



DRAFT MEETING MINUTES
Board of Massage Therapy
Rule Workshop

July 15, 2015 at 12:00 pm

Embassy Suites
Lake Buena Vista South
4955 Kyns Heath Road
Kissimmee, FL 34746

Call to Order:

The meeting was called to order by Ms. Burke-Wammack, Chair, at 12:10 pm. Those present for all or part of the meeting included the following:

MEMBERS PRESENT:

Bridget Burke-Wammack, LMT, CLT, Chair
Lydia Nixon, LMT, Vice-Chair (arrived late)
Sharon Phillips, LMT, AP, DOM
Jonathan Walker, LMT
Robyn Dohn Havard, PLCS (arrived late)
Guery Davis, PhD

STAFF PRESENT:

Lee Ann Gustafson, Esq., Board Counsel
Christy Robinson, Executive Director
Marci Poston, Regulatory Specialist II

STAFF ABSENT:

Alexandra Alday, Program Operations Administrator

COURT REPORTER:

For The Record
(850) 224-0728

Please note the minutes reflect the actual order agenda items were discussed and may differ from the agenda outline. AUDIO from this meeting can be found online: <http://floridasmassagetherapy.gov/meeting-information/past-meetings/>

Ms. Burke-Wammack explained the Board wanted to look at the minimum educational requirements to ensure they were sufficient to ensure competency for entry level massage therapists.

The Board heard comments and testimony from several interested parties. For exact comments, please refer to the workshop transcript attached to these minutes. The following individuals provided comments during the workshop:

Nancy Bradley, Commission for Independent Education and Daytona College
Joe Lubow, Sarasota school of Massage Therapy

Dawn Langnes, Upledger Institute
Christopher Brooks, Daytona College
Adrienne Rodgers, Bureau Chief, Health Care Practitioner Regulation, DOH
James Black, Florida College of Natural Health
Jamie Cook, Lively Technical Center
Dar Mikula, Florida School of Massage
Alex Spassof, FSMTA
Jennifer Wasylina, Sanford Brown College
Elana Zabala, EZWI School
Jason Li, Health and Beauty Institute of America
Jody Stork, Space Coast Health Institute

The Board discussed several items, including the FSMTB's ELAP document. The Board asked for the following items to be researched and provided in the next available agenda if possible:

- A copy of the curriculum required each time the total hours changed according to the history of massage document
- A comparison of school pass rates to the number of hours offered at that school
- The updated chart outlining the education requirements in each state
- The number of private massage therapy schools that are using the CIE curriculum framework. If they offer more than 500 hours, what is the breakdown of the additional hours
- The number of sexual misconduct complaints and cases
- NCBTMB requirements for school approval
- The rationale from CIE regarding the requirement for 750 hours versus 500

The complete discussion can be found in the attached workshop transcript.

There being no further business the workshop adjourned at 3:15.

1 STATE OF FLORIDA
2 DEPARTMENT OF HEALTH
3 BOARD OF MASSAGE THERAPY

4 Embassy Suites Orlando - Lake Buena Vista South
5 4955 Kyngs Heath Road
6 Kissimmee, Florida 34746
7 Wednesday, July 15, 2015

8 **12:10 - 3:12 P.M.**

9 **Rules Workshop**
10 **Rule 64B7-32.003, F.A.C.**

11 BOARD MEMBERS:

12 BRIDGET BURKE-WAMMACK, LMT, CLT, Chair
13 LYDIA NIXON, LMT, Vice-Chair
14 SHARON PHILLIPS, LMT, AP, DOM
15 JONATHAN WALKER, LMT
16 ROBYN DOHN HAVARD, Consumer Member
17 GUERY DAVIS, Ph.D.

18 OFFICE OF THE ATTORNEY GENERAL:

19 LEE ANN GUSTAFSON, ESQUIRE, Board Council

20 BOARD STAFF:

21 CHRISTY ROBINSON, Executive Director
22 ALEXANDRA ALDAY, Program Operations Administrator
23 MARCI POSTON, Regulatory Analyst II

24
25
ORIGINAL

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2 (Whereupon, the Chairman called the meeting
3 to order, after which the following occurred:)

4 * * * * *

5 MS. BURKE-WAMMACK: We're going to go
6 ahead and get started. Sorry this is a little bit
7 late. I'm going to let our Board counsel make an
8 opening remark after roll call.

9 MS. ROBINSON: Okay. Bridget Burke-Wammack?
10 Sorry.

11 MS. BURKE-WAMMACK: Present.

12 MS. ROBINSON: Lydia Nixon's flight is
13 delayed but she'll be here as soon as she can.

14 Sharon Phillips?

15 DR. PHILLIPS: Here.

16 MS. ROBINSON: Jonathan Walker?

17 MR. WALKER: Present.

18 MS. ROBINSON: Robin Dohn Havard's flight is
19 also delayed.

20 And Dr. Guery Davis?

21 DR. DAVIS: Present.

22 MS. ROBINSON: Also present for the record we
23 have Lee Ann Gustafson, the Board counsel; myself
24 Christy Robinson, your Executive Director; Marci
25 Poston, your regulatory specialist II; and

1 Alexandra Alday is not here but she will be
2 joining us tomorrow.

3 MS. GUSTAFSON: Okay. This meeting today
4 has been noticed as a Rules Development Workshop.
5 The point of a rules development workshop is for
6 the Agency that is contemplating developing a
7 rule, which is the Board of Massage Therapy, to
8 receive input regarding the likelihood or the
9 advisability or the content of any amendment to a
10 rule that is on the table. And the Board is now
11 considering amending 64B7-32.003, and the purpose
12 of today's meeting is for a discussion among the
13 members of the Board about the need for an
14 amendment and obtaining information from the
15 people who have filled out speaker cards
16 concerning the issue, whether or not to increase
17 the hours, if you're going to increase them to
18 what level, reasons to support, reasons not to
19 support any change in the current rule.

20 If you are here with an organization, the
21 Board doesn't want to hear all of you speak and
22 say exactly the same thing. Please appoint a
23 person to make the presentation on behalf of your
24 organization. If everybody - if somebody has
25 already made a point that you want to make, please

1 consider the fact that the Board has already heard
2 that point and not come up and say exactly the
3 same thing that someone else said.

4 Trust me, I've done this before and it's
5 gone on for years, not with this Board, where
6 people come up and say exactly the same thing and
7 it, it really does not help the Board and all it
8 does is make the meeting longer. So if you would
9 - and also please try and be brief. The Board has
10 a rule about public comment and basically two
11 people - or ten minutes is allowed for everyone to
12 make comments regarding the issue at - that the
13 Board's going to be considering today, and we'll
14 go through the, the Board will go through the
15 comment sections or the comment cards one by one.

16 And now if the Board would like to make any
17 introductory remarks regarding the reason that
18 we're having this workshop and the purpose of
19 having comments from the public.

20 MS. BURKE-WAMMACK: Well, the reason that
21 we're having this workshop is that at a previous
22 Board meeting the Board discussed whether or not
23 the education, the minimum education requirements
24 were sufficient to insure that graduates of
25 massage schools come out of school with the

1 knowledge and ability to provide efficient and
2 safe massage to everybody that could potentially
3 be on their massage tables. And we've looked at
4 what the current education was, what it was in the
5 past, and decided that we needed to re-look at
6 this information. And so, so we are here today
7 because of that.

8 And so we will basically start with Tab 1,
9 Board members, on the addendum; and if you are in
10 the audience and have the public book it was
11 listed on the website and so you can follow along
12 with us. But the current rule is our first item,
13 which we pretty much most of us know that because
14 we teach it or we worked on the Board for some
15 time and see this. But I'll just go ahead and do
16 a brief overview that 64B7-32.003 requires that
17 schools teach a minimum of 500 hours, and those
18 hours have to be a minimum of 150 in anatomy and
19 physiology, 100 of basic massage theory and
20 history, 125 of clinical practicum, allied
21 modalities at 76, business at 15, theory and
22 practice of hydrotherapy at 15, Florida Laws and
23 Rules specifically 456-480 statutes and 64B7,
24 Florida Administrative Code, of 10 hours,
25 professional ethics of four, HIV-AIDS education

1 three, and medical errors of two.

2 So that's what the current rule requires and
3 we also have with Tab 2, which was our 1998
4 amendment and, and it is not - that's what we
5 changed to the current rule, and just so you can
6 see what we had listed there, we kind of moved
7 some hours around but didn't increase the number
8 of classroom hours.

9 Any comments from Board members? Any
10 questions, thoughts? No?

11 Okay. And, people in the audience, when I
12 come to an item or a tab on the agenda that you
13 wish to speak, if you have a speaker card or if
14 your school has a speaker card, since some of
15 these schools have a number of individuals, get
16 our attention with a hand raise. When you, when
17 you do that, you will be asked to come to the
18 front table and use the mic and you do have to
19 pull it pretty close to your face so that it can
20 be recorded, and when the button is up it's on.
21 You will need to be sworn in by the court
22 reporter?

23 No? I'm sorry, I'm corrected by attorney's
24 staff.

25 So - but do state your name and if it's hard

1 to spell please spell it so that the court
2 reporter can get that correct for us.

3 Okay. Tab 3 is a history of the massage
4 therapy education - or a brief history of massage
5 therapy in the State of Florida in reference to
6 education and age. And if you look at the rules
7 that we've had since 1943, massage hours of
8 education started out extremely high at 1200 hours
9 for basic education; and in 1947 that was lowered
10 to 600 hours, and then in 1959 those hours were
11 increased again to 950 hours of required
12 education. And then in 1977 the hours dropped to
13 750 as a minimum and no more than 1200, and that
14 tells me that apparently in and around the mid-
15 '70s that there must have been schools that had a
16 requirement of more than 1200 hours, but I have no
17 historical background on that. And at that point
18 fingerprints were no longer required, and so this
19 last year the legislature required massage
20 therapist applicants to obtain fingerprints again
21 so it wasn't the first time we've been
22 fingerprinted.

23 And then in '85 the requirements were
24 lowered again to 500 hours, and let's see, in
25 2002, I believe it was, FLAME was an organization,

1 and I have no idea what the acronym stands for, so
2 if anybody can recall that - I see a hand up in
3 the back. Jody, come on up and tell us what FLAME
4 stood for. Do you know?

5 MS. ROBINSON: Florida Education - Florida
6 Association of Massage Educators.

7 MS. BURKE-WAMMACK: Okay. So that's what it
8 stands for. And that was in '02, and they
9 reviewed and had suggested we raise the hours.
10 Somehow that did not pass. And then what's not on
11 this is in 2009 the Board considered raising the
12 hours at that point, and of course, it never got
13 as far as a rule workshop.

14 Alex, I don't see a card for you to speak,
15 dear.

16 ALEX: I turned it in.

17 MS. BURKE-WAMMACK: I stand corrected and I
18 think - please come forward.

19 MS. ROBINSON: To add to your comments, I
20 believe in 2002 is when the Board actually tried
21 to look at raising the hours, which is why FLAME
22 was either created or got back together to
23 challenge the Board in that plight, and the
24 ultimate result was the Board did not raise the
25 hours, but I think they suggested that the hours

1 be raised.

2 MS. BURKE-WAMMACK: Okay. So that was my
3 misunderstanding then. Okay. Thank you for that
4 clarification.

5 Okay. And then in 2009, the Board looked at
6 the hours again but we never got as far as a rules
7 workshop on raising the hours.

8 So here we are again and that's the history
9 from '43 to current.

10 The next tab, and hopefully Board members
11 have some comments on the next tab, which is the
12 entry level massage education blueprint, which is
13 known as ELAP and it has total hours that they
14 believe nationwide, the minimum education of
15 classroom hours should be 625 hours. And out of
16 that 625 hours, they do allot for 10 minutes in
17 every hour for break time, so it's a 50 minute
18 education hour and they have their breakdown. So
19 I think I've talked enough.

20 Board members, any comments?

21 DR. PHILLIPS: I have a question. Is this
22 on?

23 MS. BURKE-WAMMACK: We'll bring it to you.

24 MS. ROBINSON: Bring it closer to you.

25 MS. BURKE-WAMMACK: Thank you.

1 DR. PHILLIPS: Okay. Do we have a copy of
2 what the curriculum requirements were for each of
3 the dates that you cited?

4 MS. ROBINSON: No.

5 DR. PHILLIPS: Just back since 1998? We
6 don't have anything before 1998?

7 MS. ROBINSON: Yeah, we haven't done the
8 research to go back and look at what was in the
9 rule for each one of those years. That would take
10 a substantial amount of time. If we need to do
11 that, we will do that, but we have not done that.

12 MS. BURKE-WAMMACK: Sir, come up. And you
13 are?

14 MR. LUBOW: I'm Joe Lubow Sarasota School of
15 Massage Therapy. I certainly don't want to speak
16 yet. I'm just trying to find the tabs you're
17 talking about.

18 MS. BURKE-WAMMACK: On the website go to
19 Meetings, after -

20 MS. ROBINSON: You have to go to past
21 meetings now.

22 MR. LUBOW: Oh, okay.

23 MS. BURKE-WAMMACK: He's looking for the old
24 stuff or -

25 Audience Member: You have to go to past

1 meetings for today's workshop, get the public book
2 - to get the link to the public book.

3 MS. ROBINSON: That's an interesting little
4 quirk with all the Department's Board websites.
5 For whatever reason, it automatically reverts to a
6 past meeting the day of the meeting. I don't
7 know. But the technology glitched.

8 MS. BURKE-WAMMACK: I got on it in my room
9 just 45 minutes ago.

10 MS. ROBINSON: It's still there, it's just no
11 longer under - the current meeting shows as with
12 tomorrow's date, so the meeting materials for
13 today is actually in the past meeting section.

14 MS. BURKE-WAMMACK: Okay. So past meeting
15 section.

16 MR. LUBOW: Thank you.

17 MS. BURKE-WAMMACK: Okay. So here's
18 something that I have thought of since at least
19 '09 when I brought up the hours of education, that
20 even if the Board doesn't increase our hours, I do
21 believe we need to spread them out in a different
22 way and be more specific what we're requiring
23 other than just anatomy and physiology, basic
24 theory and history of massage. And so I have that
25 thought, and one of the things I like about this

1 Entry-Level Massage Education Blueprint is it does
2 just that. It does spread it out under
3 subcategories that fit into our categories. Yes,
4 it would make the rule longer, but it would be
5 much more specific. It would be easier to
6 evaluate out of state applicants and I think
7 schools would then have a better idea of what the
8 Board thinks is the appropriate education.

9 Mr. Walker?

10 MR. WALKER: Just I'd like to offer a
11 comment. I do like on page seven the research
12 literacy addition of evidence in foreign practice
13 for massage therapy because I work with a
14 chiropractor and a medical doctor and a nurse
15 practitioner, and I believe, you know, just
16 communicating with them in my practice, I do
17 believe it's important to have an understanding,
18 at least a basic understanding of research and
19 what's out there.

20 MS. BURKE-WAMMACK: I do agree.

21 Just out of curiosity in the audience, how
22 many people have the public book that they can
23 look at while we go along? So not everybody has
24 that. Okay. This will probably take a little
25 longer, but I think what I'll do is go through

1 just so you know what we're looking at so that you
2 can make your comments accordingly.

3 This, this blueprint starts out with
4 basically the introduction and the first part of
5 it that they, they assigned hours to is the
6 subject of massage theory and principles, and they
7 assigned 27 hours to be broken down into an hour-
8 and-a-half of historical roots of massage and
9 massage and body work today, what that means. The
10 research literacy of three hours and then they
11 have the benefits and effects of massage at seven
12 hours, and these would be things like benefits and
13 effect - and Board members, stop me if you have
14 comments anywhere along the line - physiological
15 benefits and effects, psychological, and other
16 benefits and effects and massage indications.
17 Okay.

18 They also have 15-1/2 hours of
19 contraindications and cautions, endangerment areas
20 or cautionary sites depending on how you, you call
21 that in your school; contraindications,
22 medications and massage; and then the American Red
23 Cross Adult First Aid CPR and AED certification.
24 And those four I think I said was 15-1/2 hours.
25 And so that is all under the massage theory and

1 principles, okay?

2 The next aspect is massage professional
3 practices which they suggest 20 hours broken down
4 into 2-1/2 hours of massage equipment environment,
5 which would be all of your supplies, equipment,
6 and session environments. The prevention of
7 disease transmission at 5-1/2 hours, so
8 understanding disease, therapists, hygiene,
9 infection control, and standard precautions. And
10 then laws and regulations four hours and this
11 would be in reference to obtaining and maintaining
12 credentials, adhering to laws and regulations,
13 supervision of therapists. And then I have a
14 comment about that one in my own notes that that
15 certainly doesn't provide as an instructor myself
16 that teaches laws and rules four hours to get
17 through 480, 456, and 64B7 Administrative Code.

18 DR. PHILLIPS: Just a comment?

19 MS. BURKE-WAMMACK: Yes.

20 DR. PHILLIPS: To me that was just a general
21 overview of what law does, what law governs, not
22 the specifics of Florida laws and rules. This
23 number four to me, it's a little misnomer for
24 massage professional practices because it has a
25 lot of unrelated things in it even though they're

1 practice related.

2 You know what I mean?

3 MS. BURKE-WAMMACK: I understand that. I
4 understand, well, obtaining and maintaining
5 credentials, how you have to go to a Board-
6 approved school and you have to have this certain
7 education, you've got to take the exams.

8 DR. PHILLIPS: Or just the definition of what
9 a credential is, that basic thing. That's what I
10 was looking at that four hours for, not
11 specifically Florida Laws and Rules teaching.

12 MS. BURKE-WAMMACK: Okay. Then maybe how
13 they titled it is not -

14 DR. PHILLIPS: Right.

15 MS. BURKE-WAMMACK: - how we would, would
16 agree with this. There are other states, by the
17 way, that have adopted this, this plan and so it's
18 just out there for information.

19 Any other thoughts so far where I am?

20 Okay. And then still under the Massage
21 Professional Practices, it has eight hours of
22 personal health, body mechanics, and self-care
23 which break down to personal health, self-care,
24 body mechanic principles and prevention of work-
25 related injury. And so that makes up that 20

1 hours and I see some of this as didactic and not
2 abilities and not what the student's actually
3 doing with a, you know, fellow student on the
4 table.

5 All right. And then the fifth section of
6 this is a 40-hour section of the therapeutic
7 relationship to be broken down into the client or
8 the relationship of the therapist and the client
9 in reference to characteristics of positive
10 therapeutic relationships and prevent - preventing
11 transference and counter-transference at four
12 hours, and then 18 hours of ethics and therapeutic
13 relationships, basically code of ethics and
14 standards affect ethical practices and ethical
15 principles. And then 18 hours on the boundaries
16 in the therapeutic relationship, establishing and
17 maintaining professional boundaries, managing
18 emotions in the therapeutic relationship, managing
19 intimacy, touch, and sexual arousal responses; and
20 all of that falls under that therapeutic
21 relationship.

22 Any thoughts on that?

23 MR. WALKER: Yes, I have a question.

24 Does HIPA education fall under ethics code
25 of ethics or ethical principles? Because just my

1 personal experience and interaction with some
2 local massage therapists, depending on where they
3 work, their HIPAA awareness is stronger or weaker,
4 Just depending on their office policy.

5 MS. BURKE-WAMMACK: Yeah. I don't know.

6 DR. PHILLIPS: I think it could fall under
7 either one. That needs to be enumerated. It
8 could be laws and regulations because it's a
9 federal law or it could be under the ethics
10 because there's a component of both of them.

11 MS. BURKE-WAMMACK: Okay. Do you have any
12 thoughts on that?

13 MS. GUSTAFSON: Just that unless you decide
14 you're going to actually adopt this, the
15 discussion about where to put it seems a little
16 premature.

17 DR. PHILLIPS: Okay.

18 MS. BURKE-WAMMACK: Okay. But I do think
19 that that is a good thing to consider, especially
20 as we move forward in what else is going to happen
21 in the Massage Practice Act, you know, and so
22 forth that might come up later with the next
23 legislative session.

24 DR. PHILLIPS: And I'm kind of like at a
25 disadvantage and I kind of like want to say this

1 now. Since I'm from a public institution and
2 we're governed by the Department of Education
3 stipulations as a public school, we have to teach
4 certain things, everything in the ELAP is covered
5 under the standards either through the health
6 science core or the regular curriculum. There's
7 nothing left out.

8 MS. BURKE-WAMMACK: Right.

9 DR. PHILLIPS: In fact, there's more in the
10 State standards than there is in the ELAP.

11 MS. BURKE-WAMMACK: Okay. I didn't do that
12 comparison myself, but to me it felt like
13 everything was there.

14 DR. PHILLIPS: Right.

15 MS. BURKE-WAMMACK: Mr. Walker?

16 MR. WALKER: Question for Dr. Phillips.
17 Are you referring to the 750?

18 DR. PHILLIPS: Yes. She's referring to what
19 the Department of Education requires as our
20 curriculum framework that public schools must
21 teach and the CIE - I don't know, did they or do
22 they require certain curriculum? Do you know
23 about that, Dr. Davis?

24 DR. DAVIS: Do you want to respond?

25 MS. BRADLEY: Please, thank you, Madam Chair.

1 MR. WALKER: Nancy is on the CIE Board.

2 MS. BURKE-WAMMACK: Okay.

3 MS. BRADLEY: I'm Nancy Bradley. I'm with -
4 representing two entities here today, the
5 Commission for Independent Education where I sit
6 as a commissioner, and then also I'm with Daytona
7 College where we have a massage program, so just
8 to make sure everybody knows where I'm coming
9 from.

10 MS. BURKE-WAMMACK: Okay.

11 MS. BRADLEY: As far as the curriculum
12 frameworks are concerned, they are used as a
13 guideline for institutions to use in all sorts of
14 different occupational training programs. But it
15 is not mandatory that a school adopt those line by
16 line.

17 MS. BURKE-WAMMACK: Okay. When you say it's
18 not mandatory, you're referring to private
19 schools?

20 MS. BRADLEY: Right, but -

21 MS. BURKE-WAMMACK: Okay.

22 MS. BRADLEY: - those schools that fall under
23 the commission, that are licensed by the
24 commission.

25 MS. BURKE-WAMMACK: Okay.

1 MS. BRADLEY: But basically, though, I have
2 to say that the core criteria included in any of
3 the technical ends of things from the curriculum
4 frameworks, and Dr. Davis and I have worked
5 together many years. I would say from my
6 experience as a commissioner that most of the
7 institutions adapt many of the elements of that.
8 So not in its entirety because there's things that
9 are, you know, not applicable per se on some, on
10 some areas. So that's kind of the general
11 statement.

12 Did I do okay there? Thank you, Madam
13 Chair.

14 MS. BURKE-WAMMACK: Thank you.

15 Okay. All right. And then they move on to
16 the sixth area where they indicate anatomy,
17 physiology, and pathology for 80 hours; and it's
18 broken down into a number of different categories.
19 So they have an orientation of the human body for
20 13 hours, which would be topics such as using
21 anatomic and health care terminology to include
22 terminology, chemistry, organization, and organ
23 systems, structure and function of cells,
24 structure and function of tissues and membranes,
25 and an overview of health and disease. And that

1 would be - did I say 13 hours? Okay. Sorry.

2 And then they would move into the actual
3 body systems, five hours for the integumentary
4 system, structure and function of, and pathologies
5 of that system; and then they have 10 hours of the
6 skeletal system which would be the skeleton and
7 bones, joints, pathologies of the skeletal system.
8 The fascial system structure and function of such
9 and dysfunctions, six hours. I can't remember if
10 I said that. Sorry if I get confused here. And
11 then the muscular system at 13 hours which would
12 be structure, function, muscle contractions, and
13 pathologies of that system, and the nervous system
14 16 hours which is structure and function, the
15 peripheral nervous system, central nervous system,
16 anatomy of pain, and pathologies of that system.

17 The cardiovascular at four hours, structure
18 and function and pathologies. And then they group
19 the rest of the body systems together at 13 hours,
20 which would be the lymphatic, the immune, the
21 digestive, respiratory, endocrine, reproductive,
22 and urinary systems.

23 And my comment there is I don't think, and I
24 teach physiology, that I could teach all those
25 systems in 13 hours; and I also believe that some

1 of these systems are so much more important such
2 as the lymphatic system and the urinary system
3 because when we teach Swedish massage or basic
4 massage we are affecting the body's way to
5 eliminate waste. It's a circulatory massage and
6 you eliminate waste by urinating. I'll stop at
7 that point 'cause -

8 MS. BRADLEY: I have the same comment about
9 the cardiovascular system. I think it's woefully
10 under time because it's integral. I mean, there
11 are so many reasons why the cardiovascular system
12 status would be contraindicated. So they're not
13 even talking about contraindications for
14 cardiovascular system there unless it's included
15 under pathologies. So my entire comment is that I
16 believe there's the same as yours, but also for
17 the digestive and respiratory systems, those
18 systems are so important and there are so many
19 pathologies that if they're not recognized can
20 really cause problems if we massage.

21 MS. BURKE-WAMMACK: Just out of curiosity, do
22 you teach the physiology, too?

23 MS. BRADLEY: No.

24 MS. BURKE-WAMMACK: No? Do you know what
25 your school - how many hours they teach in each

1 section? It's okay if you don't.

2 MS. BRADLEY: I could ask that person and get
3 back with you. It's in depth.

4 MS. BURKE-WAMMACK: Okay.

5 MS. BRADLEY: The only systems that we don't
6 really go in depth on are the reproductive system
7 and the urinary system.

8 MS. BURKE-WAMMACK: And the urinary system.
9 Okay.

10 MS. BRADLEY: Mm-hmm.

11 MS. BURKE-WAMMACK: Okay.

12 MS. BRADLEY: Those two - everything else,
13 even the endocrine system, is in depth.

14 MS. BURKE-WAMMACK: Okay. I know I teach
15 well over 24 hours in just these systems here.

16 MS. BRADLEY: Oh, yes.

17 MS. BURKE-WAMMACK: I have a comment back
18 there?

19 Go ahead, Dr. Phillips.

20 DR. PHILLIPS: I'm just - off the top of my
21 head, on those major systems a week, okay, it
22 could be that much. On the other systems it could
23 be three days, 15 hours, 20 hours depending on
24 how, how the students are absorbing the material.

25 MS. BURKE-WAMMACK: So you fluctuate if

1 they're not absorbing it as well?

2 DR. PHILLIPS: Yes, right, absolutely.

3 MS. BURKE-WAMMACK: I do the same thing.

4 DR. PHILLIPS: Absolutely.

5 MS. BURKE-WAMMACK: I do the same thing. The
6 subjects they get, it goes quick. The subjects
7 that they get in trouble with, we slow down.

8 DR. PHILLIPS: Right.

9 MS. BURKE-WAMMACK: And I don't know how
10 other schools out there do that.

11 Did you want to come speak now, sir?

12 MR. LUBOW: Yes.

13 MS. BURKE-WAMMACK: And your name?

14 MR. LUBOW: Joe Lubow from Sarasota.

15 MS. BURKE-WAMMACK: It's on. Can you state
16 your name better for the record so it can be heard
17 on the mic?

18 MR. LUBOW: Joe Lubow, L-U-B-O-W.

19 MS. BURKE-WAMMACK: Thank you.

20 MR. LUBOW: There are a number of things I
21 want to say. The first is I - when I first read
22 the ELAP, and I read the whole thing when it came
23 out, I was really impressed. There - even the
24 idea that they came up with a new taxonomy and
25 it's perfect for massage.

1 I agree with most of what you're saying
2 about what's important, what massage therapists
3 should know. My gut instinct is 500 hours isn't
4 enough. I'm not sure that any of that matters. I
5 remember 2002; I remember a meeting like this
6 except I remember the other end of it after
7 everybody had spoken. I don't know what the mood
8 in this room is compared to 2002, but the mood in
9 the room that day was fairly opposed.

10 MS. BURKE-WAMMACK: Right.

11 MR. LUBOW: And a lot of the reasons they
12 were opposed made sense to me and some of this
13 feels similar. It seems as though y'all have this
14 sense that we should have higher standards, and
15 back in 2002 the room's sense was that that's not
16 enough. You can't just say it seems like it would
17 be a good idea. The, the, the mandate of the
18 Board is to protect the public; that is the reason
19 there is a Massage Therapy Board and a Massage
20 Therapy Practice Act. And so unless you've done a
21 needs analysis, unless you've done something to
22 demonstrate that the current curriculum is
23 inadequate to protect the public, then how do you
24 justify changing the requirements? I hate to say
25 that because I love the ELAP. Our program is 730

1 hours for another month and then it's going up to
2 800. Why I would want to allow people to compete
3 with 500 hour programs in 17 weeks for a little
4 bit of money actually makes no sense. I should
5 say let's freeze it.

6 The corner of my brain that's worried is if
7 you can raise it to 640 because you think it's a
8 good idea, you can raise it 7,000 because you
9 think it's a good idea. I think you've got to
10 have something more than it just seems like a good
11 idea. I believe our profession is one of the
12 safest health care professions out there in terms
13 of the harm we do to the public, the number of
14 people injured, the cost for, say, malpractice
15 insurance. I would say you probably want to
16 increase the requirements to become a neurosurgeon
17 rather than a massage therapist in terms of how
18 many people are harmed.

19 MS. BURKE-WAMMACK: And, and I respect that
20 but I, but I will say if I may steal some of your
21 moments here -

22 MR. LUBOW: Sure.

23 MS. BURKE-WAMMACK: - is that there are not
24 that many medical malpractice suits against
25 massage therapists. I think we all know that and,

1 Alex, I don't know if you have any data on that
2 from the convention? No? Okay.

3 MR. SPAMSOFF: They won't give it out.

4 MS. BURKE-WAMMACK: I talked to whoever the
5 guy was, I don't remember his name off the top of
6 my head from the American Massage Council who does
7 insurance for the FSMTA, and he indicated there
8 are not that many Florida claims. My concern, and
9 I have clients who have come to me who have been
10 to other massage therapists who could have been
11 killed, literally came to me and, you know, I
12 thought, well, this person is certainly not well.
13 Well, he was not well; he had a kidney that worked
14 at zero percent and the other kidney had been
15 removed and he was on dialysis three times a week,
16 and he literally came to me because his other two
17 massage therapists were unavailable and they give
18 him a massage. And, you know, that's just not a
19 good thing to do.

20 Now, he did not file against his other two
21 therapists; he didn't come back to me, either. Is
22 he going to get massage? I don't know.

23 Yes, ma'am?

24 DR. PHILLIPS: Do you know how many hours of
25 study those two massage therapists had?

1 MS. BURKE-WAMMACK: I know one of them went
2 to the same school I went to and she received 525
3 hours of education.

4 MS. ROBINSON: So she has the same competency
5 that you do?

6 MS. BURKE-WAMMACK: She does. The other one
7 went to school at the Gainesville school. I don't
8 know off the top of my head if there's more than
9 one, but about 18 years ago and I do not know what
10 kind of education their program offers, and I
11 didn't see -

12 MR. LUBOW: That's like 800 or 1000 and it's
13 got a reputation as one of the best schools in the
14 state.

15 MS. BURKE-WAMMACK: And she was giving him a
16 massage, and I know, I know that that is not a
17 safe thing to do.

18 I also had an individual who had come to me
19 right after she had left the hospital having open
20 heart surgery. She took on her intake form "No
21 surgeries" and so I get her on the table and "What
22 is this?" And it's - "Oh, I had open heart. I
23 got out of the hospital three days ago."

24 Are you kidding me? So, so people don't
25 understand. She was a regular, I was a new

1 therapist at that location and so people - the
2 public doesn't understand, and if our therapists
3 are coming out of school not understanding, not
4 that yours aren't, and I assume just about every
5 student that comes out of the schools that are
6 represented here, they probably get a really good
7 education. But our job is to insure that we - I
8 think we do a pretty good job of protecting the
9 public because we don't have a lot of claims, but
10 I do think people are not filing claims.

11 MR. LUBOW: I think you can't insure it. You
12 can do your best. People will go to the best
13 school and do stupid things and make poor judgment
14 calls. One of those therapists went to one of the
15 best schools in the state, had more than the 600
16 hours that's being recommended here, and still
17 made a poor judgment call. I would, I would like
18 to say that if - you know, I'm not, I'm not going
19 to call all the folks who are here 12 years ago
20 and ask them to resurrect FLAME and sue you again;
21 so if you decide -

22 MS. BURKE-WAMMACK: Thank you.

23 MR. LUBOW: If you decide to do this thing, I
24 would, I would say that as a school owner we
25 already cover everything in the ELAP, I think.

1 There may be a spot here or there. We're looking
2 at it to make sure we cover it well because I
3 think it's such a great document.

4 The thought of having to create a transcript
5 that breaks everything down to little four-hour
6 chunks, that's a bit of a nightmare. So if you
7 could go with the top line numbers and then list
8 all the things that need to be covered without
9 saying you need four hours of this and six hours
10 of that and 18 hours of the other, that would
11 really be helpful.

12 MS. BURKE-WAMMACK: Okay. I mean, and we're
13 just trying to get schools' feedback. I mean, my
14 understanding is that we will not be voting on
15 changing the hours at this workshop. It's just a
16 workshop to gather information.

17 MR. LUBOW: Right.

18 MS. BURKE-WAMMACK: To move to the next step,
19 should we decide to.

20 DR. PHILLIPS: I have a question for you.

21 Did you say your curriculum was changing and
22 going up to 800 hours in your school?

23 MR. LUBOW: It is, yes.

24 DR. PHILLIPS: Can you tell me why you
25 decided to do that?

1 MR. LUBOW: Because our mandate isn't to do
2 the minimum necessary to protect the public. It's
3 to be the best massage school we think we can be.
4 We'd like our graduates to be prepared to be as
5 successful as they can be, and we have over the
6 years gone from 500 to 540 to 600 and then from
7 640 to 710 to 730, and we spend years sort of
8 trying to make it as good as it can be within the
9 hours that we have. We tighten it up, we tweak
10 it, and then there are things we want to add.

11 Are the things that we want to add
12 absolutely necessary to protect the public? I
13 don't think so. I think the graduates we
14 graduated last year are fine. I think the
15 graduates who graduate next year will have had a
16 better education, but I don't think the ones last
17 year were dangerous.

18 DR. PHILLIPS: Do you believe they'll be
19 better prepared to address the market that they
20 will be working in?

21 MR. LUBOW: Yes, absolutely, which I think is
22 our job, but I'm not for sure it's the Board's
23 job. And I don't - I'm not sure I mind if you
24 overstep. I'm really torn -

25 MS. GUSTAFSON: Excuse me.

1 MR. LUBOW: - about that.

2 MS. GUSTAFSON: I will mind if they overstep,
3 so -

4 MR. LUBOW: Yeah, I'm really torn and there's
5 this part of me that thinks, boy, I love these - I
6 love the ELAP, I love the idea of graduates being
7 better prepared to serve the marketplace and the
8 overstepping is this little thing in my head that
9 says, you know, is it the Board's job to make sure
10 the grads are best prepared to serve the
11 marketplace or is it your job to protect the
12 public?

13 MS. BURKE-WAMMACK: Our job is to make sure
14 that the graduates are prepared not to injure or
15 put into danger any of the people that will become
16 their clients.

17 MR. LUBOW: Sure, and then along with that, I
18 would say that do more hours necessarily do it? I
19 think if you look at the licensed schools that
20 you've got and I don't know if you've analyzed
21 whether the pass rates on the exam, complaints to
22 the Department of Health are higher amongst
23 schools that have less hours or if there's
24 something else, if there are bad schools with lots
25 of hours, good schools with a little hours. That

1 seems like that's worth doing. I would suggest
2 that if you, if you were a little stricter about
3 schools that have half their students fail the
4 exam, if you're stricter about schools that -

5 MS. BURKE-WAMMACK: We, yeah, we did a rule
6 for that in 2013 and this will be the first year
7 we'll be evaluating that data.

8 MR. LUBOW: Great.

9 MS. BURKE-WAMMACK: If they have a lower pass
10 rate than 10 percent -

11 MR. LUBOW: Great.

12 MS. BURKE-WAMMACK: - below the statewide
13 average, that school will go on probation. If
14 they don't bring that up, then they're no longer a
15 Board approved school.

16 MR. LUBOW: You can add 140 hours to a bad
17 curriculum and, and you've got a longer -

18 MS. BURKE-WAMMACK: And you don't add a
19 thing, that's right.

20 MR. LUBOW: - bad curriculum.

21 MS. BURKE-WAMMACK: That's right; it may not
22 do anything.

23 MR. LUBOW: Right.

24 MS. BURKE-WAMMACK: Thank you for your
25 comments.

1 MR. LUBOW: I think I'm good. Thank you.

2 MS. BURKE-WAMMACK: Okay. And those were
3 very good comments.

4 I think I have just a couple more little
5 sections to read here. All right. Assessment
6 and documentation, they think five - excuse me -
7 50 hours broken down into client assessment at 43-
8 1/2 hours, which would include the overview of the
9 assessment in massage and body work, health forms
10 and client interviews, general observation, and
11 the client level of health: palpation, posture
12 assessment, range of motion, pain assessments, and
13 functional limitations. And then the rest of that
14 would be 6-1/2 hours about documenting and client
15 files, key principles of documentation and keeping
16 good client files, and SOAP charting and other
17 documentation formats.

18 The next aspect, subject, is massage
19 bodywork application at 175 hours with the
20 foundation principles and skills at 13 hours, to
21 include massage and body work forms and styles,
22 client positions for comfort and safety and
23 draping methods, and then the application methods
24 of 82 hours which would be things such as the core
25 concept in massage and body work application,

1 forces in soft tissue deformation, gliding,
2 torsion, shearing, elongating, oscillating,
3 percussive, static, joint movement, and hot and
4 cold methods.

5 And then I think I had a question or a
6 comment, but I wasn't sure anybody else had the
7 same thought.

8 Is this all didactic? Are there skills put
9 into this 175 hours or is it putting it all
10 together including, you know, how the strokes
11 transition from one to the other and how smooth
12 are the stroke movements.

13 DR. PHILLIPS: To me, this would all have to
14 be hands-on.

15 MS. BURKE-WAMMACK: All hands-on?

16 DR. PHILLIPS: All hands-on.

17 MS. BURKE-WAMMACK: That makes a lot of
18 sense.

19 DR. PHILLIPS: And within that 82 hours
20 they're, they're putting in all the strokes and
21 then it seems like as an afterthought in my
22 opinion, hot and cold methods. Maybe that's a
23 little harsh. I'd like to see that broken out
24 since we already have a hydrotherapy requirement.

25 MS. BURKE-WAMMACK: Right, right, I can

1 follow that.

2 DR. PHILLIPS: I'd rather see it under
3 hydrotherapy than hot and cold methods.

4 MS. BURKE-WAMMACK: And I don't, I don't
5 think they have a hydro.

6 DR. PHILLIPS: No.

7 MS. BURKE-WAMMACK: No, 'cause the next
8 section - oh, sorry, I didn't finish that whole 75
9 hours. Let me move on to -

10 And then 30 hours of massage or body work
11 sessions. And this would be an overview of the
12 events of massage or body work integrating methods
13 into a form and session plan, customizing the
14 session to meet the client's wants and needs and
15 suggesting client self-care.

16 Let's see. No comments there.

17 And then they have a sample form of whether
18 or not you want to teach the western integration
19 of application methods or the eastern integration
20 of application methods. So the western would be
21 things like Swedish, myofascial, neuromuscular and
22 the eastern would be basically the concepts of
23 traditional Chinese or Japanese medicine, shiatsu,
24 tui-na, and time massage.

25 DR. PHILLIPS: Was that an either/or? I took

1 that as to be 50 hours total, maybe 25 and 25.

2 MS. BURKE-WAMMACK: Well, that's, that's a
3 good point. I took it as an either/or, but I, you
4 know, so this is just how I interpreted this.
5 And, basically, my note says that they just - that
6 it's 50 hours total. But I guess, you know, we
7 could leave that open if, if we even adopted this.
8 And I would certainly think that those are all
9 hands-on except for the concepts of the Chinese
10 and Japanese medicine. That, that would be a
11 didactic, in my opinion.

12 And then they move on to the subject of
13 palpation and movement of 71 hours, and this
14 breaks down into four hours of palpation and
15 movement, developing your palpation skills, and
16 basic human movement, 9-1/2 hours for shoulder and
17 arm, bones, bony landmarks, ligaments, joints,
18 range of motion, muscles and reactions, and it's
19 all of those same subcategories 9-1/2 hours for
20 elbow, forearm, wrist, and hand; 9-1/2 for spinal
21 and thorax; 9-1/2 for head, neck, and jaw; 9-1/2
22 for pelvis and hip; 9-1/2 for knee and thigh; 9-
23 1/2 for leg, ankle, and foot.

24 And my only comment that I had there is that
25 there is nothing in relation to origin insertion

1 along with some enervation of these areas.

2 I didn't know if anybody else had any
3 comments about that.

4 DR. PHILLIPS: It seemed a little incomplete.

5 MS. BURKE-WAMMACK: It seemed light to me,
6 too.

7 DR. PHILLIPS: Because, because if you don't
8 know where it's going or where it's been, you
9 don't know what it does.

10 MS. BURKE-WAMMACK: Well, that would be the
11 origin and the insertion, that would be correct.

12 And I have another comment from Mr. Lubow?

13 MR. LUBOW: I'm sorry, it'll just be 30
14 seconds.

15 I don't know if you realize you're part of -
16 well, I'm sure you realize you're part of the
17 federation, but I don't know if you realize that
18 the MBLEX - I took the MBLEX recently just for
19 fun, and my exam which is not the same as all the
20 exams did not have a single attachment question on
21 it. So if you adopt a curriculum that doesn't
22 require us to teach attachments, and then there's
23 an exam that doesn't test on attachments that
24 seems worrisome.

25 DR. PHILLIPS: Yours was the luck of the

1 draw.

2 MR. LUBOW: Okay.

3 DR. PHILLIPS: Because some of my students
4 have had many.

5 MR. LUBOW: Okay. That's good.

6 MS. BURKE-WAMMACK: So have mine.

7 MR. LUBOW: All right.

8 And then the other thing I wanted to say is
9 there's a - the one thing on the ELAP that strikes
10 me as, as not quite right is there's - I love
11 fascia. I do fascial body work, but there is no
12 fascial system. Our system is a collection of
13 organs; fascia is a body-wide network of tissue
14 and not a system. Anyway -

15 MS. BURKE-WAMMACK: Thank you.

16 Yeah, and just as a teacher, also, I have
17 had students come back and tell me that there was
18 origin insertion, even though I have heard other
19 individuals indicate that they didn't have origin
20 insertion but they had proximal and distal
21 attachments, and that's where your critical
22 thinking skill comes in. If you're talking about
23 a proximal attachment, you've got to know where
24 the muscle is to know which one's proximal and
25 which one's distal, which would be the origin

1 insertion which you guys all know because you
2 teach it.

3 Okay. The tenth subject area is adapting
4 the sessions for clients at 80 hours, and this is
5 where they come into some of the pathology aspect.
6 So 11 hours of adapting sessions for the stages of
7 healing, an overview of the inflammatory response
8 and healing cycle, acute stages of healing,
9 subacute stages of healing, and the maturation
10 stage of healing; and then 40 hours for adapting
11 sessions for clients with common pathologies. And
12 they list these, these 40 hours: arthritis,
13 bursitis, cancer, diabetes, fasciitis,
14 fibromyalgia, headaches, nerve compression
15 syndromes, osteoporosis, skin cancer, sprains,
16 stress, strains, and tendonopathies.

17 And then they have 40 - excuse me, 29 hours
18 for special populations: clients over 55, clients
19 who are obese, who are children, who are pregnant,
20 who are athletes or fitness oriented, who are at
21 the end of life or with disabilities. What caught
22 me here is there wasn't - these all - well, there
23 wasn't some, some pathologies of things like
24 recent surgeries or kidney stones or some kind of
25 renal failure and things like that, which could be

1 contraindications. I'd like to know what
2 anybody's thoughts are on those.

3 DR. PHILLIPS: Cardiovascular problems.

4 MS. BURKE-WAMMACK: Cardiovascular problems.

5 DR. PHILLIPS: Big time.

6 MS. BURKE-WAMMACK: Can you pull your mic
7 closer?

8 DR. PHILLIPS: Broken bones.

9 MS. BURKE-WAMMACK: Broken bones.

10 DR. DAVIS: Well, this worries me because
11 this appears to be something that's diagnosed and
12 it's something that an MD should - an MD has to
13 tell you that you've got arthritis or bursitis,
14 and what worries me is you've got somebody with a
15 500 hour program who is suddenly diagnosing the
16 fact that you have skin cancer, for instance; and
17 so I just - I think this is very important, but we
18 have to have some way to make sure we don't
19 perform a diagnosis.

20 MS. BURKE-WAMMACK: That's correct and I
21 think - I don't think that they're indicating that
22 the therapist is diagnosing these. I mean,
23 clients come to me and say, well, I've got
24 arthritis in my right hip or I've had - or I'm a
25 diabetic, and so those are important things that

1 you need to know as a therapist, but I don't think
2 we as the therapist diagnose that, oh, that's
3 arthritis in your hand so I'm gonna do this
4 instead of what I would have done. So I think
5 you're right, though, we do need to be careful
6 that we don't get into the diagnosis.

7 DR. PHILLIPS: And on the heels of that I
8 agree with you, but also there is the place where
9 the therapist must be able to recognize when it's
10 appropriate to massage somebody like you were
11 saying with renal failure and not, so if you have
12 a client coming in with yellow sclerae and they
13 don't recognize that as a contraindication and do
14 the massage directly, so it's not diagnosis, it's
15 recognizing when you need to refer.

16 MS. BURKE-WAMMACK: Well, that's clear, yeah,
17 yeah.

18 I just felt like this was, you know, 40
19 hours in pathology I, I do think that's enough for
20 the education. I don't like how this sub-topic
21 category is laid out. So I just thought I'd throw
22 that out there.

23 Do you have a question? Okay.

24 Then subject 11 -

25 DR. PHILLIPS: I've got a pet peeve, too.

1 MS. BURKE-WAMMACK: Oh, yes, ma'am.

2 DR. PHILLIPS: I might as well put it out on
3 the table now.

4 MS. BURKE-WAMMACK: Put it out on the table.

5 DR. PHILLIPS: Everybody is special. Okay?
6 And to designate certain people as a special
7 population -

8 MS. BURKE-WAMMACK: It could be worded
9 differently, but - okay.

10 So the 11th subject area is of career
11 development and it's 82 hours to include an
12 interpersonal skills 7 hours communication and
13 conflict resolution; a student clinic of 50 hours
14 of professionalism, session management, client
15 manage - oh, excuse me, clinic management, and
16 sessions with clients; career planning of 25 hours
17 to include envisioning a massage and body work
18 career, employment, and private practice. And to
19 me, some of this comes into what we currently call
20 business. And some of it's clinic practicum and
21 some of it is definitely -

22 DR. PHILLIPS: All that, all that 50 hours
23 would be clinical practicum.

24 MS. BURKE-WAMMACK: Yeah, that's how I see it
25 as we currently have. But, you know, everybody

1 might not see that in how we operate education.

2 Okay. And then the 12th area of domain
3 doesn't have any specific hours assigned to it, or
4 at least on this document, but they call it the
5 Learning in the Effective Domain, and honestly I'm
6 not sure I know what that means.

7 So can anybody enlighten me?

8 I guess nobody - yes?

9 MR. WALKER: Affect refers to a person's,
10 like, they can have a flat affect or a positive
11 affect, kind of their mood or expression. But I'm
12 not sure how it's applicable here.

13 MS. BURKE-WAMMACK: Yeah. I don't -

14 But they don't assign any hours, so I'm
15 don't - I'm not 100% sure what they're referring
16 to in this aspect.

17 DR. PHILLIPS: Is it, do you have a value for
18 learning, a value allowance, a value for oneself?
19 Is that - I don't know, either.

20 MS. BURKE-WAMMACK: I mean, we'd be guessing.

21 MR. WALKER: And I especially don't
22 understand the one for other professionals, as
23 well.

24 MS. BURKE-WAMMACK: You know, unless they're
25 referring to, well, maybe I need to refer out to

1 somebody who has this skin condition that I, I
2 recognize as a contraindication, but you know, you
3 need a doctor's release before I can work on you,
4 kind of thing. Then again, I don't know.

5 And then the 13th just says Massage Learning
6 in the Intrapersonal Domain. So -

7 MR. WALKER: I wanted to add another thing to
8 12.

9 MS. BURKE-WAMMACK: To 12?

10 MR. WALKER: Some of this seems a little
11 redundant to me with reference to ethics because I
12 would believe that our code of ethics would
13 require us to value clients, value the profession
14 as such.

15 MS. BURKE-WAMMACK: Well, and I know that for
16 public schools - I don't know how private schools
17 or big for-profit schools are handling this - but
18 in the core basic curriculum it does have a
19 section on dealing with the different cultures,
20 and so there would be value in the clients, in the
21 interpersonal skills and so forth that would come
22 with that, that part of the program.

23 So I've got all these comments up here,
24 nobody's said anything yet, or not many. You're
25 waving. Okay. So that is the end of what, what

1 is in the agenda for the ELAP. I see a hand come
2 up and if you would come up and speak into the mic
3 and state your name clearly?

4 MS. LANGNES: Dawn Langnes. I'm with the
5 Upledger and Barral Institute.

6 MS. BURKE-WAMMACK: And can you spell your
7 last name for us?

8 MS. LANGNES: Yes, it's L-A-N-G-N-E-S.

9 MS. BURKE-WAMMACK: Thank you. Go ahead.

10 MS. LANGNES: Okay. I just want to say that
11 we as a continuing education company really like
12 the areas that they have increased, particularly
13 in regarding to the applied anatomy and
14 physiology, and also really focusing on how to
15 help the basic therapist with contraindications,
16 how to work with patients with contraindications.
17 That's one of the areas that we see with
18 therapists coming into our courses that there
19 really is a lack of knowledge of that and that
20 they really need more applied anatomy, being able
21 to really palpate the tissues, so we applied the
22 increases in those areas that have been shown
23 here.

24 MS. BURKE-WAMMACK: Thank you.

25 Yes?

1 MR. BROOKS: Good morning. My name is
2 Christopher Brooks. I'm with Daytona College.

3 MS. BURKE-WAMMACK: Okay.

4 MR. BROOKS: Thank you first of all for this
5 workshop. It's my first one, so thank you.

6 More just comments than questions. The
7 Sarasota school gentleman, he made some fantastic
8 comments. I think sometimes, Madam Counsel, I'm
9 not hopefully parroting what he said wasting our
10 time, but just reiterating maybe, we have to
11 really have something that reflects what the MBLEX
12 exam, the only test, is requiring now.

13 If they don't pass the exam, all of this is
14 a moot point because they shouldn't - they're not
15 going to be licensed, they hopefully won't be
16 working illegally, and I think some of these we
17 have a strong school, our program does reflect
18 this suggested curricula, but I think the
19 frustration is not going back to necessarily the
20 origins insertions because we've had students that
21 have come back that have said they've had, without
22 being too specific, of course, because they don't
23 want to violate any ethical concerns, but they've
24 said that some of the questions on this test are,
25 are unclear; not just the questions, but the

1 answers. So as an institution it's frustrating
2 when we have some very strong students that are
3 going to be amazing additions to our profession
4 come back saying I just took a test that didn't
5 have clearly defined answers. The answer that I
6 know from the literature that we studied, you
7 know, the Board approved curricula, weren't
8 reflected in this test.

9 So my comment really is I'm hoping that at
10 some point the Board of Massage can actually
11 evaluate this test, this lone test, it has
12 altered. We've had some students in the past that
13 have not been our strongest students several years
14 ago that took the MBLEX exam and passed
15 miraculously. I didn't even think they would, but
16 they did and now some of our strongest students
17 are coming back teaching the curricula that I
18 believe is even stronger in its specificity, that
19 are coming back saying I don't know what they were
20 asking, I didn't see the answer I knew. And my
21 hope is that at some point in time the Board could
22 examine this really important task to make sure
23 that the information that's being asked is
24 consistent in all the textbooks personally.

25 I also, I also took the MBLEX exam not, not

1 to share with the students, of course, but because
2 I thinking of using it in another state that only
3 uses the MBLEX. I took the MCBTNB (ph) and I have
4 to tell you out of the 120 questions, now it's 100
5 and you can't flag and go back and change - they
6 changed that as well, but it was a 120 question
7 test. There were six questions - and I teach A&P
8 and massage, there were six questions that I don't
9 believe the answer that was accurate at all was
10 representative of the answers, and that was
11 alarming. This is the information that I teach.
12 Where is the student going to be?

13 I've been teaching for over 10 years. What
14 is a student going to see when they see this? My
15 hope is that we just have some sort of evaluation
16 process and the questions that are being asked are
17 consistent in every textbook. Personally, I found
18 answers or questions in certain of the textbooks
19 that have been used by the Board by this MBLEX
20 exam that contradict other textbooks.

21 What do we teach students? It's really
22 problematic and troublesome.

23 MS. BURKE-WAMMACK: I hear you and I can tell
24 you that I have talked with Representative Sally
25 Hacking in reference to just that same

1 conversation. I spoke with her last month about
2 that. And also there is an annual meeting coming
3 up in October, I believe it is, and I will be
4 attending that meeting for the Board for the State
5 of Florida, and this is something that will be on
6 the agenda at that point. Unfortunately, they
7 only have an annual meeting once a year and I
8 can't get there before then, but I have discussed
9 that with Sally to go back and double check that
10 these questions have the right answers, and their
11 item writers - I'm seeing other people shake their
12 head, but they may have had this same issue. I'm
13 seeing one, two, three, four, five, six people
14 shake their head. I'm seeing lots of hands now.

15 And so that is a big concern of mine and I
16 think we will see - I don't know if Ms. Hacking
17 will be here tomorrow. She comes to many of our
18 Board meetings. She's not coming? Do you know if
19 Brock's (ph) coming?

20 MS. ROBINSON: I got the impression that
21 neither one of them would be here.

22 MS. BURKE-WAMMACK: Okay. If they are not
23 here, we'll certainly send them a letter so that
24 we can, can get a firm answer on that because that
25 can be a serious problem. I don't know if you've

1 had that problem with your students.

2 DR. PHILLIPS: I've had the same comment, not
3 specific for questions but them coming back and
4 saying there were a number of things that I didn't
5 recognize at all is what they said, and these were
6 really bright students.

7 MS. BURKE-WAMMACK: Yeah, I think that's
8 what, what Mr. Brooks is saying, too.

9 MR. BROOKS: Yes, ma'am.

10 MS. BURKE-WAMMACK: We spoke last month.

11 DR. PHILLIPS: And that question for you,
12 those students that you didn't expect to pass in
13 the past, do you believe they passed because they
14 could have gone back and, and looked at the
15 question again?

16 MR. BROOKS: Yes, that was, that was hopeful.
17 A lot of other students at schools such as
18 ourselves have students that didn't succeed in a
19 traditional program. They suffer from various
20 levels of test anxiety.

21 I don't necessarily believe that going back
22 to review a question is going to give them an
23 unfair advantage; I think it just helps settle
24 their nerves a bit. It just lets them reflect
25 upon a question that they may have been a little

1 rattled upon. I, I - it's beyond me why that was
2 removed as an option, but it has been. So, yes,
3 ma'am.

4 They also - reflecting upon previous
5 students, they said the questions that - the
6 answers that were suggested were more in line with
7 what we see in the profession. They were more
8 consistent with, with what we see as massage
9 therapists. The feedback that I'm getting from a
10 student that, that, that passed, that took the
11 test several weeks ago was alarming, and the fact
12 that there were things about what you just spoke
13 of with pathologies and especially with urinary
14 failure where certain answers about tenets such as
15 "When in doubt, don't; when in doubt, refer out"
16 aren't even a suggestion for treatment. It's -
17 and I, I'm alarmed not just as an instructor but
18 really as a, as a therapist because we're not
19 reinforcing what we're speaking of today. So I
20 guess that's that.

21 One other - I did have one other thought
22 before my time runs out, and it was - I don't mean
23 to waste your time. Maybe I'll hop back up if I
24 think of it again.

25 MS. BURKE-WAMMACK: Yes.

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DR. PHILLIPS: I just have a question for the general audience.

Is there anybody in the audience that has taken another exam besides the MBLEX and the NCBTMB, possibly a State licensure exam that would reflect what our curriculum is?

MR. LUBOW: Oh, that would reflect what our curriculum is?

DR. PHILLIPS: Or generally.

MR. LUBOW: No. I mean, I've taken the New York State Board and -

MS. BURKE-WAMMACK: Can you, can you come forward so it's on our recorded - thank you.

MR. LUBOW: This is Joe Lubow again.

DR. PHILLIPS: So then my question to you is, not to compare the MBLEX with the New York State Board, but did - how did you feel about taking the New York State Board and maybe the structure of those questions?

MR. LUBOW: It wasn't great, either. I took it a long time ago; I took the national certification exam a long time ago. I should - full disclosure, I - after I took the national certification exam, I became a member and then the Chair of the exam committee for the National

1 Certification Board. I did that because I really
2 thought it was a great exam before I became
3 involved, so I don't think it's my bias that I
4 like the national certification exams. I thought,
5 I thought they were good exams.

6 It's moot, they're gone. But I also had the
7 same experience. I mean, I took the MBLEX just a
8 couple of months ago. It was down to 100
9 questions, it was down to the point where you
10 can't go back and mark the answers. And my
11 experience was that I thought about a third of the
12 questions were terrible questions; that I said if
13 I think of my best students and the yardstick you
14 should use is, would my minimally competent -

15 MS. BURKE-WAMMACK: Right.

16 MR. LUBOW: - student who I'm comfortable
17 giving a diploma be able to pass this test? I
18 thought would my best students be able to get this
19 question right? And about a third of them, they
20 might get it right, they might be able to guess,
21 they might, you know, but they could easily get it
22 wrong, and that's the top students -

23 MS. GUSTAFSON: At some point this is totally
24 not on the agenda for this meeting. You are not
25 discussing the examination, changing the

1 examination, challenging the examination, having
2 the Department of Health re-certify the
3 examination. You're talking about how many hours
4 people have to take in order to get a license in
5 Florida, so while this is all very fascinating I
6 think you need to have another meeting to talk
7 about this.

8 MS. BURKE-WAMMACK: Thank you.

9 DR. PHILLIPS: I appreciate the input.

10 MR. BROOKS: That would be wonderful. And
11 may I just one last thing?

12 MS. BURKE-WAMMACK: Okay.

13 MR. BROOKS: Is there a possibility perhaps
14 in the future of us having a State composed exam
15 like New York?

16 MS. BURKE-WAMMACK: I doubt it.

17 MS. GUSTAFSON: No.

18 MR. BROOKS: All right.

19 MS. GUSTAFSON: The Department of Health has
20 completely eliminated their testing department and
21 have forced - have requested and required all the
22 boards that have state tests to stop giving them.
23 So we won't.

24 MR. BROOKS: Okay. There's always hope.
25 Thank you.

1 MS. BURKE-WAMMACK: Okay. All right. So
2 that, that is basically the, the ELAP breakdown of
3 education, and we did get off topic with the tests
4 but we'll look into that. Like I said, my, my
5 annual meeting with the federation is at least a
6 week before our October Board meeting and so I
7 will bring some information back in reference to
8 that at that time.

9 DR. PHILLIPS: Just, just a comment about
10 that?

11 MS. BURKE-WAMMACK: Yes, ma'am.

12 DR. PHILLIPS: I think it was relevant
13 because if the curriculum we're trying to decide
14 whether to change or not is not reflective of what
15 our students are being tested on, then, then we
16 need, we need to make some adjustments, so it
17 wasn't that off topic.

18 MS. BURKE-WAMMACK: It wasn't that off but it
19 was a very good detour. Okay.

20 MR. LUBOW: I would suggest that the process
21 that might make the most sense for increasing
22 hours would be as a member of the federation, the
23 Board is a member of the federation, to suggest
24 that the federation map out their exam to match
25 the ELAP, which has been agreed upon by all the

1 major national associations as a good entry level
2 curriculum, and then once the exam reflects the
3 ELAP you create a State curriculum that matches
4 the exam that we're gonna be testing the
5 candidates on. We'll come back.

6 MS. BURKE-WAMMACK: Thank you.

7 Okay. Okay. So Tab 5 is just an overview
8 from the ABMP Association of what each state has
9 as their educational requirements, whether or not
10 they have an additional requirements, and what
11 exams they accept, and this is from 2014. What I
12 will tell you, Board members, on this just a few
13 weeks ago the State of Oregon did increase their
14 hours to 650, and what I noticed on here is that
15 there are 20 states that do have regulations that
16 are higher or more strenuous than Florida. And I
17 believe there are six that have no regulations or
18 as of 2014 did not have regulations. One state
19 had a voluntary regulation - I'm sorry?

20 MS. GUSTAFSON: I have a question.

21 MS. BURKE-WAMMACK: Yes, ma'am, please.

22 MS. GUSTAFSON: Did Oregon change it by
23 statute or rule?

24 MS. BURKE-WAMMACK: I do not have that
25 information off the top of my head.

1 MS. GUSTAFSON: Just wondering.

2 MS. BURKE-WAMMACK: I could probably find
3 that out tonight, though, when I Google it.

4 MS. GUSTAFSON: Well, I would Google it but
5 every time I try and Google anything I get loud
6 advertisements on my computer.

7 DR. PHILLIPS: Also, the change from New
8 York. New York now allows their students with 800
9 hours of curriculum and taking the MBLEX to be
10 licensed. That's, that's the first change they've
11 had in I don't know when, from 1000 hours in the
12 state exam, so that's a new option for New York.

13 MS. BURKE-WAMMACK: So they'll have two
14 options?

15 DR. PHILLIPS: They'll have two options, yes.

16 MS. BURKE-WAMMACK: Do you know if they'll
17 have to have two licensing?

18 DR. PHILLIPS: Two options for licensure and
19 I don't know if there's a difference in the
20 license.

21 MS. BURKE-WAMMACK: Okay. Yeah, there are
22 some states that have levels and, and that's not
23 out of the realm of us looking at whether or not
24 we keep 500 hours or increase to a different level
25 of therapist. I don't know. It's just all up in

1 the air.

2 No other comments in reference to this?

3 Yes.

4 MS. ROBINSON: It's my understanding there's
5 actually a new version of this chart, so we will
6 get that and have it on the agenda the next time
7 we discuss this.

8 MS. BURKE-WAMMACK: Thank you.

9 MR. WALKER: I have a comment and a question.
10 My comment is I counted 29 states that are
11 currently at 500 hours.

12 And my question is with the states that have
13 the option for certification, what is in the
14 certification that's not in the requirement?

15 MS. BURKE-WAMMACK: You're referring to? I'm
16 sorry.

17 MR. WALKER: California, for example, there's
18 also -

19 MS. BURKE-WAMMACK: Well, California is a
20 voluntary certification. To me, that tells me
21 that you can go to school with 250 hours which is
22 what's listed here and become a practitioner of
23 massage therapy. And I don't know - so I can't
24 answer your question.

25 MR. WALKER: I thought the 500 was required

1 and then the 250 as optional, but you had to have
2 a minimum of 500 -

3 MS. BURKE-WAMMACK: No, I think the
4 therapists in California are required to have a
5 250 hour to practice massage and that they can
6 work in different locations if they have the 500
7 hours. That's how I always understood that in the
8 past.

9 DR. PHILLIPS: I had understood that only
10 because we had a student go to California, a
11 couple of them, where it's a two-tier system and
12 one is kind of like a therapy assistant and they
13 have to practice under a practitioner.

14 MS. BURKE-WAMMACK: Almost like an
15 apprentice?

16 DR. PHILLIPS: Yes, well, not an apprentice
17 but they have to be directed by someone.

18 MS. BURKE-WAMMACK: Okay.

19 DR. PHILLIPS: That was, that was the
20 information that I got back from my former
21 student.

22 MS. BURKE-WAMMACK: Okay. So -

23 DR. PHILLIPS: And there might also be
24 individual city regulations.

25 MS. BURKE-WAMMACK: Right, yeah. Although

1 California I believe in 2014 was sunset to have a
2 state law and maintain their counsel. I do know
3 that they will be at the federation's annual
4 meeting. They were there last year. I suppose
5 they will be back. They're a part of the member
6 boards, so - and they had just gone through
7 sunset. Okay.

8 DR. PHILLIPS: Oh, and that new chart -
9 Alaska is undergoing licensure and it was supposed
10 to come before the board in Alaska sometime this
11 summer, so maybe that new chart will have Alaska
12 having some state regulation, too.

13 MS. BURKE-WAMMACK: Okay. Okay. This is a
14 little bit older, but it's what we have at the
15 time.

16 Okay. Let's see. And then the next
17 document we have here is the curriculum framework
18 for 2014-2015 which is the Department of Health -
19 I'm sorry, Department of Education requirement for
20 public schools and as we've been informed, also,
21 some private schools do use this document to lay
22 out their programs.

23 DR. PHILLIPS: I'd like to know who in the
24 audience are in private schools that have seen or
25 used the curriculum frameworks, please?

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MS. BURKE-WAMMACK: Private schools in the audience? Two?

And you in the back are?

MS. STORK: Space Coast Health Institute, I don't know if that -

MS. GUSTAFSON: If you're going to speak, if you're going to speak, you have to come up, you have to speak into the microphone, you have to be tape recorded.

Speak into this.

MS. BURKE-WAMMACK: That way we'll have a record of it.

MS. STORK: Jody Stork, Space Coast Health Institute in Melbourne, Florida, and I was just saying I'm not sure if we follow that curriculum with the Department of Education's. I know that the ELAP, we follow that. Everything that you mentioned, we teach that.

MS. BURKE-WAMMACK: Okay.

MS. STORK: And I don't see how any other school could not.

DR. PHILLIPS: So my specific question to you then is do you teach any of the health science course standards, benchmarks, or any of the standards from message one and two from the

1 curriculum frameworks?

2 MS. STORK: I don't know what that is. If
3 you're asking if we teach math, science, English -

4 DR. PHILLIPS: Oh, no, no. Then, then you
5 probably don't.

6 MS. STORK: Okay.

7 MS. BURKE-WAMMACK: Jody, how many hours does
8 your school teach?

9 MS. STORK: We're 500 and a 600 hour program.

10 MS. BURKE-WAMMACK: So you have two programs?

11 MS. STORK: Yes.

12 MS. BURKE-WAMMACK: Five hundred and the 600.
13 What's the difference?

14 MS. STORK: And if we elaborate on the extra
15 100 hours are all of the modalities.

16 MS. BURKE-WAMMACK: Additional modalities?

17 MS. STORK: Myofascial, reflexology. I mean,
18 we encompass all of those modalities so the
19 student knows when they come out of an entry-level
20 program that they have all of these options. What
21 a great scope of practice we have as licensed
22 massage therapists that we can choose whether we
23 want to go into lymphatic, endo craniosacral; you
24 have an overview of each.

25 MS. BURKE-WAMMACK: Okay. That's great;

1 that's great.

2 DR. PHILLIPS: So is there anybody else in
3 the audience from a private school that has seen
4 the curriculum frameworks and uses that or part of
5 it as a framework for your curriculum?

6 Okay.

7 DR. DAVIS: Do you use everything but core?
8 You use everything but core in the framework?

9 MS. STORK: We basically follow it.

10 DR. DAVIS: Yeah, yeah.

11 DR. PHILLIPS: Okay.

12 DR. DAVIS: You just don't use core?

13 MS. BRADLEY: So that would be -

14 MS. BURKE-WAMMACK: Mr. Brooks, I'd like to
15 ask you another question, if you'll come back up
16 the mic.

17 Do you - how many hours does your school
18 teach?

19 MR. BROOKS: It's a 720 clock hour program.

20 DR. PHILLIPS: 728?

21 MR. BROOKS: 720.

22 MS. BURKE-WAMMACK: 720.

23 MR. BROOKS: Yes, ma'am.

24 MS. BURKE-WAMMACK: And, sorry, I'm just
25 trying to keep track of what I, what I'm learning

1 here.

2 MR. BROOKS: That's all right.

3 MS. BURKE-WAMMACK: And can you give me just
4 an estimate of what is over and above the 500 that
5 you teach that - from what the rule requires?

6 MR. BROOKS: Yes, ma'am. Basically, we've
7 expanded upon the topics that we spoke of today.
8 More ANP, more pathology, more contraindications,
9 more allied modalities like this young lady right
10 here, reflexology; we expanded a prenatal
11 myofascial work, structural integration as far as
12 assessment. We have a - we have a core of
13 assessment of postural and gait. Really trying to
14 hit as much of it as - the myriad of modalities,
15 the little bit that a student could go into if
16 they're so inclined.

17 MS. BURKE-WAMMACK: Okay.

18 MR. BROOKS: Is that -

19 MS. BURKE-WAMMACK: Okay. Thanks, thanks.

20 MR. BROOKS: Sure.

21 DR. PHILLIPS: So, so do you go - one more
22 question: Do you go in depth in any one modality
23 so that they are competent to practice that
24 modality when they get out, or are they survey
25 courses?

1 MR. BROOKS: Yes, ma'am, they're - we don't
2 call them survey courses. They're ones we - we're
3 really fortunate in the development of the program
4 is that we do an introductory survey to most
5 things so they get their feet wet or really their
6 hands, their hands on some tissue, more
7 appropriately. And into those, then we have an
8 entire modified week program where we'll - and as
9 an example right now we're in a five week module
10 for prenatal massage and reflexology. And we do
11 make it clear that these aren't certifications,
12 just since I am speaking to the Board; but, yeah,
13 those are more in depth.

14 DR. PHILLIPS: Okay.

15 MR. BROOKS: And a lot of fun to teach.

16 MS. BURKE-WAMMACK: Thank you.

17 Ms. Stork?

18 MS. STORK: Regarding the modalities, I just
19 want the Board to know that we teach in the 500
20 hours those modalities, also. We go into an
21 overview.

22 MS. BURKE-WAMMACK: Okay, right.

23 MS. STORK: So they're not 500 hours -

24 DR. PHILLIPS: I assumed so.

25 MS. STORK: Okay. Well, I just wanted to

1 make that clear.

2 I also wanted to say that I was so excited
3 as most of the school owners were that the Board
4 changed the clinical requirement to 125 because
5 the more hands-on the better the student. So I
6 thought that was - and the ELAP 50? I think 125
7 is -

8 MS. BURKE-WAMMACK: Okay, okay, thanks.

9 MS. STORK: - more efficient.

10 MS. BURKE-WAMMACK: Okay. I'm not going to
11 read these curriculum frameworks in the agenda,
12 One from '14-'15 year and one from '13-'14 year.
13 And then we also have a letter from Mr.
14 McGillicuddy, who is - where is his school listed
15 here? Central Florida School of Massage. And he
16 basically, he has some very good things to say and
17 his school is certainly producing some very well
18 rounded and ready to practice massage therapists.

19 Basically, the gist of his letter is that
20 there are three types of schools; there's the
21 public school, there's the large for-profit
22 school, and there are the private - small private
23 schools. And he also reiterates that some of the
24 small private schools have the 500 hours so that
25 they can get students in and out and ready to

1 work, which puts Floridians back to work which is
2 certainly something to consider.

3 And he did also refer to FLAME in 2002 when
4 they tried to - when the Board tried to raise the
5 hours to 750 and we've already talked about that.

6 Let's see. And then he of course refers
7 back to what this Board is charged with is public
8 safety and we certainly are considering that. And
9 I think everybody heard my, my comments about the
10 fact that not everybody that's injured files a
11 lawsuit with the practitioner's insurance or the
12 establishment's insurance; and so I don't know
13 that we have accurate numbers on that, but I do
14 think that we have Ms. Rodgers - is that what she
15 has? The injuries. Ms. Rodgers from the
16 Department of Health here might be able to shed
17 some light on that for us.

18 Good afternoon and we are so happy you are
19 here, Ms. Rodgers.

20 MS. RODGERS: Good afternoon. Thank you.
21 I'm Adrienne Rodgers. I'm the Bureau Chief for
22 Health Care Practitioner Regulation and I'm very
23 happy to be here and be able to meet you all, and
24 I'll be here again tomorrow to see the rest of the
25 Board as well.

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I do not have information on the civil aspects, but I know that all Florida boards are charged with insuring the minimum standards are met before licensure. So I pulled some enforcement data for you to consider.

I was particularly interested in finding out if there were standard of care violations that the Board was seeing. I have to say I was surprised at finding one of the few boards where the standard of care violations is less than one percent, so you're to be congratulated on that. The highest number is practicing without a license, so I also asked for the attorney who prosecutes unlicensed activity to come and give you some information on that, and she'll be here tomorrow after discipline.

Barring that one, I hate to say this but the most likely violation is fraud. So you're doing great as a profession with having less than one percent on standard of care. You're not doing so great - not you in particular, but the profession's not doing very well on policing the fraud aspect.

And I'm here to answer any questions, but that's basically I wanted you to know, standard of

1 care is not your biggest problem.

2 MS. BURKE-WAMMACK: Okay. That we know of
3 because nobody's filing claims with the Department
4 of Health or Insurance.

5 DR. PHILLIPS: I have a question.

6 MS. BURKE-WAMMACK: Yes, ma'am.

7 DR. PHILLIPS: Do you have an actuarial that
8 would estimate based on that one percent how many
9 people are injured that don't report?

10 MS. RODGERS: We would never be able to get
11 that. They would have to issue some kind of
12 complaint or file some kind of complaint. I can
13 tell you on one of my other data sheets that the
14 number of complaints closed also does not indicate
15 - and give me a second - number of cases closed
16 that were related to a standard of care were -
17 actually, I'm looking at it. There just are not
18 that many complaints coming in on standard of
19 care.

20 DR. PHILLIPS: I really want to reiterate,
21 too, what our Chairwoman said: I have a massage
22 therapist who was treated by another massage
23 therapist and physically injured, has a lifetime
24 injury, and that therapist did not report. I've
25 had a number of people taking students out for

1 demonstration chair massage and people say, oh,
2 no, the last massage I got they worked too deep,
3 they hurt me. I'm never going to get in the
4 massage chair again or I'm never going to have
5 another massage. Those persons didn't report
6 anything and that's below standard of care, so I
7 really feel that it's under-reported. People are
8 just not getting the services because they were
9 hurt and they don't want to try again.

10 MS. GUSTAFSON: Well, first of all,
11 practicing below the standard of care does not
12 require injury. A civil lawsuit requires injury,
13 but practicing below the standard does not. And
14 just because there's an injury doesn't mean the
15 person practiced below the standard of care from a
16 legal standpoint.

17 DR. PHILLIPS: Okay.

18 MS. GUSTAFSON: And so there is no way to
19 gather statistics or information other than the
20 information that we have, the data that we have,
21 and anecdotal stories are not a sufficient basis
22 to establish that a rule needs to be changed and
23 it's not arbitrary and capricious and that it's
24 supported by the data; and that doctors that
25 graduate from Harvard Medical School commit

1 malpractice.

2 MS. BURKE-WAMMACK: I've got a question for
3 counsel.

4 Do we have a definition in 456 that defines
5 standard of care?

6 MS. GUSTAFSON: No. You can't define
7 standard of care. Standard of care depends on the
8 circumstances. If you tried to define standard of
9 care, you would have to define every single thing
10 that might be done that's not correct for every
11 single medical profession. Standard of care is
12 what the community of practitioners believe is the
13 minimal standard that has to be followed by
14 everyone, and that's true of all health care
15 professions and it cannot be defined by rule. It
16 can only be defined by people who are in the
17 profession and what is expected as minimal
18 competency.

19 MS. BURKE-WAMMACK: Okay. Now I have another
20 question for, for everybody up here.

21 Is there any way that we could have some
22 kind of curriculum since we're talking about
23 education that helps students understand what
24 standard of care is and to follow it?

25 MS. GUSTAFSON: Interesting question.

1 MR. WALKER: I'm going to kind of answer that
2 question with a question.

3 I thought about that a little earlier of
4 whether or not that can be incorporated into the
5 hours we already have. Perhaps in the area of
6 ethics or - or if not that, even as a CE
7 requirement.

8 MS. BURKE-WAMMACK: I was just sort of
9 thinking maybe in the pathology area.

10 DR. PHILLIPS: Pathology or even under your
11 clinicals, you know. Some therapists still think,
12 you know, if an hour massage is good then a two-
13 hour massage is better and that might not be the
14 case.

15 MS. BURKE-WAMMACK: That's true.

16 MS. GUSTAFSON: Well, again, your role is not
17 to make sure that everybody who gets a license is
18 the best massage therapist in the State of
19 Florida.

20 MS. BURKE-WAMMACK: No, just -

21 MS. GUSTAFSON: But you also need to keep in
22 mind that this is going to have, if you increase
23 the hours, it's going to - it may have significant
24 cost. You're going to have to do a statement of
25 estimated regulatory costs because maybe enough

1 that you're going to have to have ratification by
2 the legislature, because it's going to have to
3 take into account increased tuition, the cost to
4 the schools, and if it is going to make it harder
5 to get a license to practice massage therapy
6 without adequate data showing that it's a safety
7 concern, a public health emergency concern, it is,
8 it's not going to be very popular with the
9 executive branch of the government.

10 DR. PHILLIPS: So another question to you
11 would be, do they do that cost analysis comparing
12 public school education and private school
13 education and that breakout?

14 MS. GUSTAFSON: They would probably - Christy
15 would have to do that.

16 DR. PHILLIPS: Okay. So would that cost to
17 the public be the difference between the two?

18 MS. GUSTAFSON: I can't answer that. I'm not
19 an economist.

20 DR. PHILLIPS: Since, since everybody
21 supports public schools?

22 MS. GUSTAFSON: I can't answer that question
23 at this time simply because, well, A, I've never
24 had to do this type of financial analysis before.
25 I know there's a process --

1 MS. ROBINSON: But there are several
2 different factors that we'll have to consider if
3 the Board votes to increase these hours. That
4 will be one of the things that we need to
5 consider and I will look to you as the Board, as
6 well as the schools to tell me what the financial
7 impact is going to be. There are going to be
8 several things that will impact this potentially,
9 you know, should we move forward with increasing
10 the hours. So at this point I don't, I don't
11 know what the analysis exactly will entail, but
12 there will be lots of different factors, I do
13 know that.

14 MS. GUSTAFSON: And it will also be
15 complicated by the fact that you may increase the
16 required hours to a number that all of the
17 schools are currently teaching. So who knows
18 what's going to happen?

19 It's going to impact certain schools, not
20 all of them, necessarily.

21 DR. PHILLIPS: Back to that standard of care
22 question, we have a statute that addresses
23 negligence and some negligent acts are
24 identified.

25 MS. GUSTAFSON: Mm-hmm.

1 DR. PHILLIPS: Would, would maybe making
2 some suggestions to expanding that, that
3 definition of negligence to include some other
4 things that we think important?

5 Would that be a way to address that?

6 MS. GUSTAFSON: It is a way to address it.
7 It's a way to address it that I would vigorously
8 oppose, and I don't think you should have a rule
9 that lists anything as negligence because
10 negligence is a legal term for a civil action.
11 The statute should say standard of care; instead,
12 it says negligence and negligence is a legal
13 standard in civil law, which requires an injury
14 in order to have a recovery. And so there would
15 be a million ways you could commit negligence and
16 you're never going to be able to have a rule that
17 lists all of them. And if you have a rule that
18 only lists five, it gives the impression that
19 there are only five ways to commit negligence,
20 not a million ways to commit negligence.

21 So as legal advice, my advice is, no, you
22 should never have a rule that defines anything as
23 negligence.

24 MS. BURKE-WAMMACK: I think, I think the
25 statute that she's referring to, and I'll just go

1 ahead and read that for you. It's 480.0463(b).

2 "Upon proof that the holder of a license is
3 guilty of fraud or deceit or of gross negligence,
4 incompetency, or misconduct in the operation of
5 the establishment so licensed..." - so they're
6 referring to establishment here and not the
7 actual therapist in that statute, and so our
8 disciplinary guidelines in 64B7 would be on the
9 establishment not the therapist.

10 DR. PHILLIPS: There's one under discipline,
11 too, that may -

12 MS. BURKE-WAMMACK: You're talking about in
13 480 or you're talking about in our, our rules?

14 DR. PHILLIPS: Let me look it up. Let me
15 look it up.

16 MS. GUSTAFSON: Yeah, there is a rule that
17 defines negligence and I left it up in my room.

18 When you're talking about negligence with
19 regard to massage establishments, it doesn't
20 necessarily mean professional negligence because
21 it's not professional negligence if someone falls
22 down the stairs because you didn't fix one of the
23 steps.

24 DR. PHILLIPS: Give me a minute, I'm just
25 looking it up.

1 MS. BURKE-WAMMACK: Okay.

2 MS. GUSTAFSON: And you can be, I mean,
3 there's a whole course in law school called torts
4 that's two semesters where you talk about various
5 types of negligence and what constitutes
6 negligence, and it has to have a duty of care and
7 it has to - failure of duty of care, failure to
8 do what you were supposed to do, causation and
9 injury, and like I said, it's two semesters of
10 law school to explain what negligence is. So you
11 really can't do that in a rule.

12 MS. BURKE-WAMMACK: Sorry, I was just trying
13 to get online.

14 MS. GUSTAFSON: Could we take, like, a
15 little break? I could run up and get my rules
16 'cause I took them out of my notebook?

17 MS. BURKE-WAMMACK: Yes.

18 MS. GUSTAFSON: Because of the -

19 MS. BURKE-WAMMACK: Yeah, we can do that.

20 MS. GUSTAFSON: Okay. Then maybe I can -

21 MS. BURKE-WAMMACK: We're going to - I was
22 going to break at 2:00, but we're going to go
23 ahead and take a ten minute break right now so
24 counsel can get her computer fixed and so forth.
25 So ten minutes, folks.

1 (Whereupon, a 10-minute recess was had.)

2 MS. BURKE-WAMMACK: Okay. All right. We
3 were in the conversation of negligence before we
4 took our break that went way beyond what I
5 thought it would.

6 So go ahead, please.

7 MS. GUSTAFSON: We have Rule 64B7-30.001,
8 Misconduct and negligence in the practice of
9 massage therapy. And it lists, "The following
10 acts will constitute the failure to practice
11 massage therapy with that level of skill and
12 treatment, which is recognized by a reasonably
13 prudent similar massage therapist as being
14 acceptable under similar conditions and
15 circumstances." Which is the classic definition
16 of practicing below the standard of care or what
17 is the standard of care, and you have listed
18 administering treatment in a negligent manner,
19 which as I said before, negligence and practicing
20 below the standard of care are not the same
21 thing.

22 "Finally, in the confidentiality of
23 information or knowledge concerning a client
24 offering massage therapy at a sports event,
25 convention, or trade show without obtaining the

1 written approval of the owner or property manager
2 of the site at which the sport event, convention,
3 or trade show is held...”, although why that
4 would be misconduct I don’t know, “Failure to
5 explain expected draping techniques to a client.
6 As used in this rule, ‘draping’ means towels,
7 gowns, sheets, or clothing, and failure to
8 appropriately drape a client, appropriate draping
9 of a client shall include...” blah, blah, blah.

10 So you have that list of what constitutes
11 misconduct and negligence in the practice of
12 massage therapy. And if that is the limit of
13 what constitutes not practicing up to the
14 standard of care then the prosecuting attorneys
15 are not going to ever charge practicing below the
16 standard of care unless one of these things
17 happens.

18 MS. BURKE-WAMMACK: So basically if we’re
19 going to have the standard of care disciplinary
20 guideline, we need to also include it in 64B7-
21 30.001.

22 MS. GUSTAFSON: No, what I’m telling you is
23 you need to repeal the 64B7-30.001.

24 MS. BURKE-WAMMACK: That’s not what I wanted
25 to hear.

1 MS. GUSTAFSON: I know, but that, you know,
2 I have to call them like I see them.

3 MS. BURKE-WAMMACK: Okay. Well, can we
4 table that aspect for another time?

5 MS. GUSTAFSON: That is - yes.

6 MS. BURKE-WAMMACK: It's not on this agenda.

7 MS. GUSTAFSON: It is not.

8 MS. BURKE-WAMMACK: And we can go back to,
9 to what is on the agenda. Okay.

10 Let's see. And just for those who were
11 there, we were on page 48 of the agenda here.

12 One of the other things we were talking
13 about, Mr. McGillicuddy's letter to the Board.
14 You know, and he, he talks about his school and I
15 think that the Board's charge is certainly not to
16 make sure small private schools have the business
17 they like or are comfortable with, but to make
18 sure that people graduating from those schools
19 and every other massage school that's in Florida
20 have the minimal education to be safe to practice
21 on the public -- for Floridians, I should say,
22 and Floridians' guests.

23 Did, did any Board members have any
24 comments or concerns about Mr. McGillicuddy's
25 letter?

1 DR. DAVIS: One of the statements that he
2 makes is an increase in time in school and a
3 higher tuition rate to me is not a reason to
4 build a profession and that it shouldn't concern
5 an increase in time and a higher education - and
6 a higher tuition rate. So -

7 MS. BURKE-WAMMACK: Okay. You know, Dr.
8 Davis, you said something at one of our meetings,
9 the difference between a profession - I wish I
10 remembered. It just came into my head for just a
11 brief second.

12 DR. PHILLIPS: I think he said the
13 difference between a profession and a vocation.

14 MS. BURKE-WAMMACK: Oh, maybe.

15 Do you, do you recall that, giving us that
16 information?

17 DR. DAVIS: I'm sorry, I don't recall that.

18 MS. BURKE-WAMMACK: Or it was, it was very
19 good.

20 DR. DAVIS: Okay, well, good.

21 MS. BURKE-WAMMACK: It was very good, yes.
22 And I do think that, that we have to realize that
23 this is a profession, it's not just a vocation
24 what we have here in the message.

25 DR. DAVIS: But it can still remain at 500

1 hours and - but it could remain 500 hours, but
2 that shouldn't be affected because we're gonna
3 increase somebody's time at a school or that
4 we're gonna increase their, their tuition.

5 DR. PHILLIPS: That brings me to another
6 question for counsel.

7 When you're doing those cost analyses, are
8 you going to do a cost analysis for increase in
9 tuitions and how that adversely affects private
10 schools?

11 MS. GUSTAFSON: I am not doing any financial
12 analysis at all.

13 DR. PHILLIPS: I'm sorry.

14 MS. ROBINSON: Like I said earlier, we will
15 literally have to consider, unfortunately "we"
16 means me, we will have to consider every aspect
17 of the financial impact of this rule change if it
18 should occur on these schools: tuition, supplies,
19 probably rent. You know, I mean, every thing,
20 every one, every, every aspect of the impact is
21 what the legislature is going to want to know
22 before they decide whether or not they're going
23 to ratify and improve your rule.

24 DR. PHILLIPS: And will that be a
25 comparative analysis based on the percentage of -

1 MS. ROBINSON: I don't know. I've never
2 conducted -

3 DR. PHILLIPS: - private schools to public
4 schools?

5 MS. ROBINSON: I don't know. I will, I will
6 look to the Board for impact and suggestions. I
7 will look to the schools for suggestions because
8 at the schools you will be the experts who will
9 know what the financial impact will be, oh, wow.
10 Okay.

11 MS. BURKE-WAMMACK: Okay. She's cut off for
12 the day.

13 MS. ROBINSON: But being that this will be a
14 completely new process for me, I really cannot
15 tell you what we're going to look at and what
16 it's going to entail, so every time - I just
17 can't answer that question yet. I'm sorry.

18 MS. GUSTAFSON: Those are questions that an
19 economist or an economist substitute will have to
20 decide.

21 MS. BURKE-WAMMACK: Well, I also think that
22 what happens is when we talk about what has to be
23 looked at financially, and when you ask us those
24 questions about - and I don't know the number,
25 it's either 200 or 250,000 aggregate costs to the

1 industry which would be all the massage schools.
2 The industry would be public schools, private
3 schools, even the large for-profit schools.

4 What would it cost all of them to change if
5 we increase the hours? And we may have to even
6 do that if we don't increase the hours but just
7 change how we spread out the hours and what is
8 the subject, you know.

9 So either way some thing's going to likely
10 need to be done if the Board then votes to change
11 something. If you'll hang on just a minute, we
12 are going to - I've got two more things and then
13 I'm just going to go through everybody who's
14 filled out a form and ask you to come up and tell
15 us what, what it was that you wanted us to know.

16 Okay. On Tab 9 is comments from Jennifer
17 Lopez who, if I remember, she does not own a
18 school but she was certainly in favor of
19 increasing the hours and requiring CPR, adult CPR
20 to be part of the curriculum. I think that's a
21 great idea. And what else did she have in it?
22 Right here, here's my note.

23 And, well, the other thing she suggested
24 was increasing the application fee and, and I
25 don't - that's not really on the agenda, but that

1 was something else.

2 Anybody have any comments on that?

3 She had some good suggestions.

4 DR. PHILLIPS: A comment in her note drew
5 another question that maybe the lady from - was
6 she from DOH that had the -

7 MS. BURKE-WAMMACK: Ms. Rodgers?

8 DR. PHILLIPS: Ms. Rodgers, yes. Maybe she
9 could -

10 MS. BURKE-WAMMACK: She's gone.

11 DR. PHILLIPS: Her comment was and I quote,
12 "The massage career is always linked to
13 prostitution." End quote.

14 My question to her would be then since that
15 is definitely a danger to the public, what are
16 those statistics and what percentage of licensed
17 therapists -

18 MS. BURKE-WAMMACK: Have a sexual misconduct
19 charge?

20 DR. PHILLIPS: Right, charge, right.

21 MS. GUSTAFSON: It is not the job of the
22 Board of Massage Therapy to protect men from
23 prostitutes.

24 MS. BURKE-WAMMACK: No, no, but I have to
25 say that those men when you stop think about

1 hepatitis, there are some forms of hepatitis that
2 can live outside the body for seven days.

3 MS. GUSTAFSON: They shouldn't be going to a
4 prostitute then.

5 MS. BURKE-WAMMACK: They shouldn't but if
6 the prostitute is also a licensed massage
7 therapist then it is a public safety issue
8 because hepatitis can spread. He can take it
9 home to his wife, he can take it home to his
10 children, he can give it to anybody who eats in
11 his restaurant if he's a cook -

12 MS. GUSTAFSON: It doesn't matter.

13 MS. BURKE-WAMMACK: It's a problem.

14 MS. GUSTAFSON: If the prostitute isn't a
15 massage therapist, if the prostitute is a CPA and
16 the Board of Accountancy is not trying to stamp
17 out prostitution among CPAs. I know, I
18 understand the issue and I know it's a health
19 problem, but it's a health problem they create
20 for themselves not that the therapist creates.

21 MS. BURKE-WAMMACK: But if that particular
22 therapist is performing sexual misconduct in the
23 practice of massage, and that was Ms. Phillips'
24 question, those who are licensed that have done
25 this, this infraction, this violation, that is a

1 public safety issue.

2 MS. GUSTAFSON: But it's not because they
3 have a license; it's because they're prostitutes.
4 They're not a threat - the license does not make
5 them a threat, the prostitution makes them a
6 threat and that's the job of the police.

7 MS. BURKE-WAMMACK: To Ms. Phillips' point,
8 we can give you the information regarding how
9 many sexual misconduct complaints come in and
10 (INAUDIBLE) or in cases you have had. I'm sure
11 she probably had that data, but since she's not
12 here -

13 MS. ROBINSON: Yeah, we have that. We'll
14 bring that back.

15 MS. BURKE-WAMMACK: Okay. If you can bring
16 that back.

17 MS. ROBINSON: Okay. Again, is this in
18 reference to the number of hours being increased
19 because you can have 3000 hours and we are not
20 going to see this sexual misconduct go away.
21 It's not going to go away. I've been coming to
22 board meetings for years and years, so if we're
23 talking about increasing hours to stop this -

24 MS. BURKE-WAMMACK: I don't think we're
25 talking about increasing hours to stop that

1 behavior, but to make sure that people are safe.
2 That is the discussion. It would be, it would be
3 -

4 A VOICE: That would be a counselor's -

5 MS. BURKE-WAMMACK: Right. It would be, it
6 would be an added value if it did slow it down.

7 MR. WALKER: Would it be possible to have
8 that kind of statistic when the hours were
9 greater back before prior to 1985?

10 MS. BURKE-WAMMACK: Good question.

11 MR. WALKER: As a comparison.

12 MS. ROBINSON: It would be very difficult
13 for me to collect disciplinary data from the '80s
14 simply because it may or may not have transferred
15 over very well into our various databases.
16 They've changed, like, five or six times since
17 the '80s. I know we're on like the fifth one
18 since I've been with the Department of Health.
19 We can look into it and see if there is a way we
20 can do some kind of comparison data, but it might
21 not be accurate.

22 DR. PHILLIPS: So does that mean if somebody
23 had a license and had an impropriety, say, prior
24 to 1985 and they have no license now and they
25 reapply, that wouldn't show up?

1 MS. ROBINSON: Not necessarily.

2 DR. PHILLIPS: Oh, okay.

3 MS. GUSTAFSON: And I would urge the Board
4 not to have any further conversation about
5 prostitution in this meeting regardless of why
6 you raised your hand.

7 MS. BURKE-WAMMACK: And if you would state
8 your name for the record, please, sir?

9 MR. BLACK: Yes, my name is James Black.
10 I'm with Florida College of Natural Health.

11 MS. BURKE-WAMMACK: Thank you.

12 MR. BLACK: And with all due respect to the
13 Board, it seems like you're looking for a rule
14 for public safety to increase your hours and not
15 looking at where the Department of Health said
16 the standard of care which is less than one
17 percent that's showing, yes, the 500 hour minimum
18 is competent for education in Florida.

19 Now, the distribution of the hours that's
20 always open to discussion but the minimum, you're
21 looking - it looks like you're going on a duck
22 hunt or something, like you're going, okay, well,
23 if we can't fit it in here to prove a safety
24 problem let's try to go over here and link it to
25 sexual misconduct which - and again to support

1 Jody's statement, it doesn't really matter how
2 many hours a requirement is for licensure in
3 Florida. That is a different matter that needs
4 to be addressed.

5 MS. BURKE-WAMMACK: Thank you.

6 Yes, ma'am?

7 MS. GUSTAFSON: Also, if you're interested
8 in protecting the citizens of Florida from sexual
9 misconduct, the people you should be focusing on,
10 which you do, are the ones who will commit sexual
11 misconduct on people who didn't go there looking
12 for it.

13 MS. BURKE-WAMMACK: And we do.

14 MS. GUSTAFSON: Not people who went there
15 for the sole purpose of getting it.

16 MS. BURKE-WAMMACK: Okay. All right. So, so
17 that's a whole different conversation and I don't
18 think that - I know we as a Board member are not
19 looking at raising the hours to stop prostitution
20 because we know it's not going to happen.

21 DR. PHILLIPS: The only reason I asked the
22 question is because I quoted it.

23 MS. BURKE-WAMMACK: It was in Mrs. Lopez's
24 letter, yes.

25 DR. PHILLIPS: Right. And we do have a

1 statute that says if you have a certain kind of
2 communicable disease then you have to cease
3 treatment of your patients until you're free of
4 that.

5 MS. BURKE-WAMMACK: Okay. All right. So
6 the last letter we have on the agenda is from
7 Eileen Harriman from Ridge Career Centers Polk
8 County and she has made a couple of good points
9 that the hours at her particular school, it's a
10 public vocational school, that teaches practical
11 nursing and they have 1350 hours; pharmacy tech
12 at 1050 hours; medical coder/biller at 1000
13 hours; cosmetology for 1200 hours; culinary arts
14 for 1200; welding for 1170; and even automotive 1
15 and 2 for 1400 hours. And kind of felt that, you
16 know, massage therapy can hurt people and at 750
17 hours, which is what her school teaches, as a
18 requirement by law that we should consider
19 raising the hours, and she certainly would
20 support an additional, she says, 230 hours for
21 public schools for a total of 980. And so, so
22 that's on the record now, also, for that.

23 And I don't know if anybody had comments on
24 the Board for that? Okay. What I'd like to do
25 at this point is go through the speaker cards

1 and, and I know staff up here is going to take
2 notes on what all you have to offer to say so
3 that we can take our notes down and know what the
4 public has, has wanted to say. And I don't know,
5 and I'm going to, I'm going to single you out,
6 Ms. Roth, if the - as the AMTA Florida president,
7 if you, if your association has anything to say
8 in reference to this, also, because you might -

9 MS. GUSTAFSON: Did she fill out a speaker
10 card?

11 MS. ROTH: Not yet.

12 MS. BURKE-WAMMACK: Not yet? Okay.

13 MS. GUSTAFSON: We have speaker cards and
14 that's so that people -

15 MS. BURKE-WAMMACK: I understand, I
16 understand, and she says not at this time, which
17 is fine.

18 MS. GUSTAFSON: Okay.

19 MS. BURKE-WAMMACK: We'll go ahead.

20 MS. ROBINSON: Jamie Cook? Jamie Cook?
21 Come on up.

22 MS. COOK: Good afternoon.

23 MS. BURKE-WAMMACK: The button has to be up.

24 MS. COOK: Okay.

25 MS. ROBINSON: Real close.

1 MS. COOK: Good afternoon.

2 MS. BURKE-WAMMACK: Thank you.

3 MS. COOK: And thank you guys for welcome
4 and hosting this workshop. I am the Director of
5 Lively Technical Center. I'm also by profession
6 a nurse.

7 And a couple of comments that I had that I
8 think would be relevant to this educational
9 workshop would be one, is that it was very
10 important or is very important that you do dig a
11 little deeper into pathology for your clients'
12 purposes and being able to not dig deep and
13 diagnose but to at least be able to recognize
14 growing symptoms of disease processes that could
15 harm the patient or the client during the
16 massage, such as the jaundice, yellow eyes. The
17 renal failure is a huge one because I come from
18 dialysis. That is a big, big concern to know
19 that a dialysis patient is being massaged
20 breaking down albumin, breaking down the
21 creatinine, and they can't expel it out and it
22 builds up potassium and everything else, and the
23 potassium can actually kill them. So I do think
24 that digging deeper into the pathology part would
25 be an advantage for a massage therapist.

1 As far as increasing the hours to protect
2 the society or protect all the clients, I have to
3 say one thing and I'm going to leave it at this:
4 No matter how much education a person has, you
5 cannot teach them characteristics. They have
6 their own character, I have been through nursing
7 school side by side with nurses; they had the
8 same exact education I have and they fail to make
9 decisions that I feel were pertinent to a
10 patient's care. Same education, same background.
11 You can't build a character of continuous
12 learning, continuous research, continuously
13 trying to be a better massage therapist. You
14 can't teach them that. They have to have that
15 character within themselves. And I'm just going
16 to leave it at that.

17 MS. BURKE-WAMMACK: Thank you.

18 DR. PHILLIPS: I have a question.

19 At your school do you teach SOAP notes and
20 keeping a medical chart and doing that assessment
21 and writing that down?

22 MS. COOK: We teach that in core, it's
23 taught. And then it's also taught further on
24 into the education, but it's started in core and
25 then it continues on.

1 DR. PHILLIPS: Okay.

2 MS. BURKE-WAMMACK: Yes, we do teach that.

3 MS. COOK: Thank you.

4 MS. BURKE-WAMMACK: Thank you.

5 MS. ROBINSON: Next is Adam Driggers.

6 MR. DRIGGERS: I don't need to; it's just a
7 repeat.

8 MS. ROBINSON: Okay. Thank you.

9 Then we have Ronald McKendree. Did I say
10 that right?

11 MR. MCKENDREE: Yes, you did and I'm fine,
12 also.

13 MS. ROBINSON: Okay. Thank you.

14 MS. BURKE-WAMMACK: Donna Mikula? And I
15 knew she wouldn't decline and she brings her
16 computer.

17 MS. MIKULA: Donna Mikula, Florida School of
18 Massage in Gainesville. So I mostly second what
19 you all have said and what your attorney said and
20 what the person from Florida College of Natural
21 Health said.

22 I did want to share that we're a 670 hour
23 program and where we exceed the Board's 500 hour,
24 the subject area is a little bit more AMP, about
25 50 hours of pathology, a little more basic

1 message theory and history, and a lot more
2 communication skills, boundaries, and ethics.

3 And also Iris Berman from Educating Hands
4 couldn't be here today and she sent me - it's on
5 her letterhead, a two-page letter with her
6 comments. I can read it to you, I can e-mail it
7 to you, I can print it out and give it to you.

8 MS. GUSTAFSON: It's up to you. Anything
9 can be submitted in writing. The Board isn't
10 going to be making any decisions today because of
11 the rules workshop, they're not allowed to. So
12 they are going to as a whole board consider all
13 of this information, and since they don't have
14 all of it they'll probably have to schedule it
15 for the next meeting so everybody can read
16 everything, including the transcript. So if you
17 will send it to the Board office it can be
18 included with the package, and anything anybody
19 else wants to submit in writing, feel free to do
20 that. It'll all be included in the, in the
21 package from the rule workshop that everybody
22 will have a chance to read when the whole Board
23 discusses this.

24 MS. BURKE-WAMMACK: So if you would just
25 send that to Board staff, and as our attorney has

1 said, if you're going to send something in
2 writing make sure you meet the deadline. I don't
3 know what the deadline date is for that next
4 meeting, but it's generally, what, two, three
5 weeks out?

6 MS. ROBINSON: No, it's generally at least a
7 month out.

8 MS. GUSTAFSON: It's more than that -

9 MS. BURKE-WAMMACK: A month out?

10 MS. GUSTAFSON: Yeah, because all of this is
11 put on the disks and it has to be shipped to the
12 company that does it and then it has to come back
13 and then it has to be shipped out. I know it
14 sounds like a big - it's a burdensome -

15 MS. BURKE-WAMMACK: It's time consuming.

16 MS. GUSTAFSON: - it's a burdensome deadline
17 but unfortunately the - if they don't have that
18 deadline, Board members would be getting the
19 materials like two days before the Board meeting
20 and then they wouldn't have really a chance to
21 read any of it. So - but, yeah, anybody who
22 would like to submit something in writing, you
23 still have that opportunity to do that and that
24 will all be considered by the full Board when
25 they take up what they're going to do about the

1 rule.

2 MS. MIKULA: Thank you.

3 MS. BURKE-WAMMACK: Okay. Should we let the
4 record reflect that our two missing Board members
5 have finally joined us with luggage in tow and
6 everything.

7 MS. ROBINSON: Welcome to the party.

8 All right. So while they're getting
9 settled in, we'll go ahead and call our next
10 speaker, Alex Spassoff?

11 MR. SPASSOFF: Good afternoon. Just a
12 couple of - I just have more questions than
13 comments at this point, but one is do we know the
14 number of schools that, that only teach a minimum
15 number of hours at 500?

16 MS. ROBINSON: No, but we will get that
17 information. I literally have been writing down
18 a list of data points to collect to bring back.

19 MR. SPASSOFF: Okay.

20 MS. BURKE-WAMMACK: We'll have that in
21 October.

22 MS. ROBINSON: Yeah, and I do think there
23 was, Dahr (ph) emailed me - unfortunately, it was
24 a little too late for me to get it for this
25 meeting, but I think we compiled that data a

1 couple of years ago.

2 MR. SPASSOFF: It's probably changed.

3 MS. ROBINSON: So it probably has changed.
4 I think we're probably going to reach out and ask
5 the schools. So that will be -

6 MR. SPASSOFF: Yes, and also out of state
7 schools, how many - you know, when you talk about
8 economic impact, it also - there's an impact on a
9 lot of the candidates are getting education from
10 out of state. What percentage of the candidates
11 were trained out of state?

12 MS. BURKE-WAMMACK: Are you talking about
13 the people coming in wanting to work in Florida
14 but were educated out of state?

15 MR. SPASSOFF: Correct.

16 MS. GUSTAFSON: That's going to be hard to
17 come up with that number.

18 MR. SPASSOFF: And then the thing about the
19 ELAP, it's a nice academic from academia, but as
20 far as the detail in it, it seems awfully rigid
21 because when you're teaching various things,
22 we're talking about the body as a whole. We're
23 not teaching mechanics. The human body is not a
24 machine and so to teach various systems separate
25 from other systems and be able to catalog that or

1 record that or do that for transcript purposes
2 would be to me not being a school owner, but it
3 would seem like a bookkeeping nightmare and also
4 for the - to verify would also be a nightmare.
5 Keeping it broad is more in keeping with trying
6 to keep the rules simple rather than going into
7 such detail as we've talked about before.

8 And that's all I have to say for right now.
9 Thank you.

10 MS. BURKE-WAMMACK: Ready? Okay. Jody
11 Stork? I know we've already heard from her, but
12 you're good?

13 MS. STORK: I'm good.

14 MS. BURKE-WAMMACK: Thank you.

15 Rick Stork?

16 MR. STORK: I'm fine, also.

17 MS. BURKE-WAMMACK: Okay.

18 MS. ROBINSON: Okay. I apologize in
19 advance because I'm going to butcher your name.
20 Jennifer Wasylyna?

21 MS. WASYLYNA: Wasylyna.

22 MS. ROBINSON: Oh, Wasylyna.

23 MS. WASYLYNA: I'm Jennifer Wasylyna. I'm
24 the National Program Director for Sanford-Brown
25 College.

1 MS. BURKE-WAMMACK: Would you spell your
2 name just so we can get it right on the record,
3 for the court reporter?

4 MS. WASYLYNA: W-A-S-Y-L-Y-N-A.

5 MS. BURKE-WAMMACK: Thank you.

6 MS. WASYLYNA: Talking to my other campuses,
7 I have six other campuses across the country
8 besides the Tampa campus, a main concern with my
9 instructors 'cause some of our students transfer,
10 is we've tried to make things congruent with each
11 state. New Jersey requires that 100 hours of
12 just clinic and our main concern was - is making
13 our students prepared for what the environment is
14 now. It's a lot different than it was 10, 15
15 years ago. They have a lot more options.
16 Florida Hospital hires massage therapists. It's
17 no longer just chiropractic, just spa. Our
18 therapists in the State of Florida can become
19 credentialed with the insurance companies to bill
20 insurance. They have to be able to do this stuff
21 now. They have to hold themselves to a higher
22 standard of ethics and understanding and
23 education.

24 So what's in those 500 hours, keeping it at
25 500 hours is great but it has to be a solid 500

1 hours. But there's so many other options out
2 there for therapists now that they have to be
3 more prepared for it. You know, there's a lot
4 more coming out as far as medical diagnosis.
5 Issues coming up PTSD, fibromyalgia, AIDS;
6 there's a lot more out there in education and
7 also what massage therapists can do and where
8 they can work. And if we don't prepare them
9 enough for it then they do become a hazard to the
10 community.

11 I worked with a lady. She was going to
12 have liposuction done after her lap band. Went
13 through the meeting with the plastic surgeon, he
14 was ready to go. I was going to do her post-op
15 care. I looked at the back of her legs and her
16 varicose veins were the size of my pinkie. And,
17 you know, I said right there I'm not touching
18 you, I'm not working with you. You need to go
19 back to your primary care and get this resolved,
20 you know. The joke was with her primary care
21 that the plastic surgeon didn't catch it, you
22 know, her cardiologist didn't catch it; the
23 massage therapist saw there was a problem with
24 the back of her legs.

25 I think that's my concern is just because

1 there's so many options and environments we can
2 work in now, if we don't prepare them for that
3 then we're failing the students, too, and we're
4 failing the public.

5 MS. BURKE-WAMMACK: Okay. So just out of
6 curiosity, when you say you have six other
7 schools outside of the one in Florida, do they
8 all teach the same number of hours?

9 MS. WASYLYNA: We're working on that now.

10 MS. BURKE-WAMMACK: Okay.

11 MS. WASYLYNA: Missouri teaches 860, Atlanta
12 was 940; Island, New Jersey, is 720; and the two
13 in Minnesota are 750.

14 And one reason why we went with 750,
15 certain states require the school to be NCBTMB
16 (ph) approved school. Georgia is one of those
17 states. You have to be an NCBTMB approved school
18 in the State of Georgia. The NCBTMB requires 750
19 hours plus CPR certification and that's what we
20 used as - we went through the ELAP, I read
21 through the core, and we also looked at what the
22 NCBTMB required and also looking at COMPTA (ph).

23 MS. BURKE-WAMMACK: Okay. Do we have
24 NCBTMB's requirements or can we get it for our
25 October meeting?

1 MS. ROBINSON: Yes, we can.

2 MS. BURKE-WAMMACK: Thank you.

3 I'm glad you mentioned that because I
4 haven't even thought about that.

5 MS. ROBINSON: Those requirements for
6 certification.

7 MS. BURKE-WAMMACK: No, for schools, they
8 approve schools in other states and maybe they
9 approve schools in Florida, I'm not sure.

10 Okay. So it sounds - and I don't want to
11 put words in your mouth -

12 MS. WASYLYNA: No, that's okay.

13 MS. BURKE-WAMMACK: - so are you supporting
14 more hours?

15 MS. WASYLYNA: Yeah, I am, I am basically.
16 I am supporting more hours and in fact making
17 them, you know, as long as they're solid hours;
18 you know what I mean? And from what I'm
19 gathering back from a lot of my students that
20 have taken the MBLEX, it's a lot like case-based
21 scenario questions, you know, and -

22 MS. BURKE-WAMMACK: Critical thinking
23 questions.

24 MS. WASYLYNA: Yes, more critical thinking
25 outside the box; I'm still trying to figure out

1 what box MBLEX comes out of, but that's another
2 discussion, too. But more critical thinking,
3 thinking along the lines. I made a comment just
4 a minute ago, there's a difference between a 35-
5 year-old man with diabetes and high blood
6 pressure if he's 300 pounds compared to if he's
7 135 pounds. And how you're going to handle that
8 scenario is going to be different with each.

9 MS. BURKE-WAMMACK: Right, right.

10 MS. WASYLYNA: And that's one thing we make
11 our students do is do more research. I make them
12 research these pathologies. I'm a stickler for
13 pathology, and each module that they go through
14 depending on what it is, they may have to
15 research a modality, they may have to research
16 pathology and find a CEU course for that
17 pathology, whether it's anything from somebody
18 that's been sexually abused or mistreated or has
19 touch history issues to somebody that has COPD.
20 We make them research that and they do a little
21 mini-research paper on that.

22 MS. BURKE-WAMMACK: Okay.

23 Any questions from any Board members?

24 MS. NIXON: My question is, aren't schools
25 allowed to make their students have more hours

1 right now, anyways? So my question is why don't
2 schools who feel that we need more hours go ahead
3 and have more hours on their own?

4 MS. BURKE-WAMMACK: That's a no-no.

5 I think the schools that want more hours
6 actually do have more hours.

7 MS. WASYLYNA: Okay.

8 MS. BURKE-WAMMACK: And that the schools
9 that want the minimum, that's what they have. We
10 don't require - I think the only thing - the only
11 schools that are required to have more than the
12 minimum are public schools, and that's because
13 the Department of Education mandates that public
14 and technical schools have to have 750 hours,
15 period.

16 MS. HAVARD: Is that for qualification for
17 student loans for FAFSA?

18 MS. BURKE-WAMMACK: No, it's a state
19 standard for all public technical schools.

20 DR. PHILLIPS: When we came out of that last
21 18 months when they were wanting to raise the,
22 the hours for everyone, that's what the fallout
23 was. The Department of Education said you cannot
24 teach this curriculum in any less than 750 hours,
25 so they have purview over the public schools so

1 that's what they said public schools would do,
2 and then private schools were left with the 500.

3 MS. BURKE-WAMMACK: Thank you.

4 MS. WASYLYNA: Thank you.

5 MS. BURKE-WAMMACK: Okay.

6 MS. ROBINSON: Next is Elena Zebala.

7 MS. BURKE-WAMMACK: The red button should be
8 up.

9 MS. ZEBALA: Good afternoon. My name is
10 Elana Zebala and I'm a owner of a private school
11 for massage aesthetics in West Palm Beach. It's
12 very new. I just started. I was just approved.
13 My course is 980 hours for massage, and before I
14 even decided to open the school I did a lot of
15 research. I spent a lot of time in front of the
16 computer searching what needed to be done and
17 what can I be different with. And one of the
18 things that I found on Craig's List when I
19 searched for openings for massage therapists,
20 this is Palm Beach County, okay; this is near
21 Palm Beach, and they all said massage therapists
22 needed, and then in the bottom it said, "New York
23 License Required". And I said why? And come to
24 find out they're looking for those massage
25 therapists with a lot more hours. So that's when

1 I made my decision just - to do just like New
2 York's which is 980 hours.

3 Also, my - I want to add to what the other
4 speaker said about being more educated, and a lot
5 of, a lot of customers come to massage therapy
6 before they see their doctor or aesthetician, and
7 in my field I'm an aesthetician, not a massage
8 therapist, I'm just the owner of the school and I
9 have wonderful therapists working for me.

10 We are the advocate for a lot of people who
11 don't go to the colleges and in my profession -
12 I've done it for 34 years - I have saved a lot of
13 people from skin cancer just because I recognize
14 it. I don't diagnose but I do tell them you have
15 to see the doctor because I know - I seen it and
16 I have studied, but I don't make a decision
17 before you get your next facial. And I need the
18 doctor to say this is okay, and in my profession
19 12 people have been saved skin cancer because I
20 have forced them to go and then they listened to
21 me and then they come back and they say thank
22 you, only because I said I'm not touching you for
23 the next facial date until you see a doctor.

24 So for a massage therapist, I think it's
25 exactly the same thing. When my massage

1 therapist is working I go in and she says I see
2 something suspicious; do you want to see it? I
3 see it; if it's suspicious, I do the same thing.
4 I say you, you - we have to stop and you need to
5 see a doctor and then come back. And the
6 customer appreciates that very much.

7 So we added a lot of pathology. I have a
8 wonderful dermatologist that's going to come in
9 and speak to all the students and always
10 constantly be coming into the classroom and
11 talking about different pathologies. So that was
12 my statement.

13 MS. BURKE-WAMMACK: Great. Thank you.

14 MS. NIXON: And how many hours did you have
15 for your aesthetician license for you to get
16 yours?

17 MS. ZEBALA: For students in my school, 900,
18 and they pretty much have to go through the same
19 thing that the massage therapist.

20 MS. NIXON: And that's the schooling that
21 you took yourself, too, was 900 hours for
22 aesthetics?

23 MS. ZEBALA: Yes, well, yes, yes.

24 MS. NIXON: Okay.

25 MS. ZEBALA: And it's only required 350 for

1 aestheticians and I don't think it's enough for
2 them to be qualified. That's my opinion. Thank
3 you.

4 MS. BURKE-WAMMACK: Thank you.

5 MS. ROBINSON: Some of these have already
6 spoken. All right. Our next group of people
7 have already provided some comments, but we'll
8 just go through to see if you have any final
9 comments. The first person is James Black?

10 MR. BLACK: Just a point of clarification
11 for the Board. I'm also a licensed aesthetician
12 so I'm dual licensed. The State of Florida for
13 the aesthetics license, it's a facial specialist
14 license. The requirement is only 260 hours and
15 it is governed by the Florida Board of
16 Cosmetology under the DVPR.

17 MS. BURKE-WAMMACK: Right.

18 MR. BLACK: That's my only comment.

19 MS. BURKE-WAMMACK: Thank you.

20 MS. ROBINSON: Nancy Bradley?

21 MS. BRADLEY: Thank you again, Madam Chair,
22 Board.

23 I would just like to thank you for all this
24 great discussion and it's very helpful to all the
25 schools, but on behalf of the Commission I'd just

1 like to say that you have the full cooperation of
2 all the data resources, school resources you need
3 - who teaches what when, how long are the
4 programs, how many students, all that kind of
5 thing. All that information is readily available
6 and I know that, Ms. Robinson, you work with
7 Susan Hood and she'll be happy to help gather all
8 that for you, whatever you need.

9 Secondly, I would just like to comment on
10 some of the things that had come up regarding all
11 of the different steps -- I don't know how better
12 to say that it that would have to go - that the
13 institutions have to do whenever they add a
14 program, change a program, modify a program, send
15 a program up through our commission that any
16 change in length or even whether it's adoption of
17 the ELAP, if it's in broad strokes that's one
18 thing but a lot of detail would be something else
19 where institutions would all have to submit, re-
20 submit all their programs; I can't say how that
21 would be handled with a, with a charge by the
22 commission but there's a workload fee with
23 everything, so that's a consideration.

24 Many of the institutions are accredited so
25 they would need to submit changes to their

1 accrediting commission which requires often times
2 a visit and fees and all that other kind of
3 thing. And then finally the US Department of
4 Education would require some changes with
5 anything - any program modifications that changes
6 hours would definitely have to be approved by the
7 US Department of Ed for any of the institutions
8 that participate in Title IV funding.

9 So all of those things are considerations
10 for all - for the Board as they discuss this.

11 Secondly, I would just like to say that the
12 Commission does require annually that all of the
13 institutions report to us and that they submit
14 all of their outcomes. That means graduation
15 rates, employment rates, et cetera.

16 In addition, all the institutions are
17 visited; typically once a year they're visited
18 and so therefore the backup verification for any
19 documents that have been sent to the Commission
20 should be on file for the visiting staff to come
21 in and check out.

22 So what my point to all this is, is that
23 there is a lot of oversight and that you can't go
24 to work as a massage therapist unless you're
25 licensed. So, you know, those employment

1 outcomes are all reported to us. So with that it
2 - and I'm going to give my opinion here - if an
3 institution graduates students who are meeting
4 requirements of passing the exam - first of all,
5 they're graduating people. Those who graduate
6 are passing the exam and going to work that that
7 is an indicator of a good program.

8 And so if people are working in their
9 profession as licensed individuals, whether their
10 program is 500 hours or 1000 hours, it really -
11 from, from our end, from the Commission for
12 Independent Education's standpoint, it's about
13 the outcome. So with that said I just would like
14 to ask that the Board consider all that as they
15 discuss this very important topic.

16 MS. BURKE-WAMMACK: Thank you.

17 MS. BRADLEY: You're welcome.

18 MS. BURKE-WAMMACK: Thank you.

19 MS. ROBINSON: Christopher Brooks.

20 MR. BROOKS: I'm good, thank you.

21 MS. ROBINSON: Okay.

22 MS. BURKE-WAMMACK: Thank you.

23 MS. ROBINSON: Joe Lubow? Did I say that
24 right? Did I butcher it? He's not in the room
25 at the moment. Okay.

1 A VOICE: He said what he wanted to say.

2 MS. BURKE-WAMMACK: He did, I remember that.

3 Dawn Langness? Did I say that right?

4 MS. LANGNESS: You did.

5 MS. GUSTAFSON: I would just like you to
6 know that when I tried to go on the internet,
7 using wi-fi was one of my options.

8 MS. LANGNESS: Oh. Well, open to everyone
9 to use.

10 Dawn Langness, the Upledger and Brall
11 Institute.

12 I'm just wondering based on some of the
13 discussion about how much change would cost
14 across the board for a lot of different aspects
15 of the, the profession. Could there be a way to
16 increase the continuing education hours for the
17 areas of greatest concern that we've been talking
18 about, such as pathologies, contraindications,
19 applied anatomy, that sort of thing such that the
20 base 500 hours could stay the same but the
21 profession would be required to increase the
22 continued education in certain areas, much like
23 we have for ethics or that sort of thing?

24 MS. BURKE-WAMMACK: It's an option. It's a
25 different rule, so we'd have to - if the Board

1 chooses in October to do something like that then
2 we'd have to open up that rule.

3 DR. PHILLIPS: But we couldn't increase the
4 overall number of hours because that's set by the
5 legislature. We could increase it by one.

6 MS. BURKE-WAMMACK: Yeah, right.

7 MS. GUSTAFSON: Yeah, you can't go above the
8 cap and the cap is 25.

9 MS. LANGNESS: Oh, so the cap is 25? Okay.
10 That doesn't do to much. Okay.

11 Thank you.

12 MS. BURKE-WAMMACK: Thank you.

13 Okay. That, that was all that was on our
14 agenda for today. That was a lot. So speak now
15 or forever hold your peace. No.

16 MS. ROBINSON: That is legally incorrect.

17 MS. BURKE-WAMMACK: Legally incorrect.

18 So does anybody else have anything that
19 didn't fill out a speaker card that would like to
20 speak at this time?

21 Okay.

22 DR. PHILLIPS: Okay, and then I have just a
23 comment afterwards.

24 MS. BURKE-WAMMACK: All right. Come on up.

25 MR. LI: Hi, Board. My name is Jason Li.

1 I'm from the Health and Beauty Institute of
2 America in Casselberry.

3 So it's my pleasure for me to could come
4 here to enjoy this meeting, I think for this rule
5 we need to consider the private school and the
6 public school separate. The reason why because
7 the public school, like us, we are a private
8 school, we have been a school almost two years.
9 But we didn't have the accreditation, we didn't
10 have the federal loan. But for the private
11 school - the public school, they do have the -
12 they have federal loan, so that is really
13 important for the school.

14 The reason why, I can give you one example.
15 For our school we have two programs. One program
16 we have 600 hours; the other program we have 800
17 hours. But until today of the two years for 800
18 hours we do have federal loan - but we have zero
19 student.

20 MS. BURKE-WAMMACK: You have - I'm sorry.
21 Slow down. You -

22 MR. LI: We have zero student, zero. This
23 is the truth.

24 MS. GUSTAFSON: Federal students?

25 MR. LI: Zero.

1 DR. PHILLIPS: Zero.

2 MR. LI: We have 800 hours but because we do
3 have federal loan, so students come here and the
4 students really want to take this but they cannot
5 pay, and are wanting to pay \$200, the rest money
6 they can pay, but they cannot.

7 MS. GUSTAFSON: Okay. So how -

8 MR. LI: But how do they go to the place
9 that has the federal loan?

10 MS. GUSTAFSON: Okay. They're picking the
11 short course because they can't get federal
12 loans.

13 MR. LI: No. They, they - we do have
14 federal loans. They're picking the short course.
15 It's because they can graduate faster and they
16 can find a job quicker. And that's why we use
17 the 600 hours but after one year we have zero
18 student. This is the truth. The other one year,
19 we change the 600 hours to 500 hours, then we got
20 full students. Of the two years, we got - right
21 now we've got 10 students.

22 MS. BURKE-WAMMACK: And so now you have a
23 500 hour program?

24 MR. LI: Yes.

25 MS. BURKE-WAMMACK: Okay.

1 MR. LI: Yeah, so we need to consider some
2 people, maybe they want to go to school quicker
3 and they want to find a job, so maybe they can
4 just go for 500 hours, and fortunately it's not
5 expensive, maybe \$400 or something, so it's quite
6 affordable for them.

7 MS. BURKE-WAMMACK: Okay. Thank you.

8 Any questions for - and can you spell your
9 name for the record for us?

10 MR. LI: Jason Li.

11 MS. BURKE-WAMMACK: Lee, L-E-E?

12 MR. LI: L-I.

13 MS. BURKE-WAMMACK: L-I, okay.

14 MR. LI: Yes.

15 MS. BURKE-WAMMACK: Okay. Thank you.

16 MS. ROBINSON: And we'll also need you to
17 fill out one of those speaker cards in the back
18 if you can?

19 MR. LI: Oh, sure. I will. Thank you.

20 MS. BURKE-WAMMACK: Thank you.

21 DR. PHILLIPS: I just had one observation
22 that I didn't expect to have today. I think
23 we're talking now about two different things.
24 We're - I came to this looking at public safety
25 and education. I think now those are two

1 separate issues. We are adequately addressing
2 public safety but maybe we're not adequately
3 addressing education.

4 MS. BURKE-WAMMACK: Interesting.

5 MR. WALKER: And I have a question kind of
6 along those lines similar to this. I apologize.
7 Yes.

8 DR. DAVIS: Go ahead.

9 MR. WALKER: Thank you. For those schools
10 that are the small independent schools, is there
11 an association of independent schools in the
12 State of Florida kind of like those that are non-
13 accredited?

14 MS. BRADLEY: I don't know if you're -

15 MR. WALKER: My point is for those schools
16 that are accredited, they're reviewed like you
17 mentioned, but those that aren't accredited, is
18 there a group that maybe where they address
19 accountability in their curriculum?

20 MS. BRADLEY: Well, all the schools are
21 licensed, all of them, whether they're the small
22 500 hour schools - everybody who's not a public
23 school is licensed by the Commission for
24 Independent Education. Many of the schools
25 participate in the Florida State Massage Therapy

1 Association. So I think, I, I, I don't - I'm not
2 a therapist, so I don't know but I know Chris
3 participates in that and that's a good resource
4 for small or larger schools, but as far as
5 accountability is concerned, everyone across
6 every, every institution and every massage
7 program offered by an institution must be, must
8 be licensed and reviewed yearly by the
9 Commission.

10 MR. WALKER: Thank you.

11 MS. NIXON: May I chime in?

12 MS. BURKE-WAMMACK: Absolutely.

13 MS. NIXON: When we first voted to open
14 this, I was voting to not go with more hours
15 because - and I still kind of feel this way and I
16 hope I don't offend anybody or everybody - but
17 I'm going to play the devil's advocate and are we
18 looking at this for public safety because I see
19 our main areas of concern are unlicensed
20 activity, sexual misconduct, human trafficking,
21 and I don't see how any of that is going to be
22 solved or helped with more hours. Or are we
23 looking at it as massage therapists with our egos
24 a little bit wanting a higher education, a higher
25 step to be looked at?

1 I just don't feel like it's our job to look
2 at it as a massage therapist but to look at it
3 more of public safety and health and I don't feel
4 like anything is going to help sexual misconduct.
5 That's more of a psyche thing. Unlicensed
6 activity, they're not going to school, anyway,
7 because they're unlicensed. Human trafficking.
8 All we can do is bring more awareness to that; we
9 can't solve it with education, so I'm just
10 wondering how this is going to help since people
11 that want to have a higher education can make
12 their education program higher, anyways. So
13 that's just my opinion still.

14 MS. BURKE-WAMMACK: And I think you're right
15 in all of those. What you missed early but you
16 read on the agenda is what the hours were through
17 history and, and a couple of things that weren't
18 on that document, and so some folks think that
19 more hours are important to insure that people
20 are safe to practice, therapists are safe to
21 practice when they get out of school, and that
22 they have the skills and the knowledge to provide
23 effective and safe massage.

24 MS. NIXON: I just can't remember a case
25 where someone got injured and said this massage

1 therapist massaged me and I have this medical
2 condition and now I'm hurt; they didn't know
3 enough and they should be in trouble and have
4 their license taken away. It's been mainly
5 inappropriate things that people know -

6 MS. BURKE-WAMMACK: Right, right.

7 MS. NIXON: - better than to do and they're
8 just criminal minds.

9 MS. BURKE-WAMMACK: And part of the other
10 conversation you missed that we discussed was
11 that a lot of clients don't file complaints, and
12 so they just I'm not going back to that person or
13 I'm never going to get another massage in my
14 life. And so that happens, and so there's not a
15 lot of insurance data or as we found out from Ms.
16 Rodgers, claims -

17 MS. GUSTAFSON: Disciplinary cases.

18 MS. BURKE-WAMMACK: Disciplinary cases.

19 MS. GUSTAFSON: There's going to be - we'll
20 have a transcript of everyone's comments and the
21 Board can't vote on anything today, so we'll have
22 - there's some additional information that has
23 been suggested that be provided and at the
24 October meeting we'll have the transcript of the
25 meeting, the additional information that will be

1 gathered including passage rates, employment
2 rates from schools. Ms. Rodgers testified today
3 that less than one percent of the disciplinary
4 cases have anything to do with practicing below
5 the standard of care and we'll have all of this
6 and the Board will have time to mull all that
7 over, and then at the October meeting decide if
8 you want to make any changes to the rule.

9 MS. BURKE-WAMMACK: And something else you
10 ladies may have missed. I don't remember when we
11 talked about it, but I did say at least once,
12 maybe twice, that maybe we don't need to increase
13 the hours. Maybe we just need to change the
14 number of hours per subject or be more specific
15 in some subject matter area.

16 MS. NIXON: Yeah, I like that idea.

17 MS. BURKE-WAMMACK: And so that, that's an
18 option certainly that is still on the table.

19 MS. ROBINSON: Just to clarify, we need the
20 data that Ms. Rodgers provided had to do with the
21 number of complaints, not necessarily
22 disciplinary cases.

23 MS. BURKE-WAMMACK: Right.

24 MS. ROBINSON: So just FYI.

25 MS. GUSTAFSON: Actual complaints.

1 MS. BURKE-WAMMACK: Okay. Any other public
2 comment or Board member comments?

3 DR. PHILLIPS: I would like also from the
4 Department of Education their rationale for
5 having 750 hours as opposed to 500. I really
6 would like to see the detail of that rationale
7 per subject.

8 MS. BURKE-WAMMACK: You mean for the public
9 schools?

10 DR. PHILLIPS: Right.

11 MS. BURKE-WAMMACK: Okay.

12 MS. GUSTAFSON: You definitely need that.

13 DR. DAVIS: Does the 750 hours have
14 something to do with finance, though?

15 DR. PHILLIPS: No.

16 DR. DAVIS: Something to do with -

17 MS. BURKE-WAMMACK: No, it's what's required
18 for public message - it's the curriculum
19 framework.

20 DR. DAVIS: Yeah, but I had heard somewhere
21 that that's the reason. I swear, in the back of
22 my mind I remember the reason 750 was a magical
23 number for -

24 MS. BURKE-WAMMACK: No, because you can have
25 600 hours and get financial aid.

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DR. PHILLIPS: Right. So it -

MS. BURKE-WAMMACK: Federal financial aid.

DR. DAVIS: Okay. But it isn't federal funding; it's state funding I'm talking about.

MS. BURKE-WAMMACK: Okay. I saw a hand? No? Okay. So, you know, I think it was 600 hours for financial.

DR. PHILLIPS: Right.

MS. BURKE-WAMMACK: But we can certainly get the Department of Education to give us that when they ask for this. Okay.

Any other comments? Then we can adjourn this meeting and everybody can get where they need to go, right. We're done.

(Whereupon, the meeting was adjourned at 3:12 p.m.)

C E R T I F I C A T E

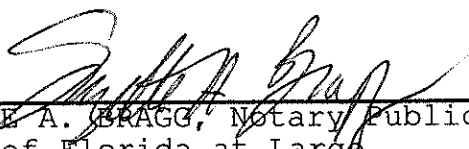
THE STATE OF FLORIDA,)
COUNTY OF WAKULLA,)

I, Suzette A. Bragg, Court Reporter and
Notary Public, State of Florida at Large,

DO HEREBY CERTIFY that the above-entitled
and numbered cause was heard as herein above set out;
that I was authorized to and did transcribe the
proceedings of said matter, and that the foregoing and
annexed pages, numbered 1 through 126, inclusive,
comprise a true and correct transcription of the
proceedings in said cause.

I FURTHER CERTIFY that I am not related to
or employed by any of the parties or their counsel, nor
have I any financial interest in the outcome of this
action.

IN WITNESS WHEREOF, I have hereunto
subscribed my name and affixed my seal, this 30th day of
July, 2015.


SUZETTE A. BRAGG, Notary Public
State of Florida at Large
My Commission Expires: 2/21/2017

