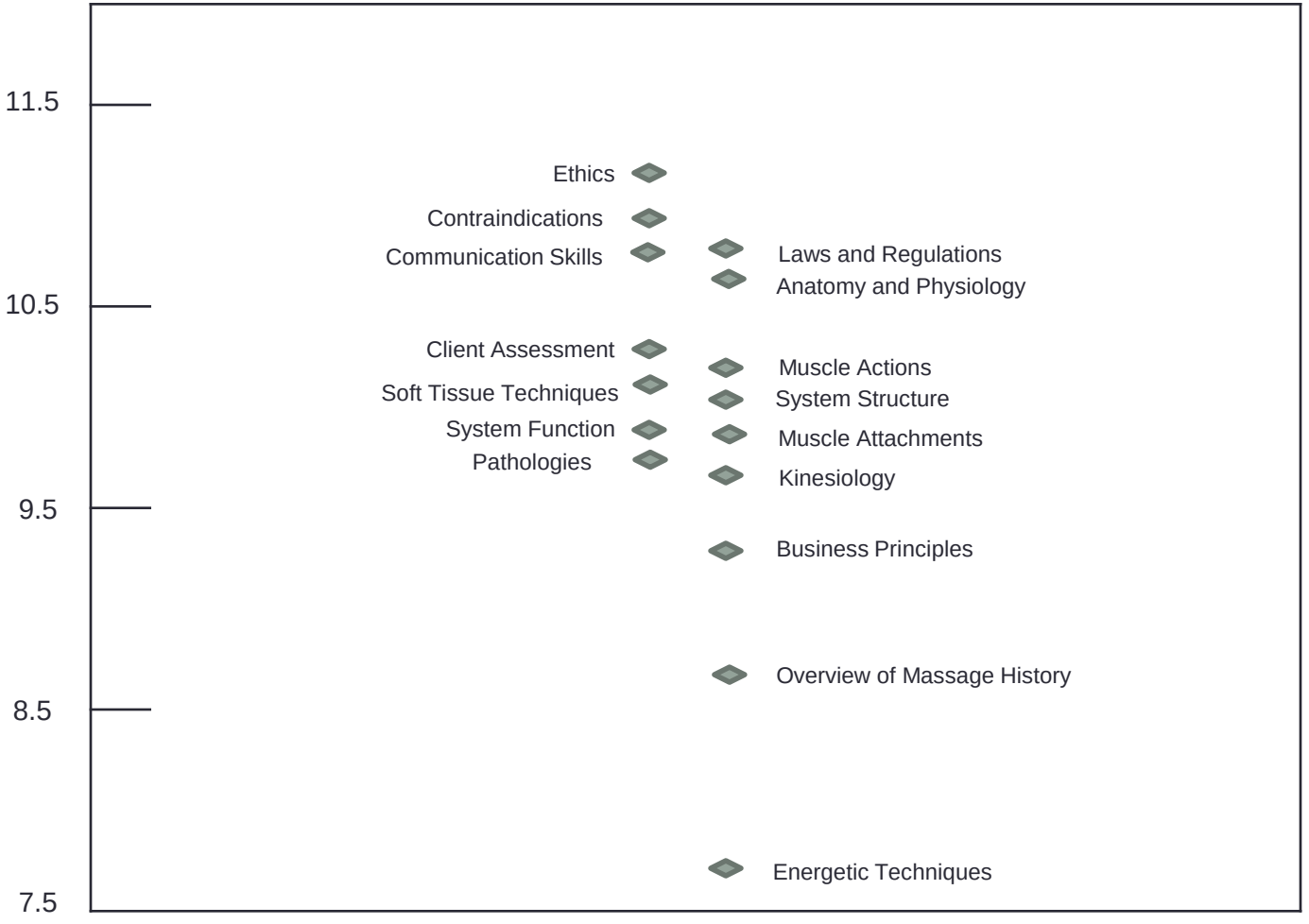
21 of the **25** tasks identified as the most important come from Ethics and Guidelines for Professional Practice:

(11 from Ethics and 10 from Guidelines for Professional Practice)

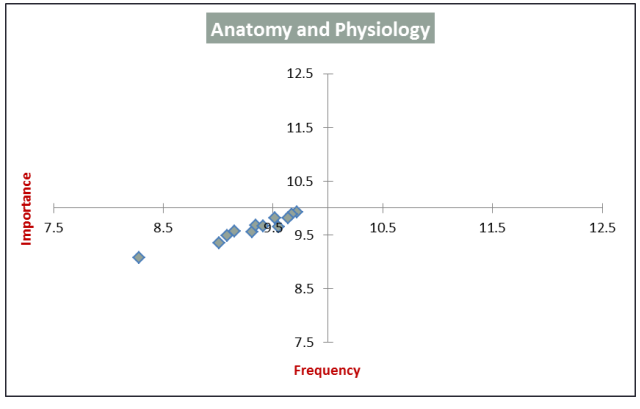
Of the 103 tasks surveyed, the following were identified as the 10 most important and 10 least important tasks.

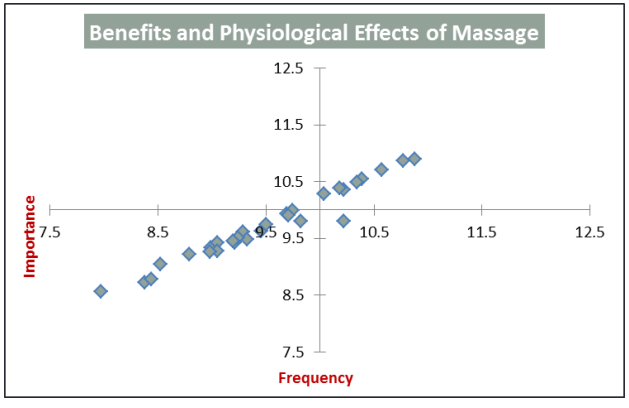
Most Important	Least Important
1. Maintain confidentiality	94. Apply hot/cold
2. Ethical relationships	95. Digestive
3. Draping	96. Endocrine
4. Operating in scope	97. Identify industry trends
5. Identify sexual misconduct	98. Communicate benefits of energetic techniques
6. Sanitation	99. Energetic techniques
7. Identify ethical violations	100. Detox techniques
8. Reporting requirements	101. Urinary
9. Communicate professional limits	102. Reproductive
10. Use professional judgment	103. Use tools

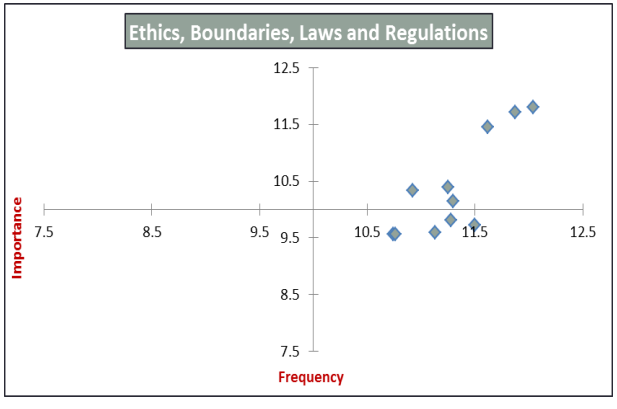
Knowledge

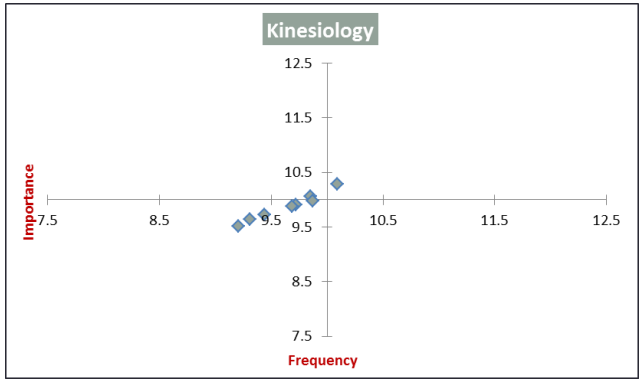


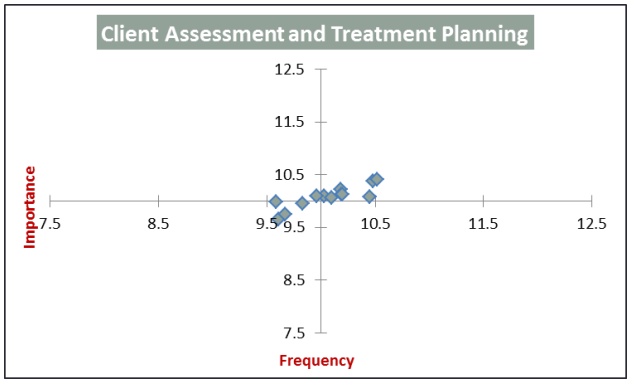
Importance

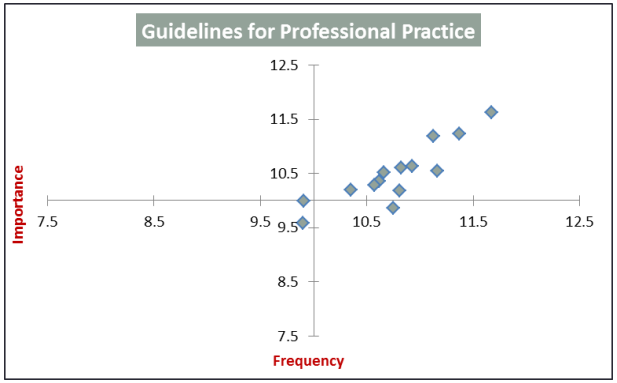

Anatomy and Physiology
Importance
Frequency
12.5
11.5
10.5
9.5
8.5
7.5
7.5
8.5
9.5
10.5
11.5
12.5

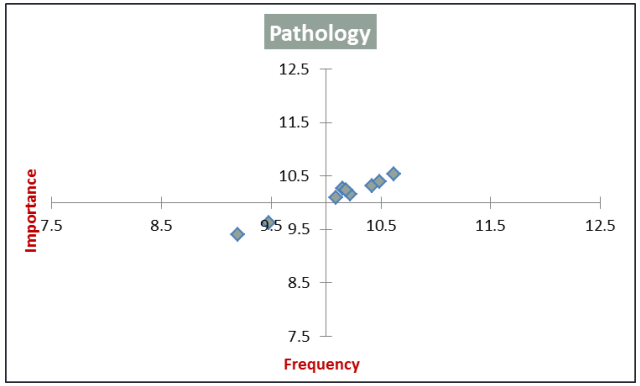

Benefits and Physiological Effects of Massage
Importance
Frequency
12.5
11.5
10.5
9.5
8.5
7.5
7.5
8.5
9.5
10.5
11.5
12.5

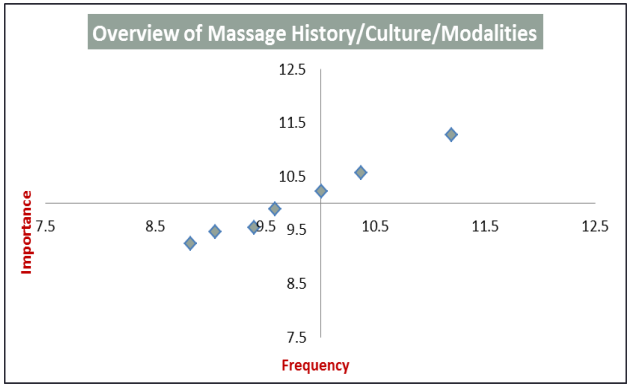

Ethics, Boundaries, Laws and Regulations
Importance
Frequency
12.5
11.5
10.5
9.5
8.5
7.5
7.5
8.5
9.5
10.5
11.5
12.5

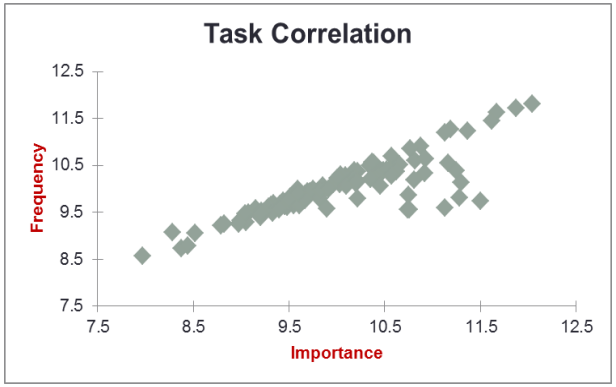

Kinesiology
Importance
Frequency
12.5
11.5
10.5
9.5
8.5
7.5
7.5
8.5
9.5
10.5
11.5
12.5


Client Assessment and Treatment Planning
Importance
Frequency
12.5
11.5
10.5
9.5
8.5
7.5
7.5
8.5
9.5
10.5
11.5
12.5


Guidelines for Professional Practice
Importance
Frequency
12.5
11.5
10.5
9.5
8.5
7.5
7.5
8.5
9.5
10.5
11.5
12.5


Pathology
Importance
Frequency
12.5
11.5
10.5
9.5
8.5
7.5
7.5
8.5
9.5
10.5
11.5
12.5


Overview of Massage History/Culture/Modalities
Importance
Frequency
12.5
11.5
10.5
9.5
8.5
7.5
7.5
8.5
9.5
10.5
11.5
12.5


Task Correlation
Frequency
Importance
12.5
11.5
10.5
9.5
8.5
7.5
7.5
8.5
9.5
10.5
11.5
12.5

JTA Demographics

Section 1: Respondent Profile

- ❑ Personal Characteristics
- ❑ Experience
- ❑ Education
- ❑ Geographical Data

Section 2: Practice/Modality Profile

- ❑ Work Setting
- ❑ Modalities
- ❑ Special Populations

Section 3: Massage Education Profile

- ❑ Hours and Preparedness
- ❑ CEUS
- ❑ Education Opinion Survey

Section 4: Employment Profile

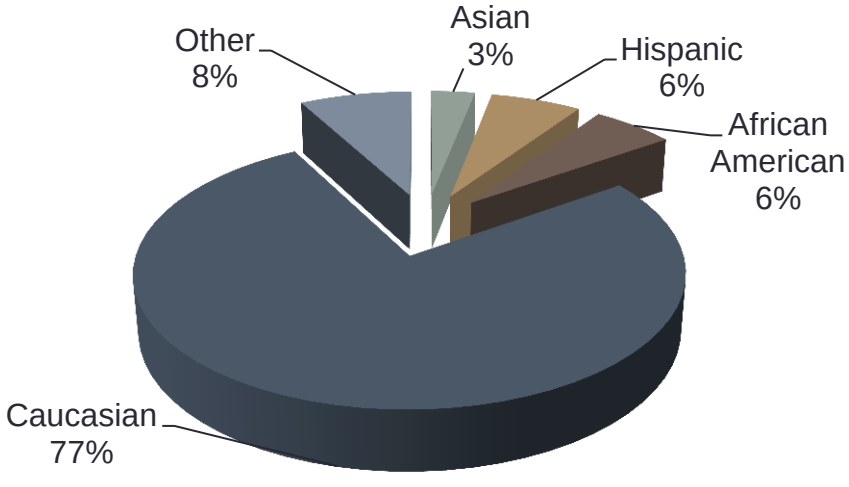
- ❑ Classification and Licensing
- ❑ Hours / Days Worked
- ❑ Number of Clients
- ❑ Hourly Earnings and Annual Income

Note: Responses may not always total 100% due to rounding.

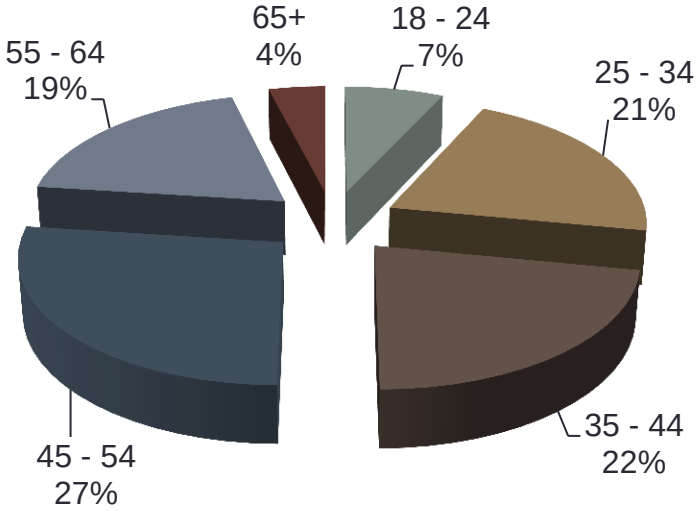
Section 1: Respondent Profile

Respondent Profile: Personal Characteristics

Race



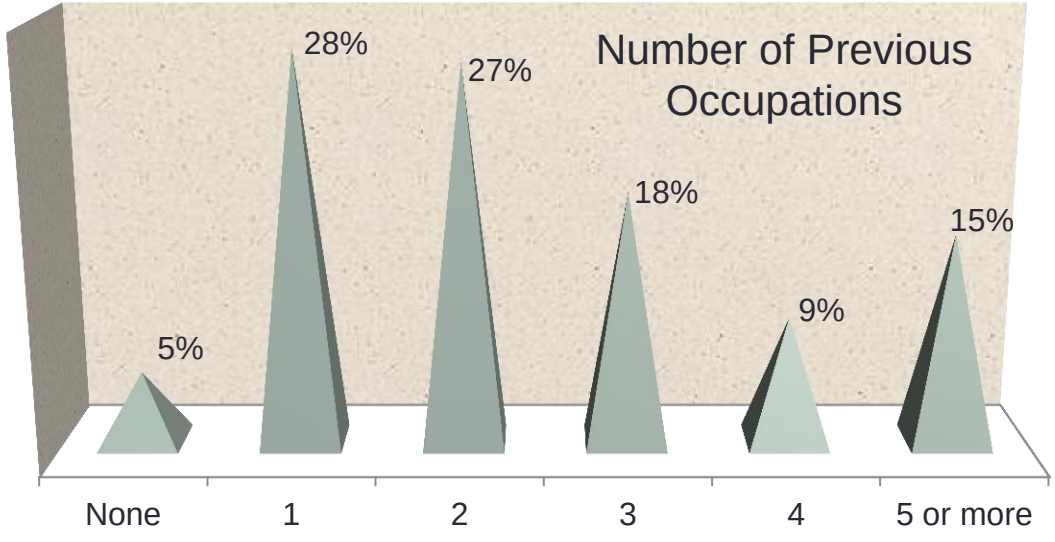
Age



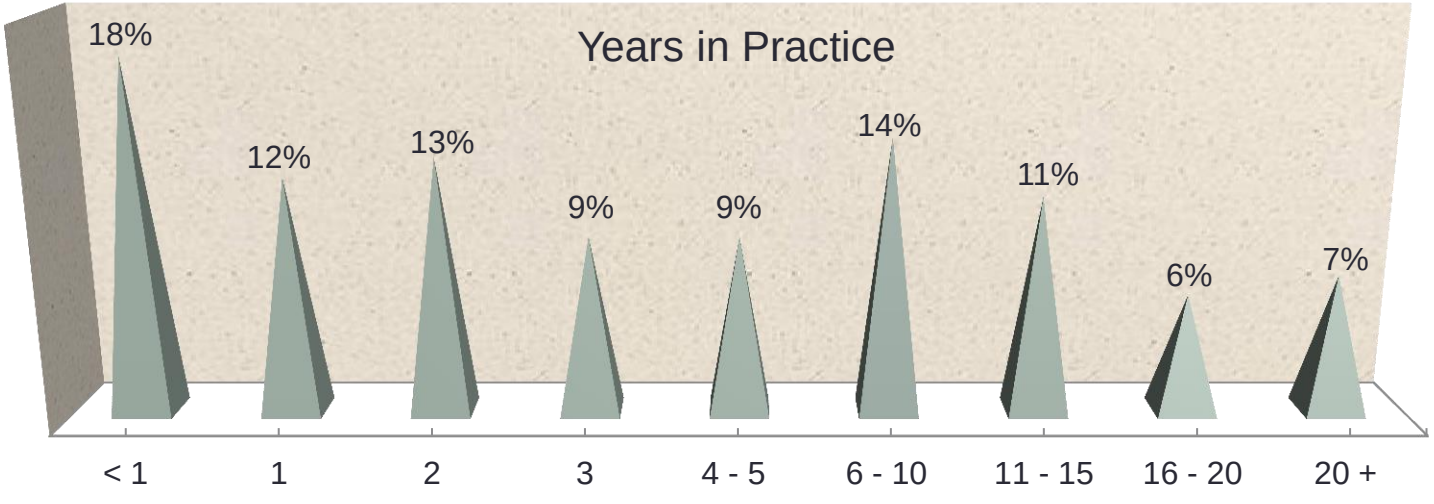
Gender → 80% Female

Type of Practitioner I Consider Myself → 78% Massage; 16% Bodywork

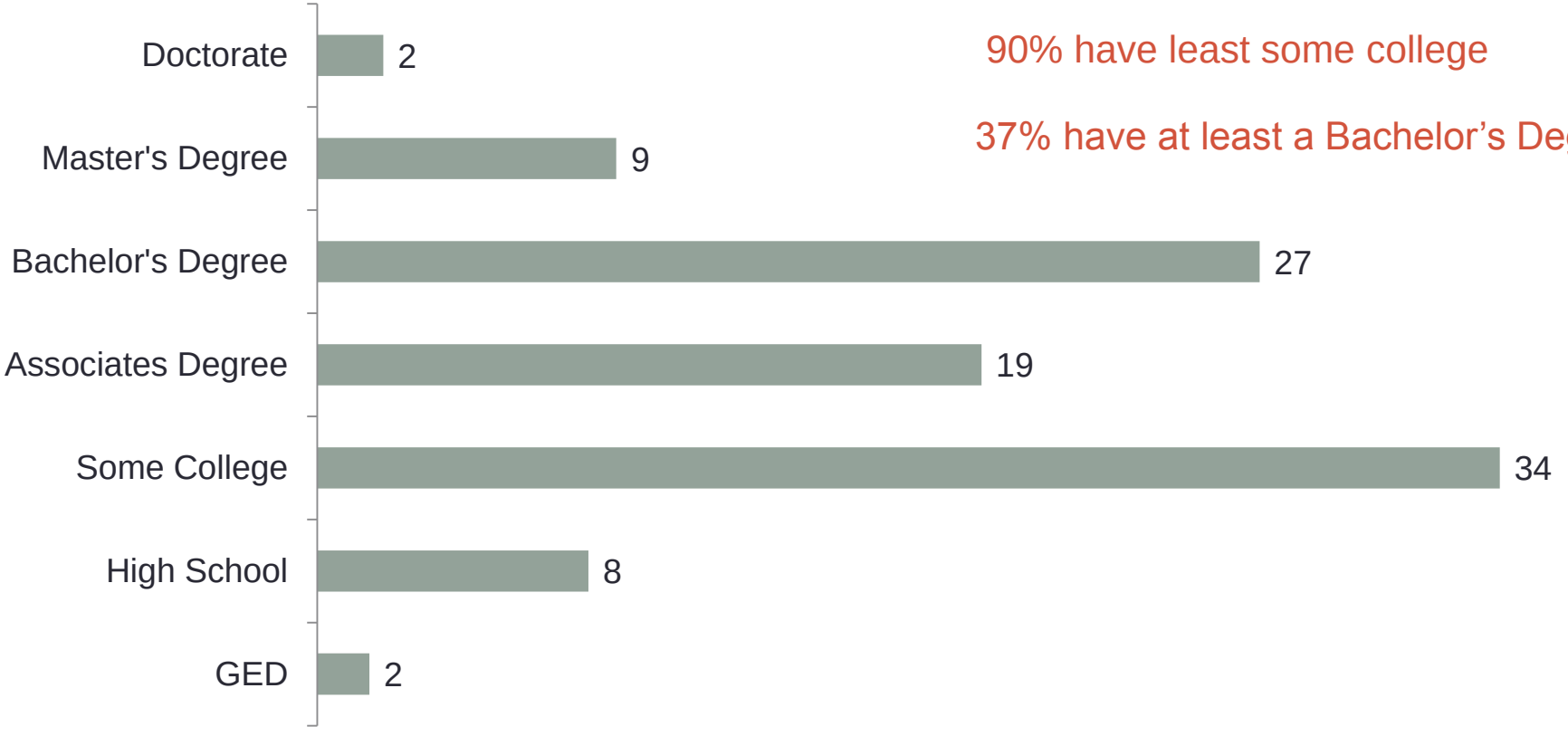
Respondent Profile: Experience



42% have had 3 or more previous occupations



Respondent Profile: Education



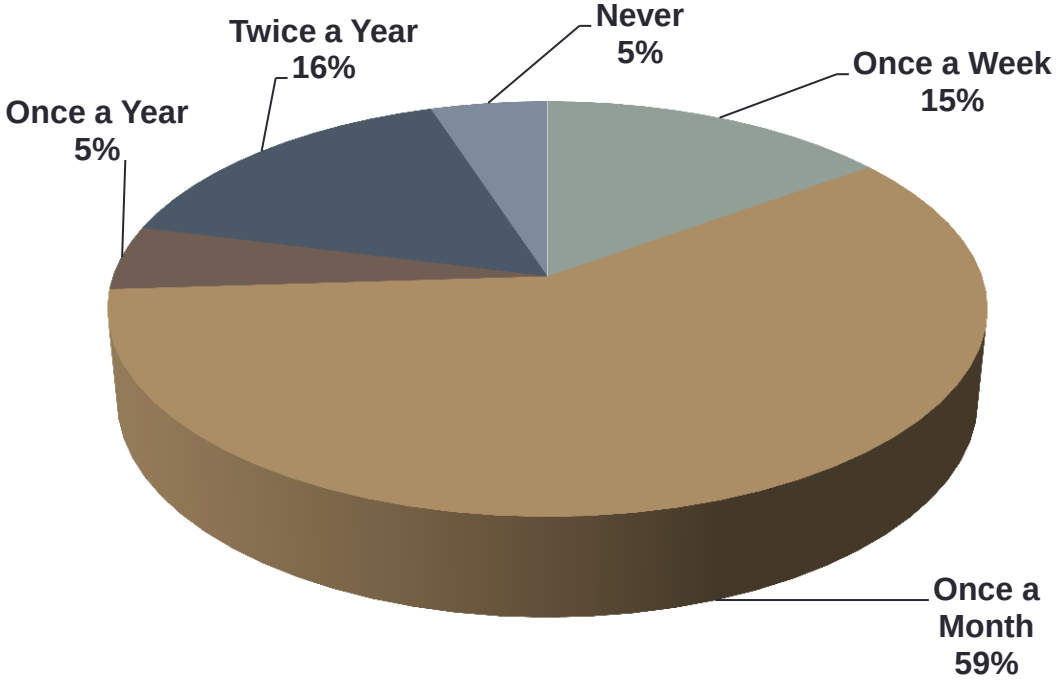
90% have least some college

37% have at least a Bachelor's Degree

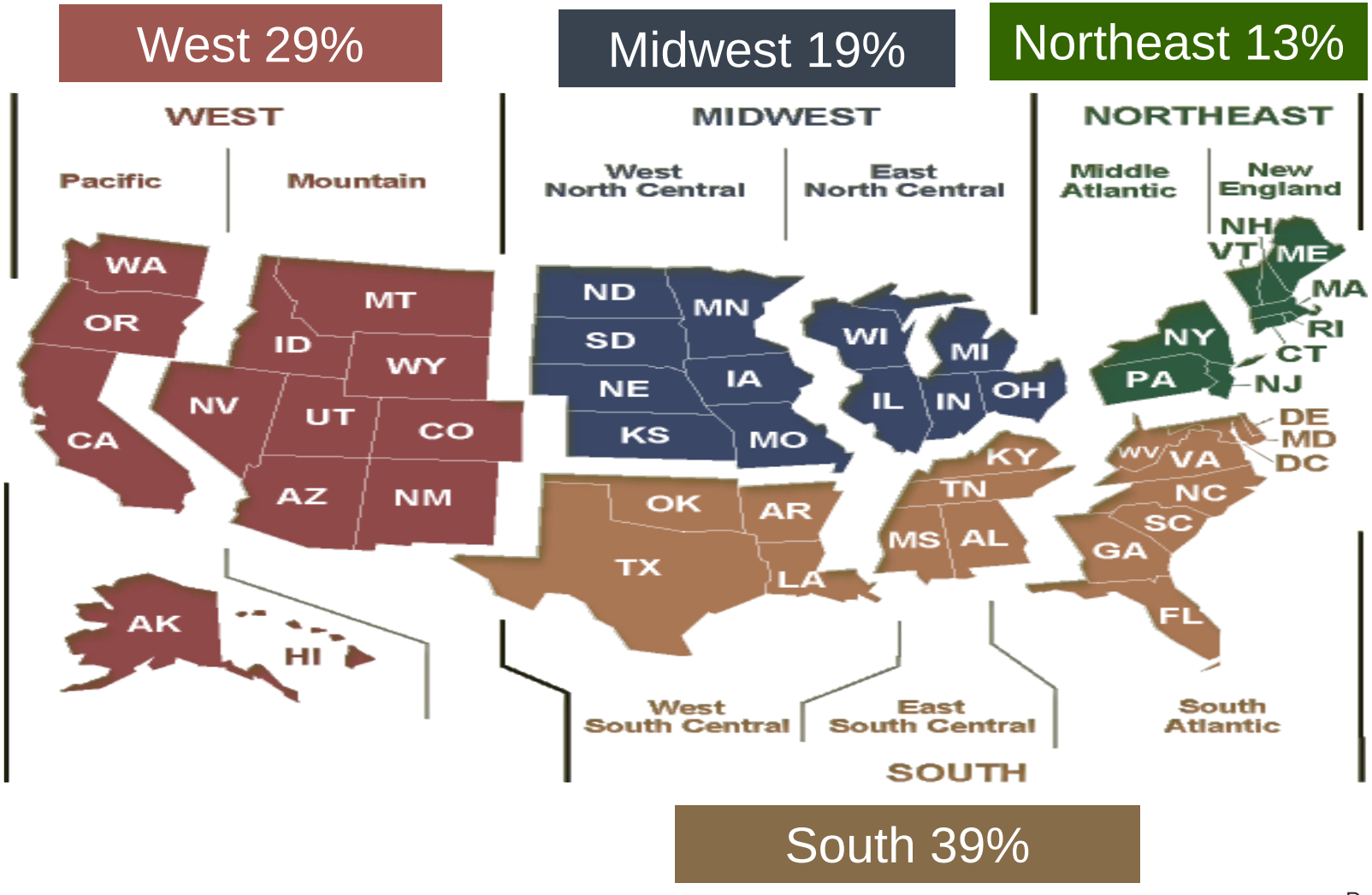
Initial Massage Education → 86% Certificate/Diploma Program

Respondent Profile

How often do you receive massage treatment?



Respondent Profile: Primary Practice by Region



Respondent Profile: Primary Practice State/Territory

State or Territory	Respondents	% of Total	State or Territory	Respondents	% of Total	State or Territory	Respondents	% of Total
Alabama	21	0.3%	Louisiana	114	1.7%	Oklahoma	21	0.3%
Alaska	13	0.2%	Maine	31	0.5%	Oregon	215	3.3%
Arizona	99	1.5%	Maryland	64	1.0%	Pennsylvania	320	4.9%
Arkansas	106	1.6%	Massachusetts	139	2.1%	Puerto Rico	15	0.2%
California	597	9.1%	Michigan	227	3.5%	Rhode Island	12	0.2%
Colorado	347	5.3%	Minnesota	114	1.7%	South Carolina	91	1.4%
Connecticut	20	0.3%	Mississippi	24	0.4%	South Dakota	24	0.4%
Delaware	12	0.2%	Missouri	152	2.3%	Tennessee	192	2.9%
Florida	597	9.1%	Montana	27	0.4%	Texas	558	8.5%
Georgia	232	3.5%	Nebraska	26	0.4%	Utah	124	1.9%
Hawaii	43	0.7%	Nevada	54	0.8%	Vermont	26	0.4%
Idaho	31	0.5%	New Hampshire	52	0.8%	Virginia	83	1.3%
Illinois	213	3.3%	New Jersey	118	1.8%	Virgin Is (USVI)	5	0.1%
Indiana	104	1.6%	New Mexico	83	1.3%	Washington	252	3.8%
Iowa	101	1.5%	New York	151	2.3%	Washington DC	31	0.5%
Kansas	50	0.8%	North Carolina	303	4.6%	West Virginia	35	0.5%
Kentucky	43	0.7%	North Dakota	7	0.1%	Wisconsin	86	1.3%
			Ohio	156	2.4%	Wyoming	10	0.2%

Top 5 States

State	Respondents	Region
California	597	West
Florida	597	South
Texas	558	South
Colorado	347	West
Pennsylvania	320	Northeast

Other Respondents

America Samoa
Australia
Bahamas
Canada
Chile
Cuba
France
Guam
Israel
Namibia
Philippines
Thailand
United Kingdom

Table Statistics

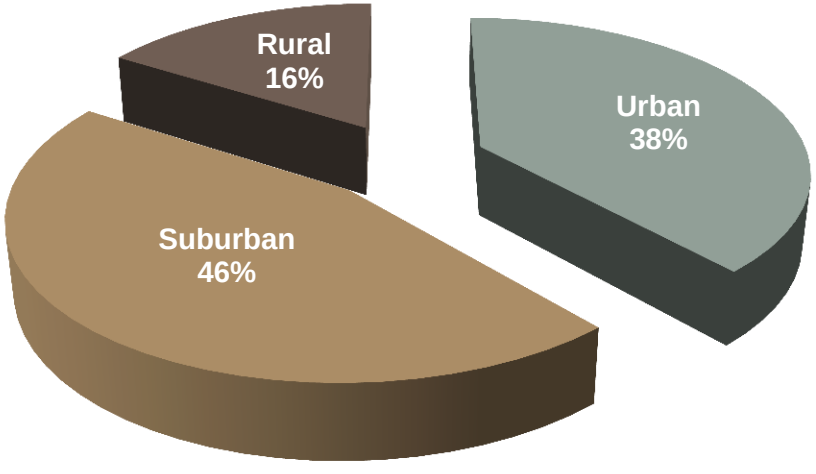
Total Respondents = 6,636

Skipped Question = 123

Respondents could select more than one state

Respondent Profile: Primary Practice

Work Location



Number of States Where Practice	
1 State	91%
2 States	7%
3 States	1%
4 States	< 1%
5 States	< 1%

Section 2: Practice/Modality Profile

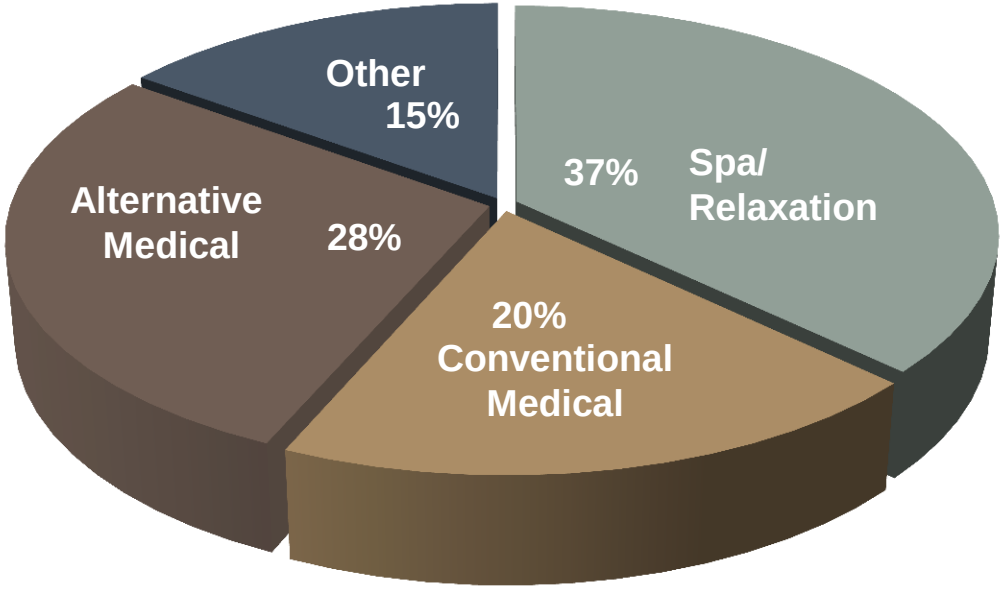
Practice/Modalities Profile

Work Setting

50% work in top 3 categories

Private Office	**23%**
Spa	**14%**
Home	**13%**
Chiropractic	9%
On-Site/Out-Call	8%
Other	8%
Franchise	8%
Clinic	6%
School	4%
Salon	4%
Fitness Facility	2%
Hospital	<1%
Athletic/Team	<1%

Type of Practice



Practice/Modalities Profile

Modality	Primary %	Also Use %	Credential %	Modality	Primary %	Also Use %	Credential %	Modality	Primary %	Also Use %	Credential %
Active Isolated Stretching	<1	32.1		Hakomi	0	<1		Reiki	<1	19.3	
Acupressure	<1	27.0		Healing Touch	<1	12.2		Rolfing®	<1		2.4
Alexander Technique	0		1.7	Hellerwork	0		1.0	Rosen Method	<1		<1
Amma/Anma	<1	1.3		Hot Stone Massage	<1	37.9		Rubenfeld Synergy Method®	0		<1
Animal Massage	<1	2.9		Hydrotherapy	0	15.6		Russian Massage	<1	2.8	
Aromatherapy	<1	39.3		Jin Shin Jyutsu	0	1.4		Seated Massage	<1	27.5	
Aston-Patterning®	0		<1	LomiLomi	<1	6.3		Shiatsu	<1	13.2	
Attunement Therapy	0	1.1		Manual Lymphatic Drainage	<1	18.7		Soft Tissue Release	<1	17.2	
Ayurvedic Bodywork	<1	3.2		Movement Therapy	<1	7.7		Somato Emotional Release	0	2.8	
Body Rolling	0	4.2		Muscle Energy Technique	<1	13.4		Spa Body Treatments	<1	17.3	
Bowen	<1	<1		Myofascial	2.1	40.8		Sports Massage	1.8	36.1	
Breema Breathwork	0	<1		Myofascial Release®	2.2		21.5	Structural Integration	<1	8.0	3.6
Chi Nei Tsang	0	<1		Neuromuscular Therapy	5.1	24.1		Swedish Massage	33.5	52.9	
Clinical/Medical/Orthopedic	7.4	20.9		Orthobionomy	<1	2.3		Thai Massage	<1	9.7	
Compassionate Touch	<1	10.8		Passive Positional Release	<1	10.3		Therapeutic Touch	2.7	13.8	
Connective Tissue	<1	7.6		Pfimmer Deep Muscle®	<1	<1	2.8	Trager® Approach	0		2.1
Core Somatic Bodywork	<1	1.2		Polarity	<1	7.8		Trauma Touch Therapy	0	1.3	
CranioSacral Therapy	1.1	21.3		Postural Integration	0	4.3		Trigger Point Therapy	2.8	44.6	
Deep Tissue	21.5	59.9		Pranic Healing	0	1.1		Tui Na	<1	3.1	
Esalen® Massage	<1		1.9	Proprioceptive Neuromuscular	<1	10.5		Watsu	<1	<1	
Feldenkrais Method®	<1		1.0	Reflexology	<1	40.3		Zero Balancing	<1		<1

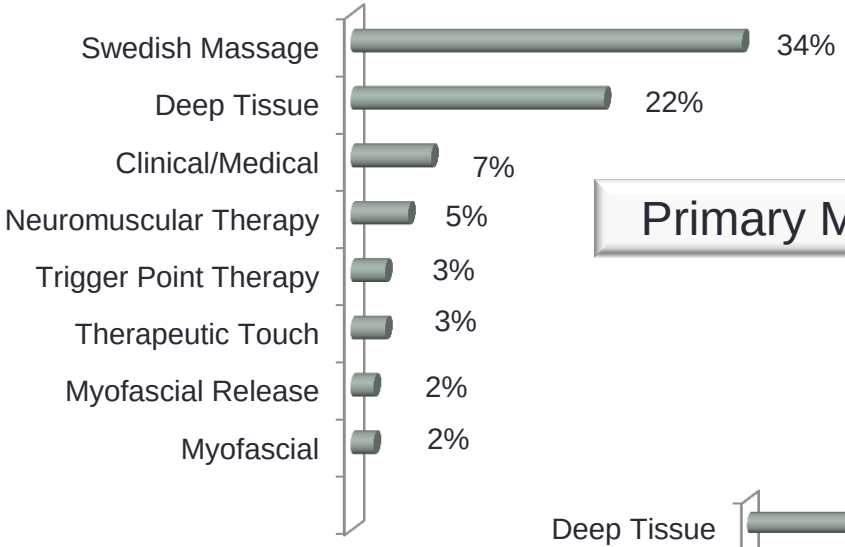
Primary = % Respondents who selected as primary modality used in practice (select only one)

Also Use = % Respondents who selected as a modality used in addition to primary modality (select all that apply)

Credential = % Respondent authorized to use credential(s) from related association/organization (select all that apply)

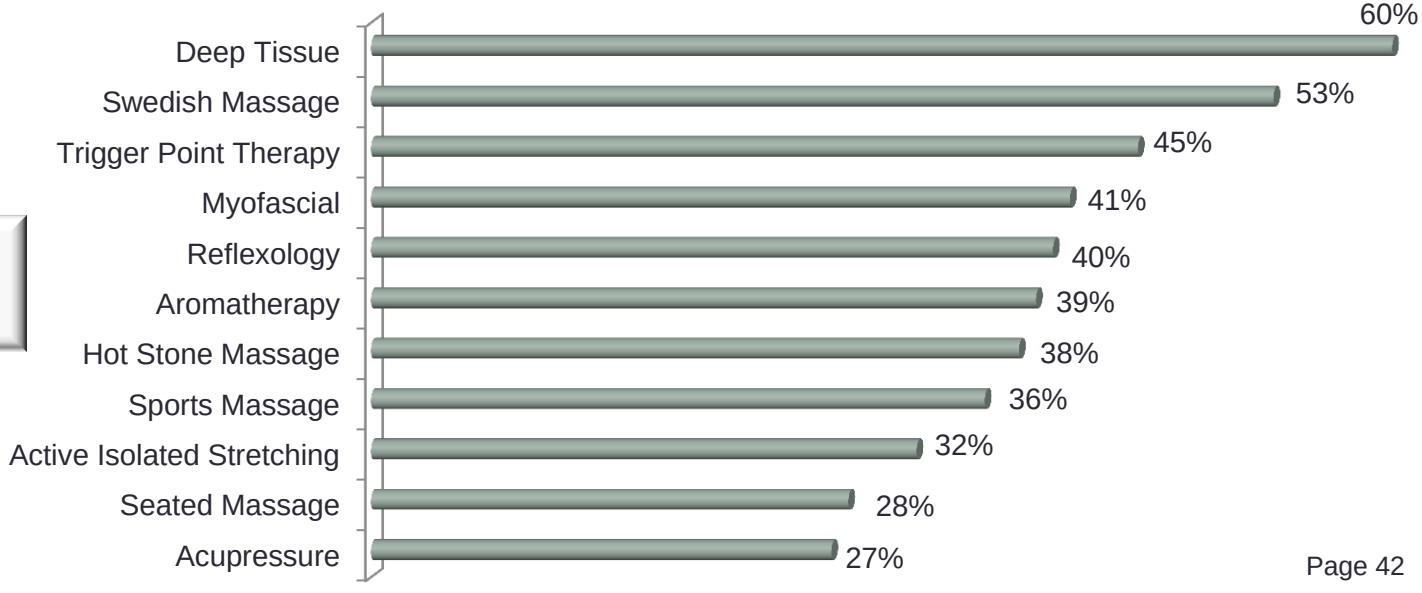
52% of respondents say they are authorized to use NCTMB Credential

Practice/Modality Profile



Primary Modality Used

Additional Modalities Used*



*Respondents Asked to Select All That Apply

Practice/Modalities Profile

Special Populations: Respondents Picked All That Applied

Top 5

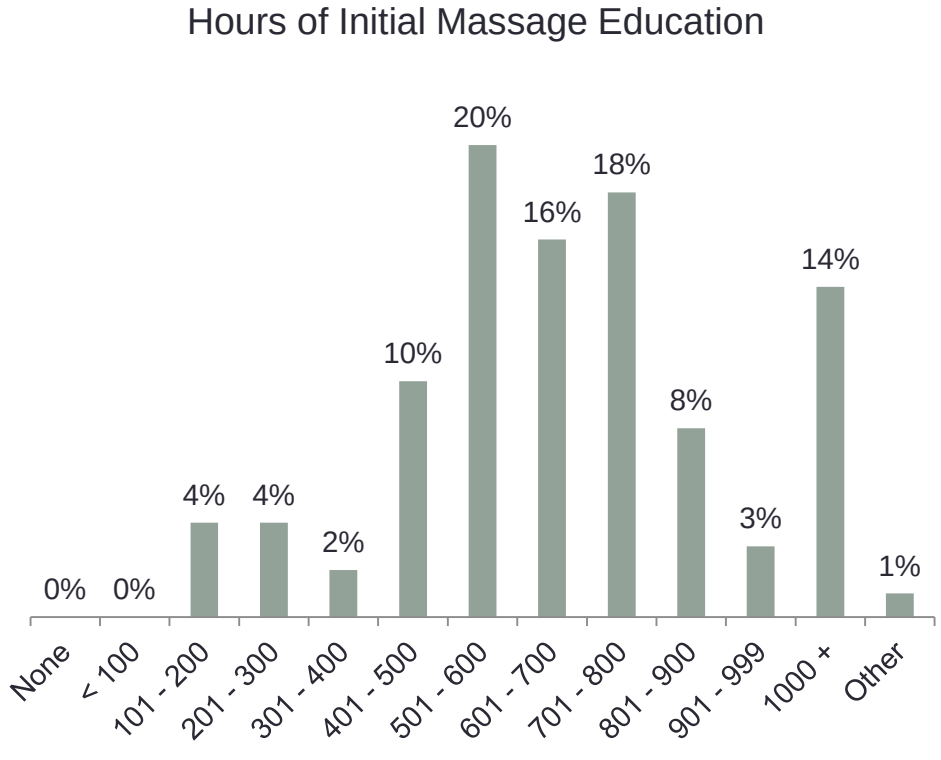
Pain	71%
Pregnancy	54%
Geriatric	47%
Athletic	45%
Chronic Illness	30%

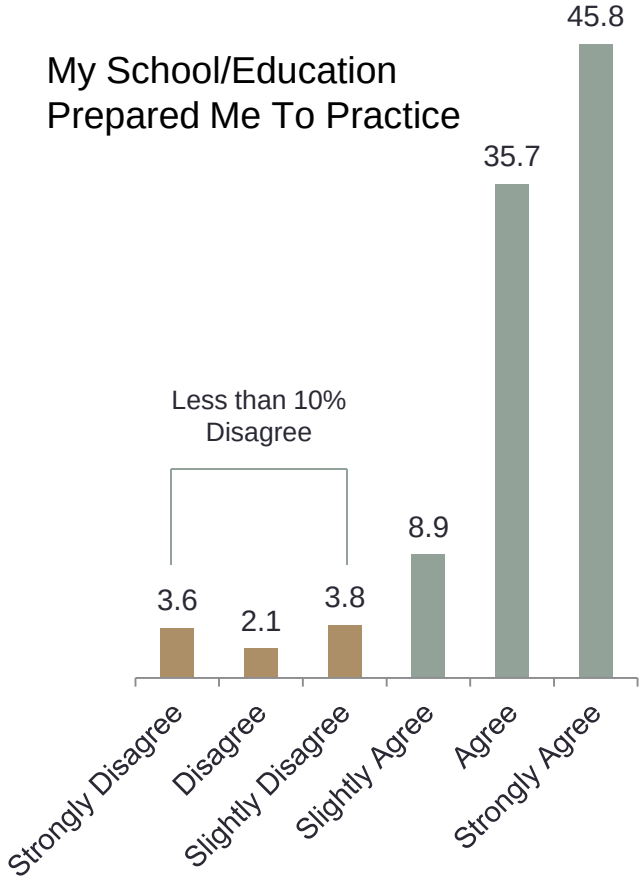
Obesity	25%
Trauma	22%
Physically Challenged	22%
Spine	20%
Oncology	17%
Surgical	11%
Mental Health	10%

Pediatric	9%
Abuse	9%
Hospice	9%
Infant	8%
Hospital	6%
Other	8%

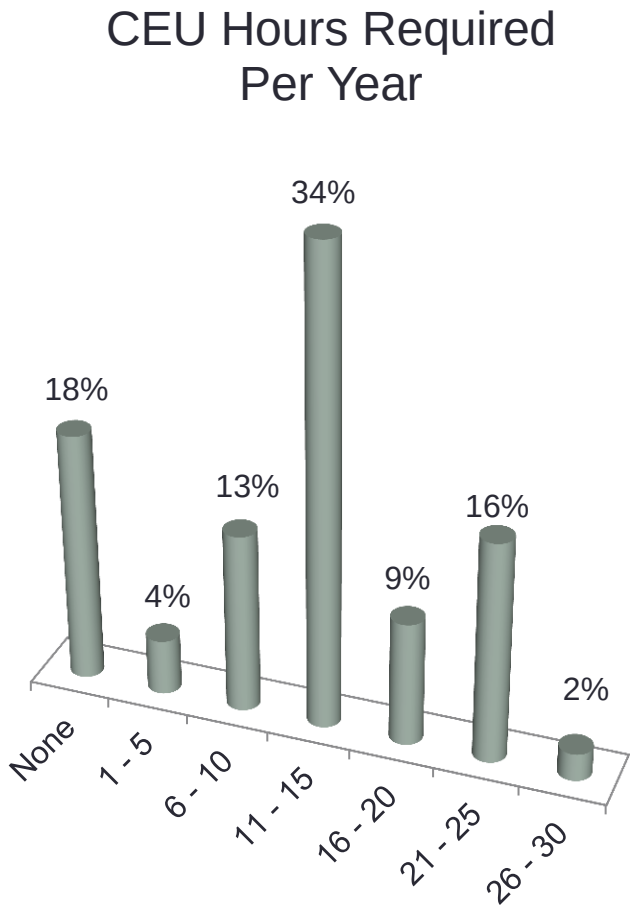
Section 3: Massage Education Profile

Massage Education Profile





Massage Education Profile: CEUs



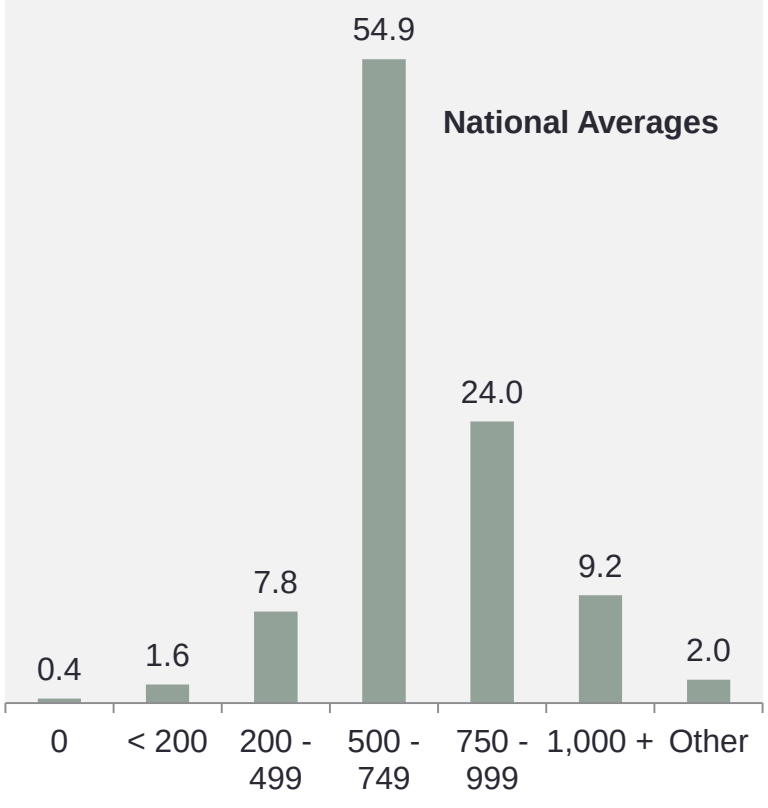
95% would take continuing education if it were not required for license renewal.

74% believe that continuing education for practitioners is effective at protecting the public.

*Only categories with response rate over 1% are included

Massage Education: Opinion Survey

Minimum hours of education the entry level practitioner **should** have to enter the field.



Snapshot of Regional Responses

Minimum Hours	West	Mid West	North East	South
200 – 499	**11.7**	5.1	5.6	6.2
500 – 749	48.1	55.3	52.4	**61.6**
750 – 999	25.2	**26.7**	22.4	22.6
1000+	9.2	8.9	**16.2**	6.6

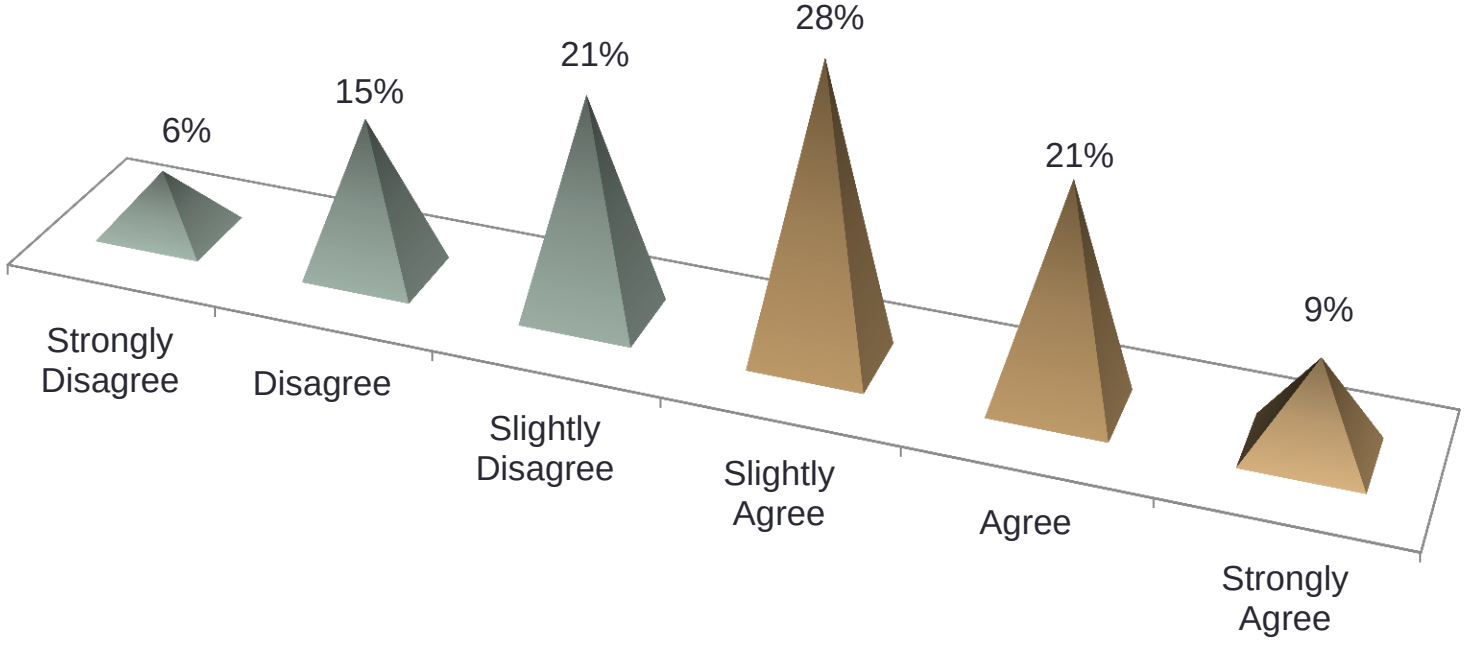
Should there be a minimum of **500** hours of formal education to obtain a license?

82% Say Yes

Massage Education: Opinion Survey

Formal education is more important than years of experience in the field.

42% Disagree; 58% Agree



Massage Education: Opinion Survey

Licensing should be required across the nation.

88% say Yes

Education Should Be Measured In

Hours + Competencies = **90%**

Hours Only = **7%**

Competencies Only = **3%**

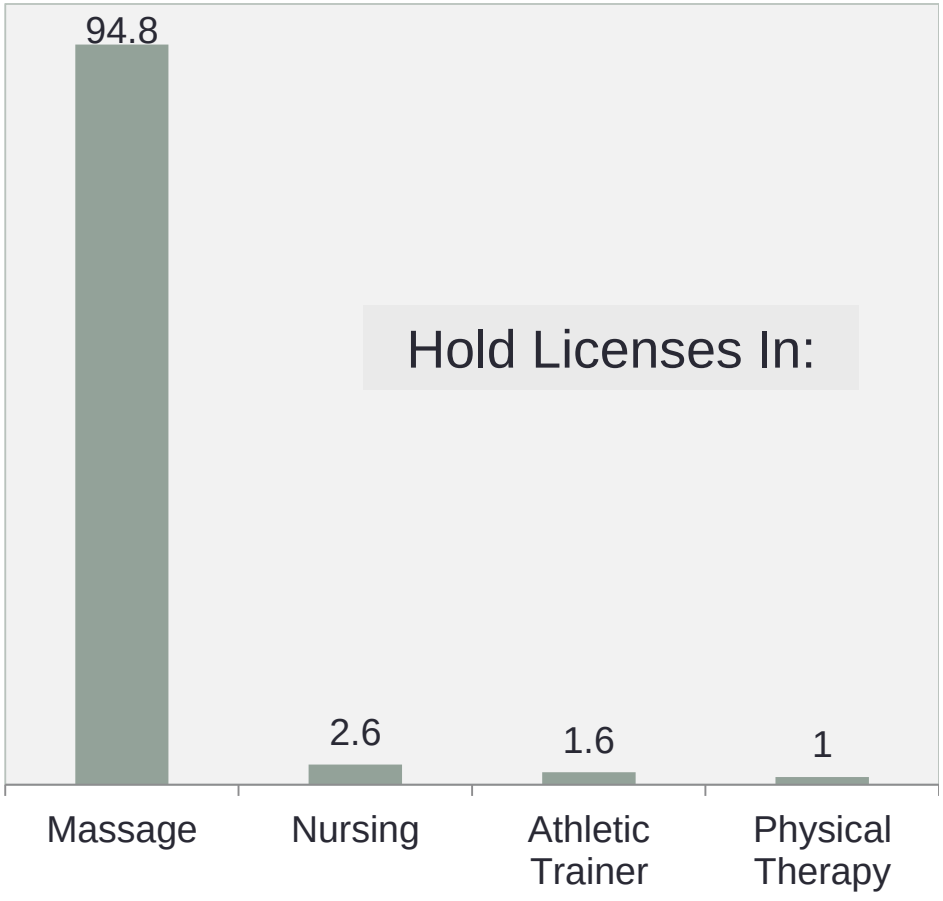
Section 4: Employment Profile

Employment Profile

Employment Classification

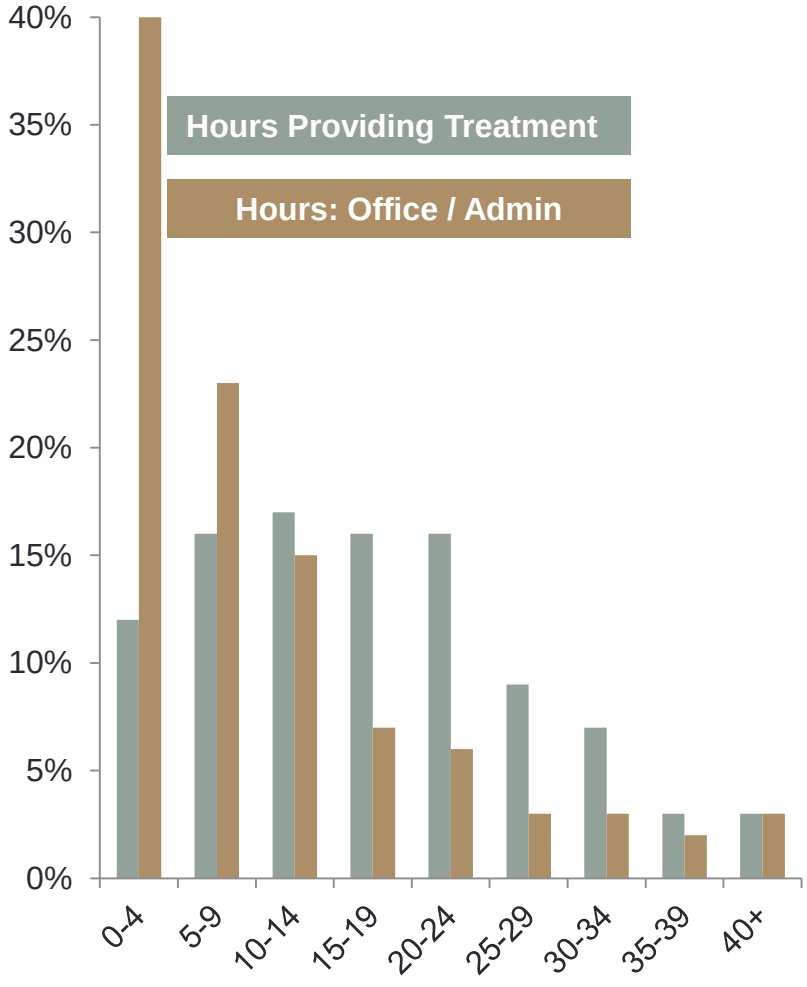
Over half work for themselves

Sole Practitioner	**28.1**
Independent Contractor	**27.4**
Employee	22.5
Manager/Owner: Practitioner	11.8
Educator: Practitioner	03.5
Other	02.7
Student	02.5

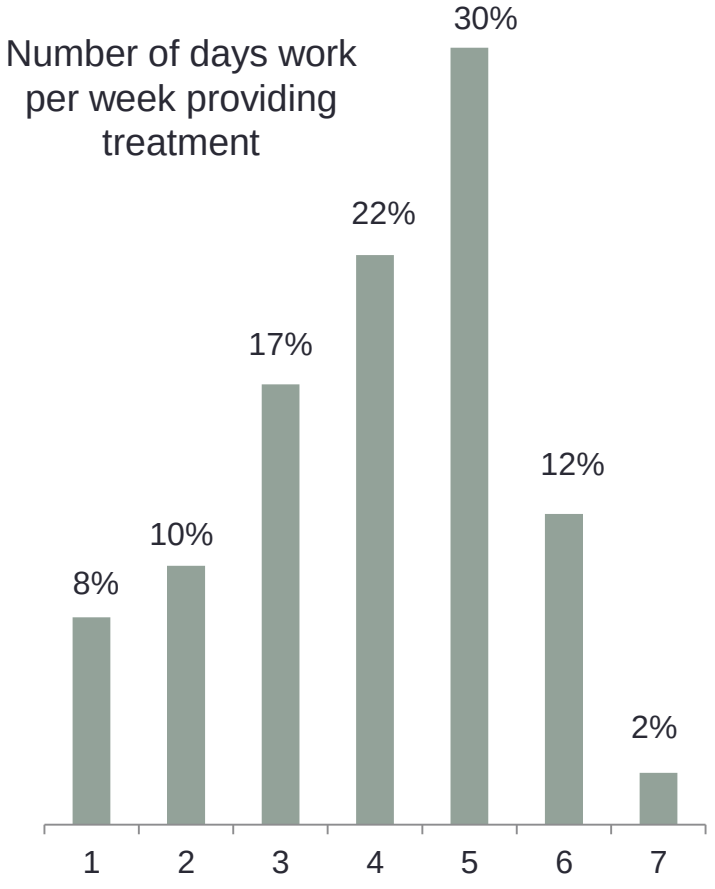


*Only categories with a minimum of 1% response rate are included.

Employment Profile

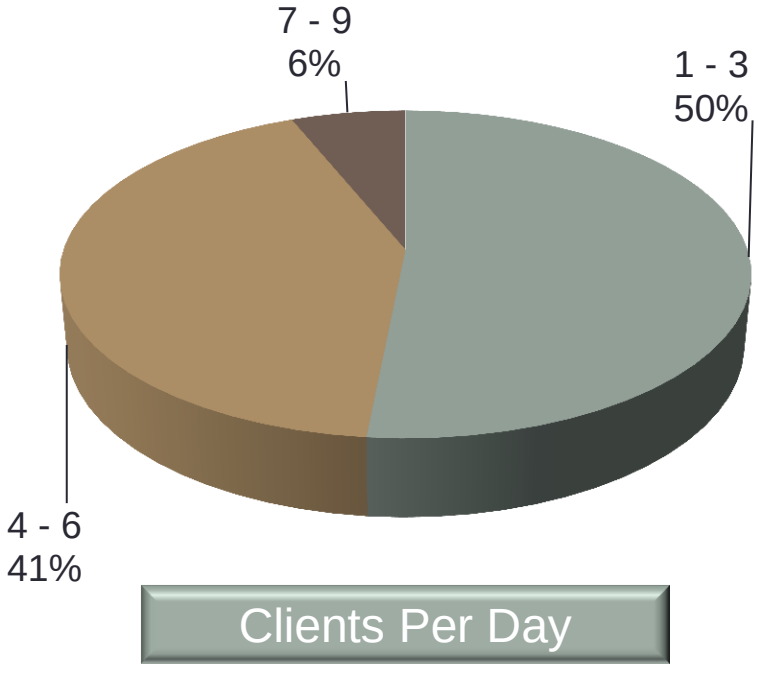


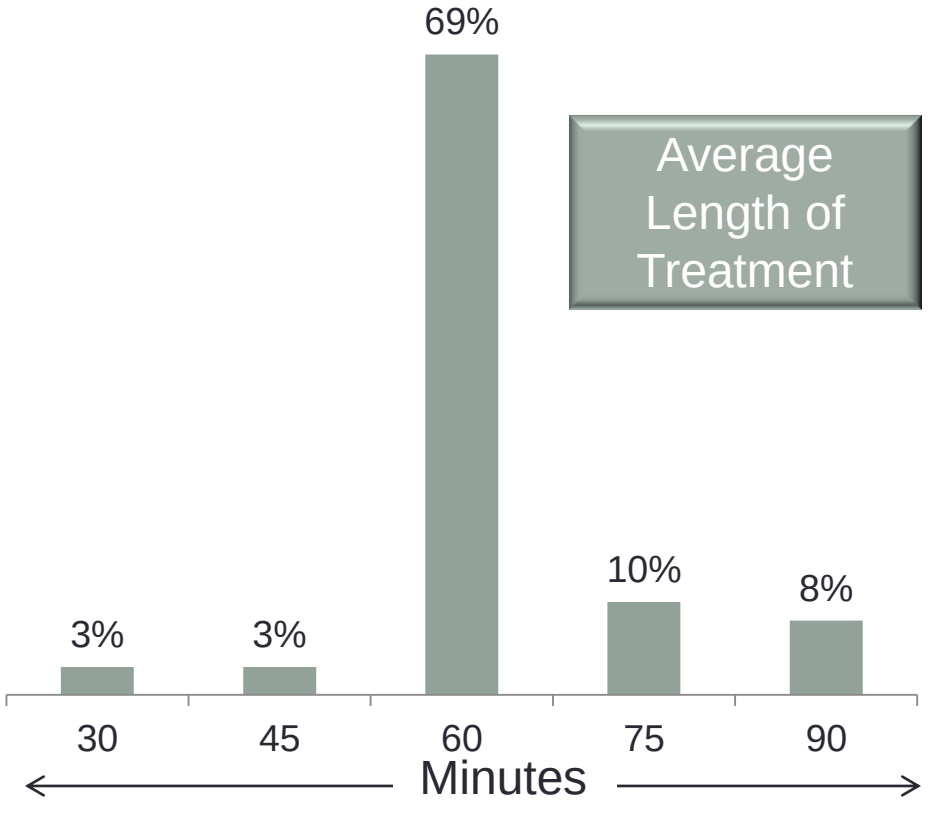
Hours Per Week



Days Per Week

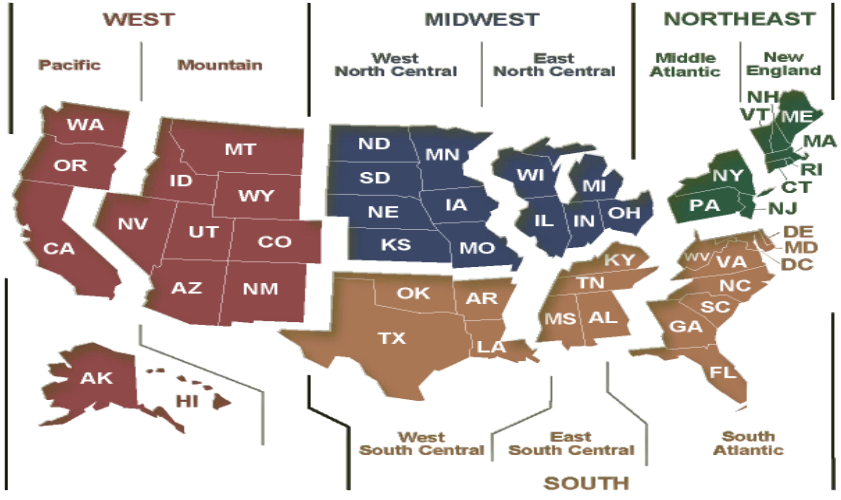
Employment Profile





*Charts exclude categories with less than 2% response rate.

Employment Profile: Hourly Pay by *Employer*



Regional Averages for Hourly Wage by Employer

	West			Midwest			Northeast			South			
Hourly Wage	Pacific	Mountain	**West**	WN Central	EN Central	**Mid West**	Mid Atlantic	New England	**North East**	WS Central	ES Central	South Atlantic	**South**
<$10	1.6	4.0	2.6	8.4	5.6	6.6	3.8	1.7	3.2	9.0	6.9	6.9	7.6
$10 – 19	18.3	25.0	21.2	20.4	19.7	19.9	12.0	12.8	12.3	21.1	16.6	20.2	21.9
$20 – 29	20.5	20.5	20.5	17.7	21.5	20.1	17.5	11.1	15.7	16.5	15.2	21.4	19.1
$30 – 39	21.7	17.6	19.9	18.1	19.9	19.3	27.5	18.8	25.0	16.5	22.1	18.9	18.5
$40 – 49	11.2	9.6	10.5	7.5	10.9	9.6	10.7	6.8	9.6	7.4	14.5	10.2	9.9
$50 – 59	7.6	8.2	7.9	12.8	7.8	9.6	9.6	14.5	11.0	8.2	6.9	7.1	7.4
$60 – 69	9.0	9.8	9.4	10.2	10.6	10.5	10.0	14.5	11.3	9.6	11.0	9.8	9.9
$70+	10.0	5.3	8.0	4.9	4.0	4.3	8.9	19.7	12.0	5.6	6.9	5.5	5.7

Employment Profile: Hourly Pay by *Clients*

70% of cash clients pay $50 - $79 versus only 41% of insurance clients

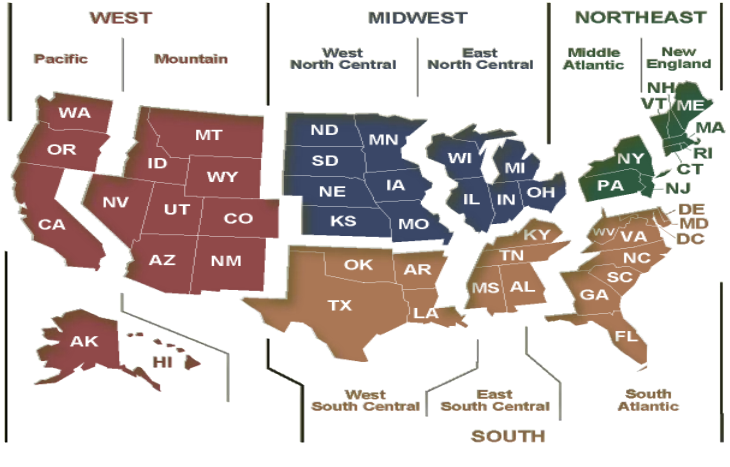
Insurance clients represent a greater percentage in both the lowest and highest payment categories

Hourly Payment	Cash Clients Pay	Insurance Clients Pay
< than $30	3%	**11%**
$30 – 39	3%	5%
$40 – 49	11%	10%
$50 – 59	**21%**	**12%**
$60 – 69	**33%**	**18%**
$70 – 79	**16%**	**11%**
$80 – 89	8%	7%
$90 – 99	2%	3%
$100 – 109	2%	6%
$110 – 119	0%	3%
$120+	2%	**12%**

77% responded N/A to insurance payments.
Insurance percentages based on the 23% of respondents who have insurance clients.

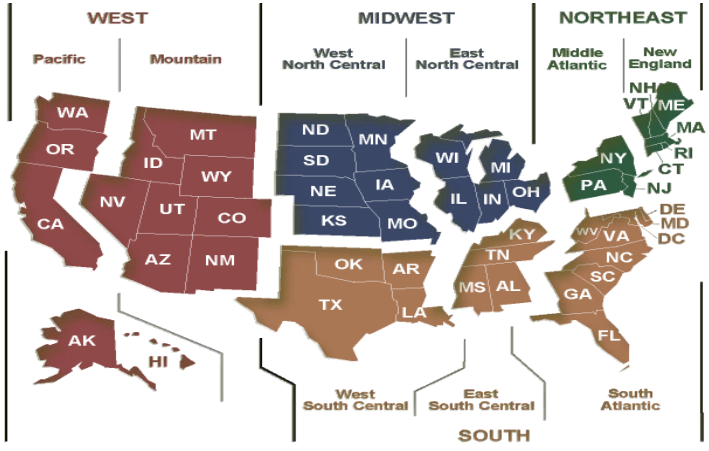
Employment Profile: Hourly Pay by *Cash Clients*

Regional Averages for Hourly Payment by Cash Clients													
	West		West	Midwest		Mid West	Northeast		North East	South			South
Hourly Payment	Pacific	Mountain		WN Central	EN Central		Mid Atlantic	New England		WS Central	ES Central	South Atlantic	
>30	2.3	3.1	2.6	2.7	2.0	2.2	1.9	0.0	1.3	4.6	2.3	3.1	3.5
$30 – 39	1.3	3.7	2.3	3.7	3.4	3.5	3.2	1.7	2.7	4.8	3.4	2.8	3.5
$40 – 49	7.7	16.6	11.5	15.3	14.5	14.8	7.9	2.3	6.1	12.0	8.5	9.2	10.0
$50 – 59	15.0	24.6	19.1	28.9	28.2	28.5	18.0	14.8	17.0	19.7	18.1	19.1	19.2
$60 – 69	31.6	31.1	31.4	31.2	34.2	33.1	31.2	42.0	34.7	32.1	37.3	33.1	33.3
$70 – 79	21.0	10.6	16.6	12.3	11.3	11.7	18.3	17.6	18.1	14.5	24.3	17.1	17.1
$80 – 89	10.9	6.2	8.9	2.7	3.6	3.2	10.1	13.6	11.2	6.1	2.8	8.9	7.3
$90 – 99	3.4	0.6	2.2	1.7	1.4	1.5	2.6	3.4	2.9	2.7	1.1	2.2	2.3
$100 – 109	3.0	2.1	2.6	1.0	0.2	0.5	2.9	1.1	2.3	2.3	1.7	1.6	1.9
$110 - 119	0.9	0.0	0.5	0.7	0.2	0.4	0.5	0.6	0.5	0.4	0.0	0.8	0.6
$120+	3.0	1.4	2.3	0.0	1.0	0.6	3.4	2.8	3.2	0.6	0.6	2.0	1.4



Employment Profile: Hourly Pay by *Insurance Clients*

Regional Averages for Hourly Payment by Insurance Clients													
	West		West	Midwest		Mid West	Northeast		North East	South			South
Hourly Payment	Pacific	Mountain		WN Central	EN Central		Mid Atlantic	New England		WS Central	ES Central	South Atlantic	
N/A	65.1	75.0	69.3	77.0	75.9	76.3	82.0	85.7	83.2	82.5	86.4	79.6	81.3
>30	3.4	2.8	3.1	0.7	4.8	3.3	2.6	0.0	1.8	1.5	2.3	2.6	2.2
$30 – 39	0.7	1.6	1.1	0.7	1.4	1.1	1.1	0.0	0.7	1.5	0.0	1.6	1.4
$40 – 49	2.3	3.0	2.6	2.7	3.4	3.1	2.9	1.7	2.5	1.3	0.6	1.4	1.3
$50 – 59	4.4	2.2	3.5	4.1	3.2	3.5	1.6	2.3	1.8	2.1	0.0	2.5	2.1
$60 – 69	5.2	4.7	5.0	6.1	4.4	5.0	3.4	4.6	3.8	3.8	5.7	2.9	3.5
$70 – 79	3.0	2.8	2.9	3.0	2.2	2.5	1.6	2.9	2.0	2.3	1.7	3.0	2.7
$80 – 89	2.1	1.4	1.8	1.4	1.2	1.3	1.6	1.1	1.4	1.9	0.6	2.1	1.9
$90 – 99	1.0	0.6	0.8	0.3	0.4	0.4	0.5	0.6	0.5	0.8	1.1	0.7	0.8
$100 – 109	3.9	1.6	2.9	0.7	0.2	0.4	0.8	0.6	0.7	1.5	1.1	1.1	1.2
$110 - 119	2.1	0.4	1.4	1.0	0.4	0.6	0.0	0.0	0.0	0.4	0.6	0.8	0.7
$120+	6.7	4.1	5.6	2.4	2.6	2.5	1.9	0.6	1.4	0.4	0.0	1.8	1.1



Employment Profile: Annual Income

Annual Income From Massage	% of Respondents
< $5,000	18%
$5,000 – 9,999	11%
$10,000 – 14,999	12%
$15,000 – 19,999	13%
$20,000 – 29,999	19%
$30,000 – 39,000	14%
$40,000 – 49,000	6%
$50,000 – 59,999	3%
$60,000 – 69,999	2%
$70, 000+	2%

Is massage the primary source of income in your household?

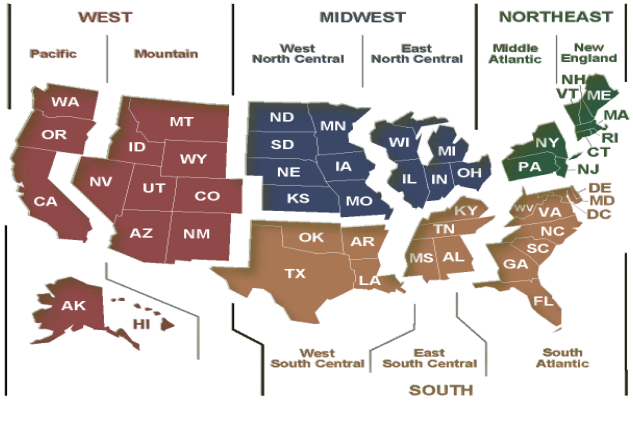
61% = No

Does your massage practice income provide a livable wage for you and your family?

61% = No

Employment Profile: Annual Income

Regional Averages for Annual Income													
	West		West	Midwest		Mid West	Northeast		North East	South			South
Annual Income	Pacific	Mountain		WN Central	EN Central		Mid Atlantic	New England		WS Central	ES Central	South Atlantic	
>$5,000	15.5	18.2	16.6	14.7	20.0	18.1	18.3	15.8	17.5	19.4	17.8	18.2	18.5
$5K-9,999	10.8	11.5	11.1	12.3	11.8	11.9	14.1	12.1	13.5	14.5	9.5	8.9	10.7
$10K-14,999	12.0	11.9	11.9	11.9	14.2	13.4	10.2	16.4	12.2	10.3	10.7	13.0	11.9
$15K-19,999	11.4	15.7	13.2	17.2	9.5	12.3	14.4	13.9	14.3	11.2	11.8	11.2	11.3
$20K-29,999	20.1	20.0	20.1	20.4	20.8	20.6	19.1	17.0	18.4	19.0	18.3	17.8	18.2
$30K-39,999	15.1	13.1	14.2	11.9	11.5	11.7	12.2	13.3	12.5	11.2	17.2	15.4	14.3
$40K-49,999	6.5	4.1	5.5	6.0	8.0	7.3	5.0	3.6	4.6	7.6	7.1	6.7	7.0
$50K-59,999	3.2	2.9	3.1	3.5	1.6	2.3	2.5	4.8	3.2	3.3	4.1	4.3	4.0
$60K-69,999	2.2	1.2	1.8	0.4	1.9	1.3	1.1	0.6	1.0	1.6	1.2	2.2	1.9
$70K-79,999	2.2	1.2	1.8	0.7	0.6	0.6	2.2	1.2	1.9	0.9	0.6	0.9	0.8
$80K-89,999	0.1	0.2	0.2	0.0	0.0	0.0	0.6	0.6	0.6	0.9	1.2	0.6	0.8
$90K-99,999	0.1	0.0	0.1	0.4	0.0	0.1	0.0	0.0	0.0	0.0	0.0	0.4	0.2
$100,000+	0.7	0.0	0.4	0.7	0.0	0.3	0.3	0.6	0.4	0.2	0.6	0.5	0.4



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