Guidelines for Public Demonstration

This form was developed for ABMP members who demonstrate their techniques to the general public. ABMP hopes you apply these guidelines to your chair or table massage demonstrations, as well as in your own practice. ABMP recommends you familiarize yourself with the following six steps before you begin your volunteer or demonstration session. Members are advised to have all individuals complete the intake form before receiving a demo massage/bodywork session.

1. Have the individual complete an intake form prior to the demonstration massage/bodywork session and collect it. A brief Public Demonstration Client Information intake form suitable for demonstration purposes is included in this forms packet.
2. Review the form.
   a. Did the individual fill out the form completely?
   b. Do they have any medical conditions?
   c. If yes, is the condition contraindicated for massage/bodywork?
   d. If yes, but the condition is not contraindicated for massage/bodywork, are there any local, regional, or technique precautions necessary for this condition that should be discussed and noted?
3. If the individual has a medical condition, check that they marked whether or not they are under a doctor's supervision for the condition. Is it a condition that is appropriate for massage/bodywork? Does it require consent from a physician?
4. Politely refuse to proceed with the massage/bodywork demo if
   a. the individual has a medical condition that is contraindicated for massage/bodywork.
   b. the individual has a medical condition that requires consent from a supervising physician.
   c. the individual refuses to complete the form.
5. If the individual has a medical condition and massage/bodywork is an appropriate treatment without consent from a supervising physician, do not make any claims of treatment, cure, or healing.
6. Note the following on the "For practitioner use only" part of the Public Demonstration Client Information form: Any precautions taken, and the techniques and modalities provided, location of applications, and duration of session. Include the client's response to the massage/bodywork.

Client Information and Consent for Massage/Bodywork for Public Demonstration

Thank you for your interest in being a part of a demonstration of massage/bodywork therapies. Please fill out the information completely and accurately.

Name: _____ Date of Birth: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Do you have any medical conditions or have you recently had an injury or surgery that could be affected by today's massage/bodywork session? Yes No

If yes, please explain:

_____

_____

Are you currently under a physician's supervision for this condition/injury/surgery? Yes No

If yes, please explain:

_____

_____

Are you currently taking any medication for this condition/injury/surgery? Yes No

If yes, please explain:

_____

_____

Please read the following statement, then sign and date below to indicate that you have read and understand it.

Massage/bodywork should not be performed under certain medical conditions. In light of this, I affirm that I have stated all my known medical conditions and have answered all questions honestly and completely. I understand that there shall be no liability on the practitioner's part for the aggravation of conditions that were present, but not disclosed, at the time of signing and which may be affected by the massage/bodywork session. Understanding that massage/bodywork is not a substitute medical examination, diagnosis or treatment, I give my consent to receive massage/bodywork.

Print name: _____

Signature: _____ Date: _____

Parent/Guardian permission (in case of a minor): _____

For practitioner use only

Practitioner name: _____

Medical condition? Yes ☐ No ☐

Refused care? Yes ☐ No ☐

If yes, note precautions taken:

_____

_____

Note treatment provided: (what you did, where you did it, for how long)

_____

_____

abmp
MEMBER
Associated Bodywork & Massage Professionals