

THERAPIST / CLINIC SURVEY

PRIMARY LEVEL MASSAGE THERAPY

Refer to [Interpretation Guidelines](#)

Clinic: _____ Clinic Director: _____

Address: _____ Date of Survey: _____

Clinic Phone Number: _____ Surveyors: _____

A. SCHEDULING

Name of Client	Name of Therapist	Dates of Attendance						Time Per Client: Max. 2 Per Hour		Points Available	Points Earned
		#1	#2	#3	#4	#5	#6	Yes	No		
1.										6	
2.										6	
3.										6	
TOTAL										18	

B. FACILITY

	Points Available	Points Earned
a. Adequate Space	5	
b. Physical Accessibility	2	
c. Adequacy of Equipment and Supplies	5	
d. Cleanliness	7	
e. Non-smoking Provisions	2	
f. Emergency Procedures	5	
g. Equipment Maintenance	5	
h. Policy and Procedure Manual (Not currently assessed)		
i. First Aid Kit	3	
TOTAL	34	

C. ONGOING EDUCATION

	Points Available	Points Earned
a. Evidence of Orientation Checklist	1	
b. Availability of Reference Books/Charts	5	
c. Evidence of Continuing Education	5	
d. CPR certification and Re-certification (Not currently assessed)		
TOTAL	11	

D. RECORD KEEPING

	Client #			Present		Points Available	Points Earned
	1	2	3	Yes	No		
a. Current History						3	
b. Past Pertinent Medical History						3	
c. Physical Assessment						3	
d. Treatment Provided						3	
e. Treatment Plan						3	
f. Timely Initial Report to WCB (WCB Form TXI)						3	
g. Timely Progress Report to WCB (WCB Form TXP)						3	
h. Timely Discharge Report (WCB Form TXD if requested by Case Manager)						3	
TOTAL						24	

E. QUALITY ASSURANCE

	Client #			Present		Points Available	Points Earned
	1	2	3	Yes	No		
a. Therapist on WCB Approved Providers List						3	
b. Current Registration with MTAS						3	
c. All Treatment At Request of Licensed Practitioner						3	
d. History/Consent Form for Massage Therapy						3	
e. Evaluation of Quality and Quantity of Treatment (Not Currently Assessed; Await Actual Survey, November/99)						1	
TOTAL						13	

Mark attained by clinic surveyed: _____%

Required Pass Mark: 80%

- Clinic maintains full accreditation.

Probationary Level: 70 - 79%

- Surveyors will suggest remedial action clinic needs to take, including timelines and how verification of remedial action will occur.

Standards Not Met: <70%

- Clinic will lose WCB accreditation for a period of six months commencing on a date specified by WCB.

SUMMARY/RECOMMENDATIONS

A.

B.

C.

D.

E.

We verify that any information reviewed on non-WCB patients shall remain confidential.

Signature of Surveyors:
