

Physician's Certification of Health and Fitness Required for Therapeutic Massage Education and Practice

DO NOT REMOVE THE STAPLE

ALL 4 PAGES MUST REMAIN TOGETHER

This form must be completed and signed by a licensed physician, nurse practitioner, or physician's assistant attesting to the physical and mental well-being of the student applying to attend a clinical therapeutic massage program at South Piedmont Community College. Please fill in the date, applicant's name, and physician's name at the bottom of all three pages.

Participation in the therapeutic massage program at South Piedmont Community College requires that a student demonstrate, with or without reasonable accommodations, all abilities (physical, sensory, cognitive, and behavioral) necessary for satisfactory completion of all aspects of the program.

This is to certify that

_____ (Applicant's name)

had a physical examination on _____ (Date of exam),

and certify that in my professional judgement, this applicant is capable of performing all requirements of the Therapeutic Massage Program at South Piedmont Community College, including but not limited to the points listed below.

- Sensory
 - o Auditory, tactile, and visual senses must be sufficient to provide client care and perform physical assessments that include distinguishing auditory, tactile, and visual data.
- Communication
 - o Sufficient communication abilities and skills to effectively communicate with clients, faculty, and staff. This includes the ability to create written treatment notes using newly learned medical terminology based on questions asked, as well as other verbal or non-verbal input given by a client. This also includes the ability to read, learn, and discuss technical information.

Return Addresses:

L. L. Polk Campus
680 Hwy. 74 West
P.O. Box 126
Polkton, NC 28135-0126

Old Charlotte Highway Campus
P.O. Box 5041
Monroe, NC 28111-5041
4209 Old Charlotte Highway
Monroe, NC 28110

Tyson Family Center for Technology
P.O. Box 5041
Monroe, NC 28111-5041
3509 Old Charlotte Highway
Monroe, NC 28110

Lockhart-Taylor Center
514 North Washington Street
Wadesboro, NC 28170

- Motor skills
 - Equilibrium and muscular strength required to safely apply several hours of deep physical massage daily, and ability to assist clients with limited mobility onto and off of a treatment table. Repeated activities used during a massage therapy treatment include squatting, lunging, lifting, pushing, and gentle coordinated walking around a treatment table. Treatments are often strenuous and require a sustained level of strength.

- Intellectual
 - A level of cognitive ability required to learn, analyze, and synthesize clinical anatomy, physiology, and kinesiology. The capacity to use those abilities to create and carry out treatment plans for therapeutic massage.

- Behavioral and Social
 - The ability to maintain a kind, pleasant, and professional demeanor during long and difficult classes and clinic shifts. The ability to adapt to changing environments and personalities. The ability to display empathy, compassion, and integrity when treating all clients or participating in a diverse classroom environment.

- Hygiene
 - Appropriate grooming and sanitation awareness and habits to safely perform several treatments per day, without endangering the health and well being of the clients and/or classmates, faculty, and staff.

- Technology
 - The ability to use a computer keyboard and monitor to perform educational and clinical client charting duties.

All of the above skills are continually used and tested in SPCC's Therapeutic Massage Program. This list should be used as a guide to assess physical, mental, emotional, intellectual, and psychosocial competence required to successfully complete the program, and be a successful licensed massage therapist.

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I, _____ (Physician's name), certify that in regard to the applicant named in this document, have

_____ no concerns.

_____ concerns or restrictions. (Please list in space below)

Signed: _____ (Physician's signature required)

Physician's printed name:

Date: _____

Office address:

Phone number: _____

Fax number: _____

Email address: _____

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Please physically return this from to: Elan Schacter, SPCC Therapeutic Massage Program Director, or arrange for delivery with Elan Schacter. Please send an email with any questions to Elan at eschacter@spcc.edu

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