

Preferred Practitioner Application Alternate Pathway

Thank you for your interest in applying to become a Preferred Practitioner (PP) with S4OM.

The links below provide more information about:

- Benefits of becoming a Preferred Practitioner (PP)
- Requirements for applying to become a Preferred Practitioner (PP)

If you have questions, please contact us at memberservices@s4om.org

The applicant agrees to:

- Complete all sections of this application
- Attach copies of all requested documents
- Review [Standards of Practice for Preferred Practitioners](#)
- Communicate in a timely manner with S4OM

Section 1: Contact Information

Applicant Name:

Business

Business Name:

Address:

City:

State/Province:

Zip/Postal Code:

Country:

Phone:

Email:

Website:

If you prefer that your primary communication is to a home address, fill in the contact details below:

Home

Address:

City:

State/Province:

Zip/Postal Code:

Country:

Phone:

Email:

Section 2: Document Verification

Please attach copies of the following documentation

2.1 Massage Therapy Credentials

Check appropriate box and attach corresponding documentation

State regulates massage therapy

Attach a copy of current massage therapy license, registration, certificate or equivalent.

State does **not** regulate massage therapy

Name of state:

Outside the USA

Attach relevant documentation of training and professional practice. This can be a copy of diploma, and/or professional massage therapist organization membership.

2.2 Professional Liability Insurance

Attach a copy of your current certificate of insurance (COI)

2.3 Entry-Level Massage Training

Check the appropriate box and attach corresponding documentation

Massage therapy training program of 500 hours or more

Attach a copy of your graduation certificate. If this certificate does not show the number of hours completed, please attach a letter from the school or a transcript that states the number of hours completed.

OR

Massage therapy training program of less than 500 hours. You must complete two steps, below:

1. Attach a copy of your graduation certificate. If this certificate does not show the number of hours completed, please attach a letter from the school or a transcript that states the number of hours completed.
2. Attach copies of certificates of completion from NCBTMB approved continuing education courses that bring your training up to 500 hours total.

Example: 300 hours of General Massage Training + 200 hours of NCBTMB approved continuing education = 500 hours

OR

Equivalent general massage training through specific education, work history and life experience

Attach an explanation of no more than 750 words. Please note that such requests are considered on an individual basis.

Section 3: Oncology Massage Training

The [Education Standards for S4OM Foundational Courses](#) provide an outline of the required elements of a S4OM Recognized Foundational Course. Please open the link and review the Education Standards carefully, as this section is based on the current Education Standards.

For each standard, you will be asked to answer some questions. Please read the instructions (in red) carefully before filling out your answers.

A. The Disease - Overview of cancer

Identify and describe the essential sources of your knowledge about the three aspects listed below. Include references such as courses, lectures, research literature, textbooks, healthcare professionals.

- a. Introduction to main types of cancer: carcinoma, sarcoma, and hematologic

- b. How cancer may manifest in the body

- c. Overview of metastasis

B. Introduction to Principal Cancer Treatments

Briefly describe, in 3-4 sentences, why each of the three principal treatments listed below are important to planning an oncology massage therapy session.

- a. Surgery:

- b. Medical oncology (e.g chemotherapy):

- c. Radiation:

C. Clinical Considerations: Massage Therapy Adjustments Related to Disease and Treatment Side Effects

*The list of Clinical Considerations is long and varied. Please pick **one** example from **each of the three subheadings (a-c)** and briefly describe how you would adjust a massage therapy session for **each** example chosen.*

Pick **one** from the following list and write your answer in the box below your choice.

a. Massage therapy adjustments related to disease:

1. Primary tumor site

2. Metastatic sites

3. Fatigue

4. Pain

5. Venous thromboembolism (VTE) risk

6. Other common conditions: shingles, rash, cachexia, ascites, edema

D. General Massage Therapy Adjustments

*In an oncology massage therapy session, describe how you would adjust for **pressure of strokes** and then **choose two more** adjustments from the list below.*

*Required

- Pressure of strokes*
- Being present to and accepting of the client's physical and emotional state
- Positioning for optimum safety and comfort
- Duration and frequency of each session
- Quality of strokes: full hand contact, pace, rhythm
- Choice and use of safe and appropriate skin products
- Standard precautions

E. Administrative Considerations

***Choose one** of the considerations listed below and describe how you would incorporate them into your practice.*

- a. Practice standards: detailed intake and health history form, consent form, and session documentation

b. Confidentiality and privacy concerns and regulations

c. Scope of practice

d. Building a referral and resource list

F. Clinical Learning Activities (CLAs)

Clinical Learning Activities (CLAs) include all instruction and practice of skills required for direct client care. These include hands-on massage therapy techniques, interviewing/intake, clinical decision-making, and verbal communication with clients. For a more thorough description of the CLAs please click [here](#).

Read the case scenario below and answer the questions that follow.

Case scenario

Pam is a 35-year-old woman who is a single mom of a 2-year-old. She has her parents and a good friend as her main supports and describes herself as a private person who values her independence. She is generally quite active, enjoys recreational sports and is in good health. There is no history of other significant illnesses.

One year ago, she was diagnosed with cancer of the left breast. A sentinel lymph node biopsy (SLNB) revealed cancer in 3 out of 5 nodes. She opted for left sided mastectomy with DIEP flap reconstruction, and right sided breast reduction. Surgery was followed by 6 months of chemotherapy and 35 sessions of radiotherapy.

She currently reports experiencing significant fatigue on a daily basis and is unable to work full time. This has caused financial stress as well. She also reports feeling quite sad that due to her fatigue she is not able to parent with the energy and enthusiasm that she had prior to her treatment.

In the past, she has enjoyed deep tissue massage. She reports noticeable discomfort in her left shoulder, upper back and neck. She thinks it may be due to positioning from radiotherapy and/or perhaps holding her daughter. In any case, she requests that these areas be addressed during this session.

We are interested in how and why you would adjust the massage therapy treatment plan for this client and what questions you may ask her.

Part I: Based solely on the information in the case above, answer the following questions.

1. Identify 3-5 key elements for adjusting this massage therapy session that addresses the whole body

2. What are three clarifying questions that you might ask Pam?

3. How would you adjust the massage for risk of lymphedema:
 - a. Pressure level and why

b. Direction of stroke and why

Part II: You have uncovered new information during the intake process. Based on this, answer the following questions.

Pam reports during the intake interview that she is uncomfortable laying in a prone position and that she is feeling very fatigued today. Describe how you may adjust the massage considering for the following elements:

1. Positioning needs and why

2. Other (e.g quality of strokes, duration of session, skin products, standard precautions, being present)

G. Evaluation of Clinical Skills

Students should be able to demonstrate the following clinical skills:

- Thorough review of health history form
- Effective communication with clients:
 - In-depth interview and assessment of current client health status
 - Discuss adjustments to treatment plan
 - Address client questions
- Identify key information from intake to develop an oncology massage therapy treatment plan
- Apply appropriate oncology massage protocols for common client presentations

We are interested in how you received supervision in your oncology massage therapy education.

A. If you had a clinical supervisor or mentor, that person must complete the *Practical Supervision and Experience Summary*. Please send them the link to this form. The directions for sending it back to S4OM are stated on the form.

1. Name of clinical supervisor(s):

2. Briefly describe where and how you received supervision in oncology massage practice.

B. If you did not have a clinical supervisor or mentor, but do have experience with oncology massage, describe how you received the hands-on training/experience.

Section 4: Additional Education/Training

If you have taken courses that you believe are related to oncology massage therapy, list up to three of them below and attach certificates of completion/achievement OR diploma/transcript.

Course Title	CEs/credits awarded	Instructor	School/Organization
1)			
2)			
3)			

Section 5: Processing of Application

You will receive an email confirming receipt of your application. If more information is needed the member services coordinator will contact you. If approved, you will receive instructions about making your annual payment of \$75.

Once your payment has been processed you will receive a welcome email with further information regarding your PP status and how to access your PP benefits and resources.

Section 6: Preferred Practitioner Code of Conduct Agreement

As an applicant for Preferred Practitioner, I attest that:

- I have provided professional massage therapy for at least one year (must be hands-on experience)
- I understand that the S4OM will use the contact information I provide to communicate with me, and as such it is my responsibility to maintain a current S4OM profile
- I have read and I agree to [Standards of Practice for Preferred Practitioners](#)
- All information provided on this application is accurate and complete

Applicant Name:

Date:

SAVE

CLEAR