

INFORMED CONSENT FOR UPPER CHEST MASSAGE

Angelical Touch Massage Therapy

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INTRODUCTION

The Standards of Practice of the National Certification Board for Therapeutic Massage and Bodywork (NCBTMB) and the North Carolina Board of Massage and Bodywork Therapy (NCBMBT) require separate written consent from female clients who receive therapeutic massage on the breast.

This informed consent form is for Upper Chest massage, which includes areas near the breasts.

This consent is not for a holistic or lymphatic drainage breast massage (there is another consent form for it).

When the treatment of sensitive areas is indicated during the course of a massage therapy treatment, it is important that you, the client, fully understand the nature and purpose of this treatment. In addition to our discussion about the treatment, this written consent form will act as a record of that discussion. If you have any questions, either during our discussion or while completing this form, please do not hesitate to ask.

Many times the discomfort on the neck and shoulders, is due to our chronic posture of "flexion" (driving, working with the computer, etc). The constant flexion of the muscles and connective tissue (fascia) on the chest that are attached to the shoulders (such as the pectorialis major) makes these muscles to have a tight tone. These muscles and fascia may benefit by being massaged on their entire length, from the shoulder to the sternum (breast bone). By relaxing these muscles, it is very likely that the tension will be reduced on the front part of the shoulders, which in turn may relax the muscles between the scapulas (the shoulder blades). A significant portion of the pectorialis muscle lies underneath the breast tissue.

INFORMED CONSENT FOR UPPER CHEST MASSAGE

I, _____, am voluntarily wishing to experience a session of upper chest massage by Angel Rivera, for the purpose for which is intended:

- recovery from surgery,
- scar improvement,
- massage of the following muscles which have portions lying underneath or near the breasts:
pectoralis major, pectoralis minor, serratus anterior,
intercostals and connective tissue in the sternum.

I understand that in order to do a comprehensive massage of the upper chest, the breast tissue may need to be gently moved to one side to provide better access to the underlying muscles. I prefer:

To use my hands to move the breasts.

For the therapist to use his hands to move the breasts (only the outer borders will be touched with the side of the hands)

I have discussed the treatment and/or treatment plan with Angel Rivera. During this discussion, the benefits, risks and side effects, areas to be treated, positioning and draping (covering) to be used have been explained to me. I have had the opportunity to ask questions about the above information and I know that I can ask any questions that I have, as a result of the treatment or further discussion, at a later date.

As with any other part of massage therapy treatment, if at any time I feel uncomfortable for any reason, I will ask the therapist to cease the massage and the therapist will end either the upper chest massage or the session.

There are various levels of comfort in receiving upper chest massage. I am checking the statements that I feel comfortable with:

I would like the therapist to demonstrate the upper chest massage for me while I wear a T-shirt.

I would like to remain clothed or draped and have the therapist work with me through clothing or draping:

Clothed

Draped

I am comfortable having the therapist work under the draping with the hands directly on the upper chest while performing the massage.

I am comfortable having the therapist work with the hands directly on the uncovered upper chest while performing the massage.

I understand that I can alter or withdraw my consent for this treatment and/or treatment plan at any time during this or any other treatment.

Signature: _____ Date: _____