FSMTB
FEDERATION OF STATE
MASSAGE THERAPY BOARDS

2022 Job Task Analysis Report

Prepared by
Meaningful Measurement, Inc.
February 2023

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Section 1

Introduction to the JTA

Introduction

A Job Task Analysis (JTA) is a vital component of the licensure process because it validates examinations by providing a link between job performance and examination content. Results from the JTA define the domain of relevant knowledge, skills and abilities needed for competent entry-level practice and form the backbone of the test blueprint.

The Federation of State Massage Therapy Boards (FSMTB) administers the Massage Bodywork Licensing Examination (MBLEx), a national licensure examination. A JTA must be conducted that addresses all the issues inherent in establishing a single set of credentialing standards that can apply to all massage/bodywork/somatic therapists/practitioners. The JTA survey is analyzed, and the results summarized, mapped and documented in a formal report. Additional analyses exploring task differences across years of experience and types of practice are highlighted and mapped.

This report demonstrates procedures and documentation used by Meaningful Measurement, Inc. to guide the FSMTB's deployment of the Job Task Survey. Twenty-five Subject Matter Expert (SMEs) were appointed to the JTA Task Force to review the survey items. They edited, revised, added and deleted questions. After the survey was updated, a subcommittee of the JTA task force performed a final review, including a check for any inadvertent bias and to ensure current use of terminology.

FSMTB Mission Statement

The mission of the Federation is to support its Member Boards in their work to ensure that the practice of massage therapy is provided to the public safely competently. In carrying out this mission, the Federation shall:

- Facilitate communication among Member Boards and provide a forum for the exchange of information and experience.
- Provide education, services and guidance to Member Boards that help them fulfill their statutory, professional, public and ethical obligations.
- Support efforts among Member Boards to establish compatible requirements and cooperative procedures for the legal regulation of massage therapists, in order to facilitate professional mobility and to simplify and standardize the licensing process.
- Ensure the provision of a valid, reliable licensing examination to determine entry-level competence.
- Improve the standards of massage therapy education, licensure and practice through cooperation with entities that share this objective, including other massage therapy organizations, accrediting agencies, governmental bodies, and groups whose areas of interest may coincide with those of Member Boards.
- Represent the interests of its Member Boards in matters consistent with the scope of the Bylaws.

In carrying out this mission, the Federation developed an examination that is administered in professional testing centers across the country and is appropriate for use in any state. National standards for entry-level safe practice have been scientifically established with the test development process designed to employ best practices and psychometric analysis at every step.

Executive Summary

FSMTB administers the MBLEx, a national licensure examination. A fundamental requirement for best practices in testing is to conduct a formal Job Task Analysis (JTA) every three to five years to ensure the examination mirrors practice. For the purpose of this survey, a massage/bodywork/somatic therapist/practitioner is defined as an expert who uses massage, bodywork or somatic practices to promote, maintain or restore health and wellness. Whenever the term "Massage Therapist" is used in this report, it encompasses bodywork and somatic practitioners.

Massage Therapists answered how frequently they personally perform various tasks. Each task was also given a rating of importance specific to the entry-level Massage Therapist. This information is used to guide examination content and blueprint the test. Thus, the examination reflects the reality of practice and the knowledge required to perform in a safe and effective manner.

The first JTA survey was carefully developed in 2006. In 2012 the survey was reviewed and refined by content experts under the guidance of testing and psychometric experts. The 2017 JTA survey was again reviewed and refined by a task force comprised of content experts. In 2022 subject matter experts from various geographic regions and diverse practice areas were assigned to the task force to refine and update the Job Task Survey .

The survey was deployed online from February 22, 2022, through July 31, 2022. FSMTB sent email invitations to participate in the JTA survey to individuals who had taken the MBLEx and to members of all regulatory boards and agencies for distribution among their licensees. Professional associations were invited to disseminate the survey to their members. Social media posts, support from industry publications and prominent placement on the FSMTB website were also used to encourage survey participation. The response rate numbered 5,440 with a very high completion rate of seventy percent.

Respondent Characteristics

Most respondents are female (81%), Caucasian (75%) and graduated from a Certificate/Diploma program (88%). Five modalities are used by 50% or more of respondents in their practice: 1- Deep Tissue (82%); 2-Swedish (79%); tie 3-Myofacial 51%; 3-Trigger Point Therapy 51%; 5-Aromatherapy 50%.

Only 10% of respondents had 500 or less hours of initial massage education, while 70% had 501-999 hours and 20% had 1,000 or more hours. They overwhelmingly agreed that their school/education (89%) prepared them to practice. Entry-level accounts for 18% of the respondents; 15% have been in practice 3-5 years; 15% for 6-10 years; 51% for eleven or more years and 1% are not in practice. Seventy-five percent of respondents have at least some college while 41% have a bachelors degree or higher.

Respondents are a broad cross section of professionals and represent every state, jurisdiction and territory of the United States. Geographic regions are well represented, with the Southwest having the smallest percentage. Seventy-eight percent of the participants consider themselves Massage Therapists and 16% consider themselves Bodywork Practitioners. They work in a variety of practice settings and with special populations.

The length of the typical treatment is 60 minutes for 59% of the respondents while 26% have sessions of 90 or more minutes. Eighty-five percent of respondents treat 1 – 6 clients daily with 38% treating one to three clients daily while 47% treat four to six clients daily. Fifty-seven percent of respondents report that clients pay between $60 - $89 per hour of treatment. Sixteen percent of clients pay between $60-$69 while 22% pay $70-$79 and 19% pay $80-$89. Hourly pay for treatment from primary employers is $20-$29 for 24%; $30-$39 for 20%; and $40-$49 for 17% of respondents. Eight percent make less than $20 per hour and 31% make $50 or more. Note: 48% of all respondents answered N/A

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Job Task Analysis - Description

A fundamental requirement for test development is to conduct a formal JTA to ensure the examination reflects practice. The Civil Rights Act of 1964 and the Uniform Guidelines on Employee Selection Procedures are very specific about what organizations must do if they use or create tests to screen or qualify people or in any way judge a person's capability.

A JTA is a formal process for determining or verifying what people do, under what working conditions they do it, what they must know to do it and the skills they must have to do it. The analysis can be applied to a set of duties, a group of tasks, a job, a role, an occupation or a profession, but most people just refer to the process as a job task (or practice) analysis.

A JTA consists of identifying and defining the components of an occupation or profession that distinguishes it from other occupations or professions. In general, a job task analysis will result in enough data to support the development of performance standards and training. For purposes of licensure, it is also necessary to identify and analyze the knowledge and skills required for one to be ***competent to practice*** the job or profession. This additional step results in a practice analysis, which is required for the development and maintenance of licensure testing programs.

The first step in any comprehensive test development effort is the completion of a formal and thorough JTA. The results from the JTA define the domain of relevant knowledge, skills and abilities needed for competent entry-level practice and form the backbone of the test blueprint. Thus, in a very real and direct sense, the test content itself is defined by the results of the JTA.

In order to meet the FSMTB goal of creating standards of practice that are applicable to the field regardless of geographic location or arena of business (personal services or health care), a JTA must be conducted that addresses all of the issues inherent in establishing a single set of credentialing standards that can apply to all massage therapists.

A combination of both qualitative and quantitative approaches is used to gather this information for the FSMTB national licensure examination.

For the purpose of the JTA survey, a Massage Therapist is defined as an expert who uses massage, bodywork or somatic practices to promote, maintain or restore health and wellness.

This snapshot of the profession is used to develop a fair and appropriate national licensure examination to ensure that the entry level massage therapist is competent to safely practice.

Survey Development

The first JTA survey was carefully developed in 2006 by over fifty content experts and fifteen testing professionals. In order to maintain the same high quality, a review process was implemented for the 2012 survey. SMEs and testing professionals evaluated the 2007 JTA survey. Comments and suggestions were received for refining the 2012 JTA survey. After a thorough review of the feedback, the JTA task force made revisions to the survey. In 2017 the same process was implemented.

In late 2021 a JTA task force was appointed by the FSMTB Board of Directors to review and refine the JTA survey to reflect current practice. The group of SMEs came from diverse backgrounds, practices, experience and geographical areas in order to ensure the profession was represented in as many aspects as possible. The list of participants is on page 11.

Due to continuing Covid restrictions, the work was performed remotely. The JTA task force was oriented to the purpose and importance of a Job Task survey. The JTA is a fundamental test development component to create a bridge between education and practice. Following standards and best practices ensures a valid, defensible examination.

The task force members then reviewed the tasks contained within each domain and the knowledge statements. Using their expert judgements, they were asked to:

- add missing tasks;
- delete tasks that are no longer relevant;
- confirm the tasks are entry-level;
- confirm the tasks are standard practice;
- modify and clarify the wording if needed.

They also reviewed the work demographics and personal demographic sections and questions about respondent opinions on education and the massage therapy industry.

The task force responses were collated, a subcommittee of the JTA task force performed a final review, including a check for any inadvertent bias and to ensure current use of terminology.

This careful evaluation resulted in a survey/checklist that reflects current practice and changes in the industry within the last five years.

Survey Development

A total of 95 tasks were surveyed in eight topic areas for importance and frequency.

- Anatomy & Physiology (Anatomy) = 10 tasks
- Kinesiology = 10 tasks
- Pathology, Contraindications, Areas of Caution, Special Populations (Pathology) = 8 tasks
- Benefits & Physiological Effects of Techniques that Manipulate Soft Tissue (Benefits) = 28 tasks
- Client Assessment & Treatment Planning (Client Assessment) = 13 tasks
- Ethics, Boundaries, Laws & Regulations (Ethics) = 13 tasks
- Guidelines for Professional Practice (Guidelines) = 13 tasks

In addition, respondents assessed the importance of 18 knowledge statements: (1) Anatomy and Physiology; (2) System Structure; (3) System Function; (4) Kinesiology; (5) Muscle Attachments; (6) Muscle Actions; (7) Pathologies; (8) Indications; (9) Contraindications; (10) Medications Classes; (11) Knowledge to Refer; (12) Soft Tissue Techniques; (13) Energetic Techniques; (14) Business Principles; (15) Client Assessment; (16) Ethics; (17) Laws & Regulations; and (18) Communication Skills

Twenty-seven work demographics, personal demographics and opinion questions were included to determine respondent characteristics and attitudes.

The JTA survey was deployed online from February 22, 2022, through July 31, 2022. FSMTB sent email invitations to participate in the JTA survey to individuals who had taken the MBLEx and to members of all regulatory boards and agencies for distribution among their licensees. Professional associations were invited to disseminate the survey to their members. Social media posts, support from industry publications and prominent placement on the FSMTB website were also used to encourage survey participation. The response rate numbered 5,440 with an excellent completion rate of seventy percent.

JTA Task Force

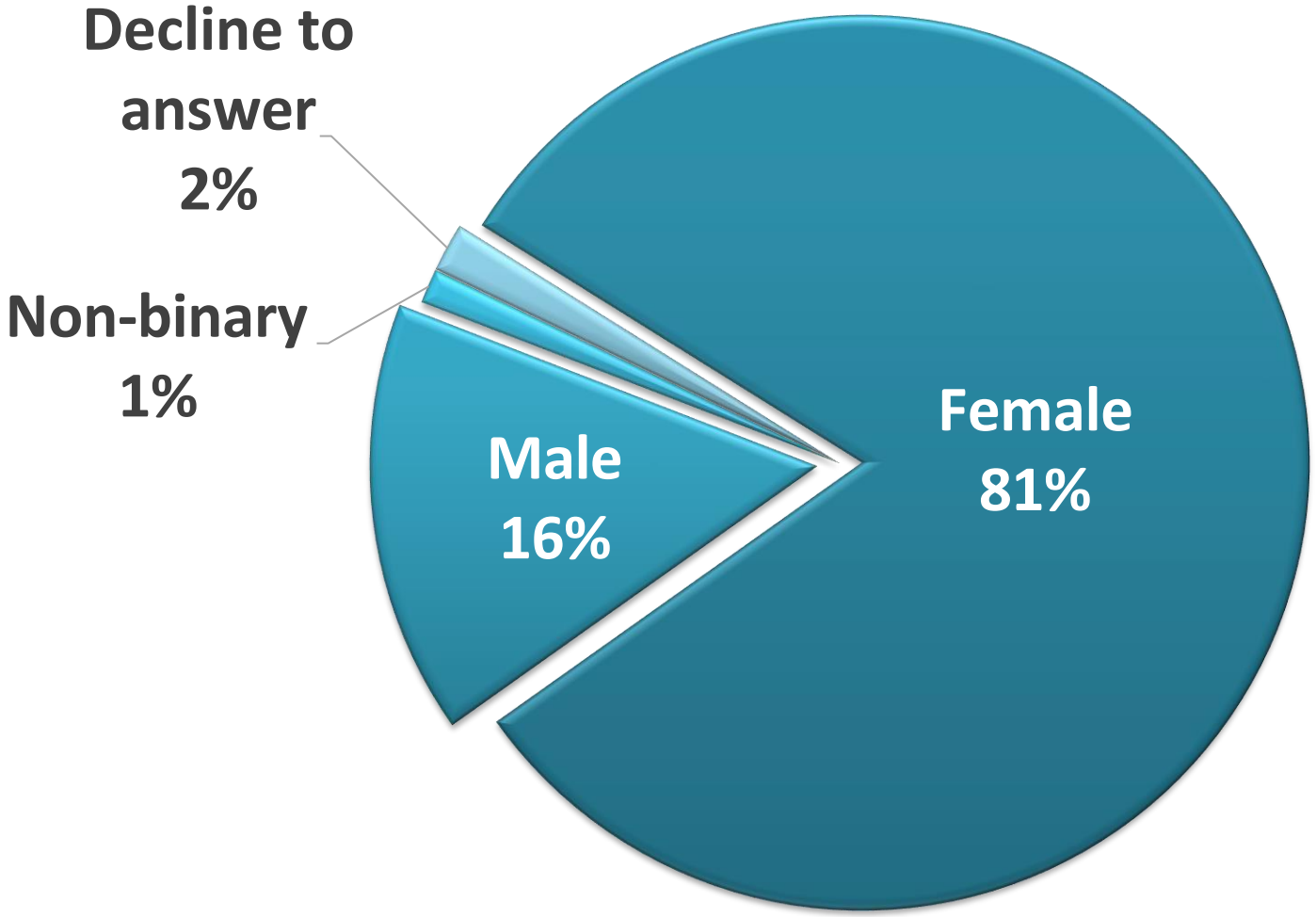
JTA Task Force: Subject Matter Experts		
First Name	**Last Name**	**State**
Sarah	Albanawi	VA
Karen	Armstrong	MI
Su	Bibik	MI
Ed	Bolden	TN
Jeryd	Bolden-Greer	TN
Vickie	Branch	NH
Robert	Bui	MS
Michelle	Cordero	AZ
Margarita	Cozzan	NM
Laurie	Craig	GA
Tomas	Diaz	GA
Sandy	Fritz	MI
Rosendo	Galvez	IL
Maria	Leonard	MN
Bethany	Lowrie	PA
Wendy	McGinley	ND
Julia	Mims	TX
Drew	Riffe	TX
Celina	Sahagun	CA
Susan	Salvo	LA
Elan	Schacter	NC
Cherie	Sohnen-Moe	AZ
Kay	Warren	NC
Charles	Watson	KY
Aireautnei	White	MO

Section 2

Respondent Demographics

Personal Demographics

I publicly self-identify as:



Less than 1% selected "Other"

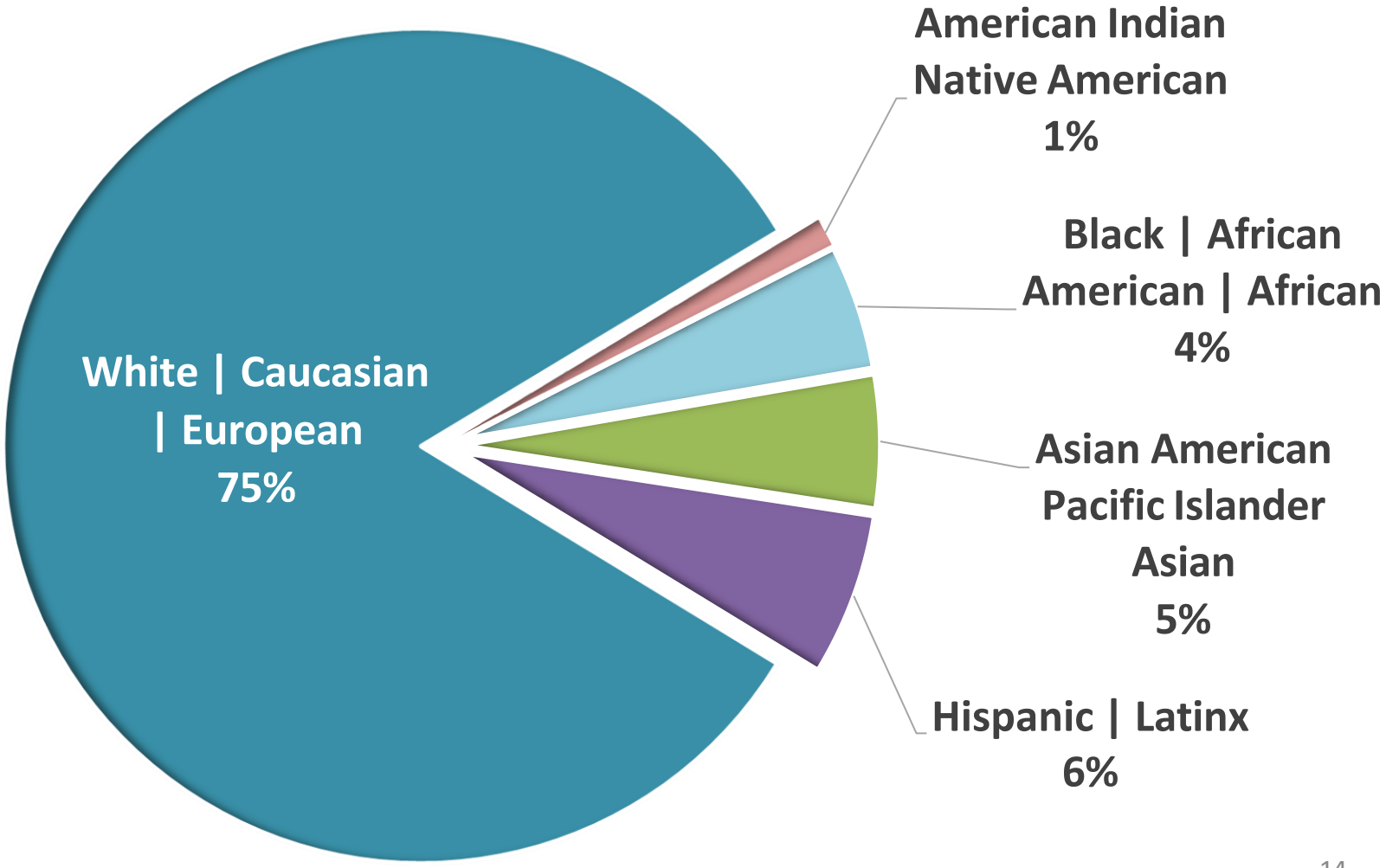
N = 5429

Personal Demographics

I publicly self-identify as:

4% of Respondents selected “Other”

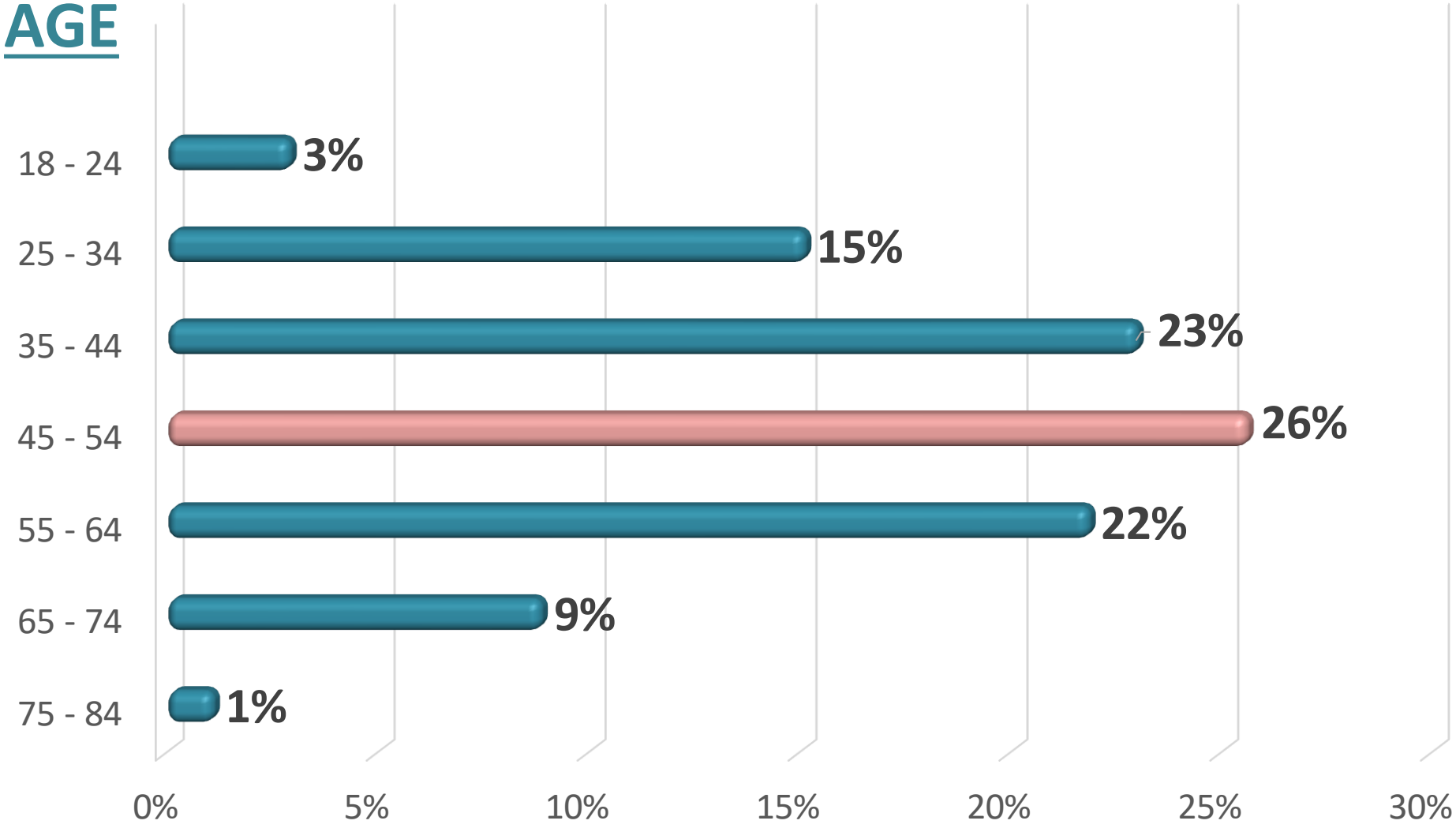
5% of Respondents declined to answer



N = 5433

Personal Demographics

AGE



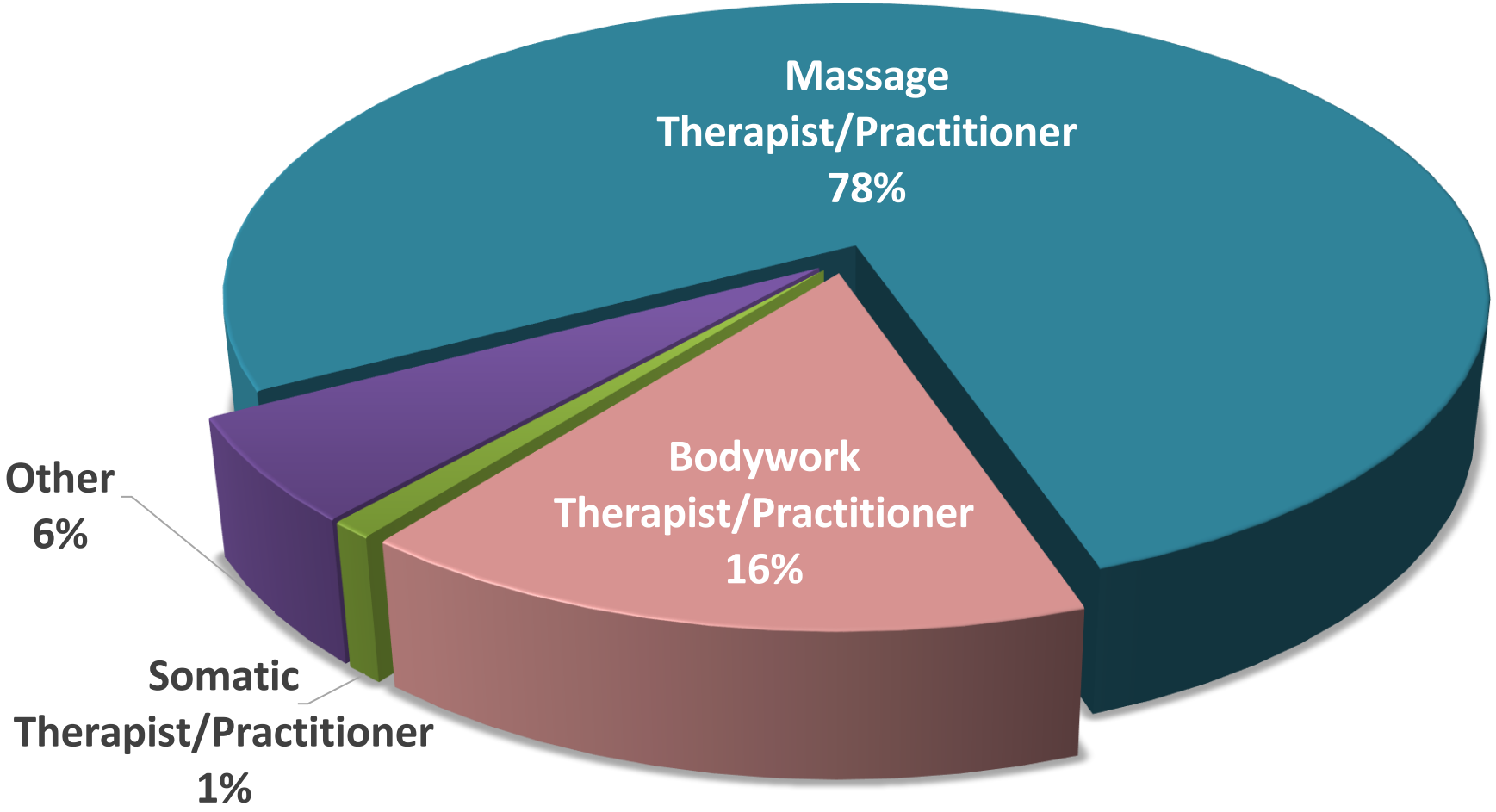
Under 18 = 0%

Over 84 = 0%

N = 3680

Personal Demographics

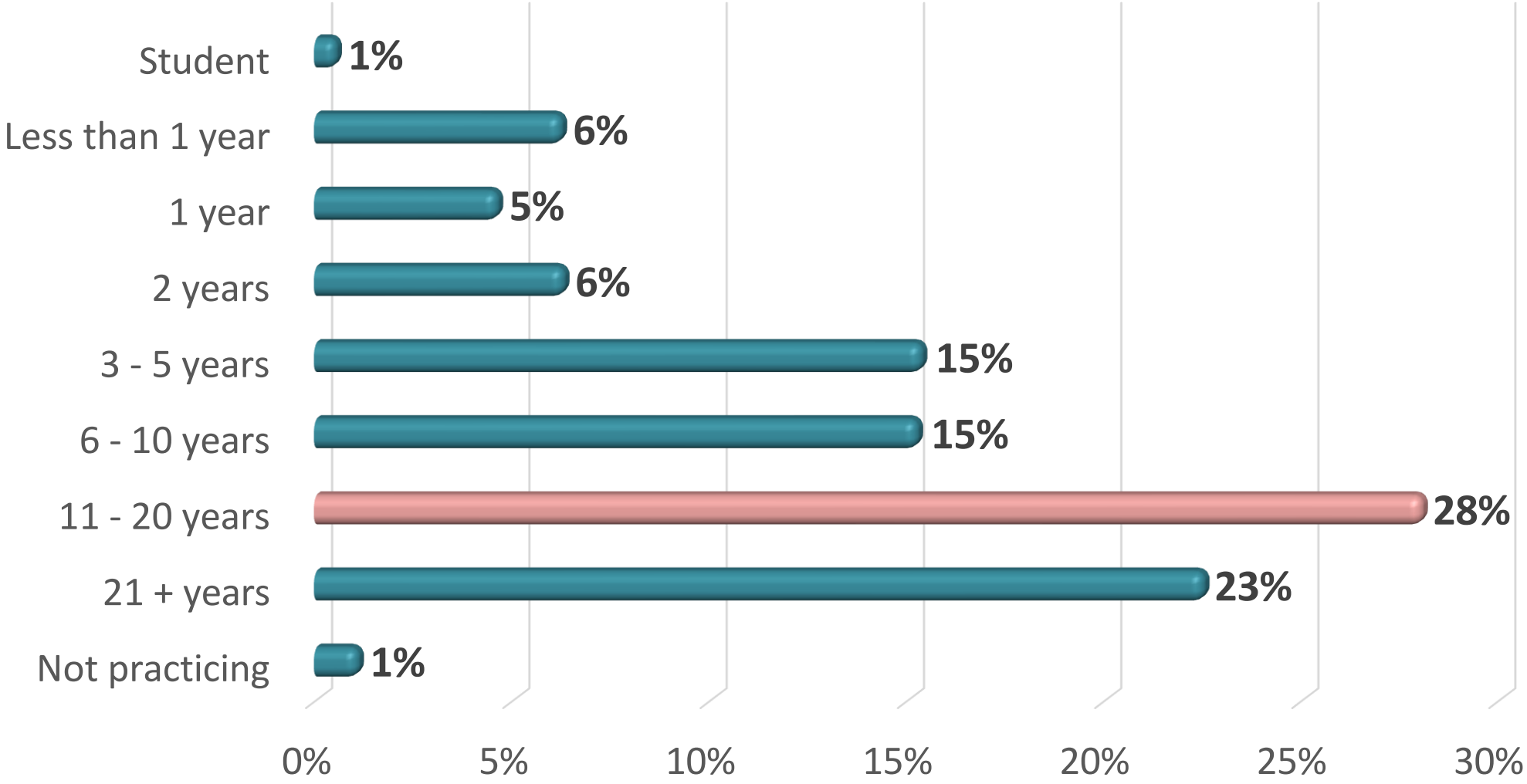
I Consider Myself



N = 5431

Personal Demographics

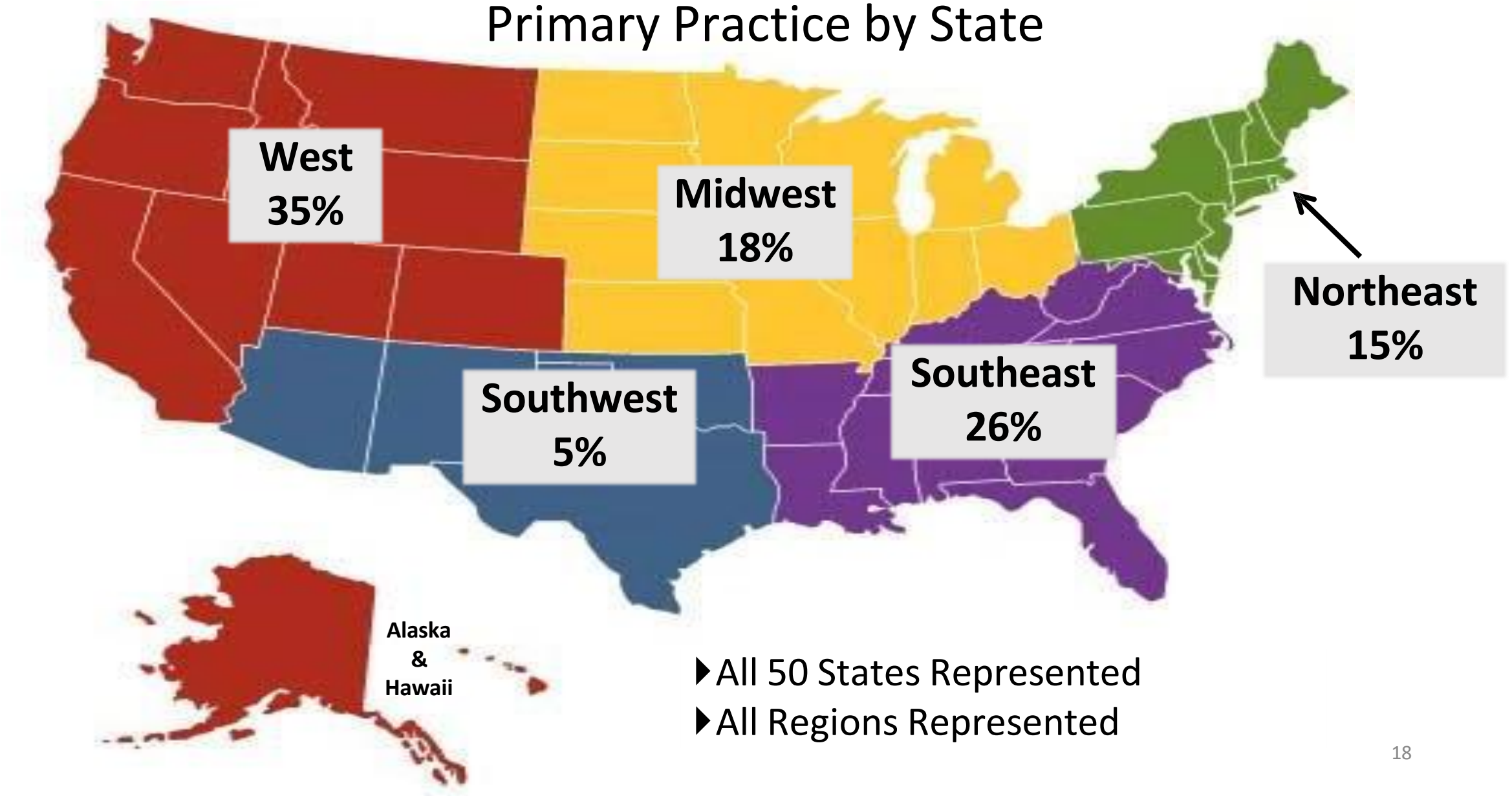
Years in Practice



N = 5431

Work Location/Setting

Primary Practice by State



- All 50 States Represented
- All Regions Represented

Work Location/Setting

Top Ten States

California (CA)	17%
Oregon (OR)	8%
Pennsylvania (PA)	8%
Ohio (OH)	8%
North Carolina (NC)	8%
Florida (FL)	6%
Washington (WA)	5%
Arkansas (AR)	4%
Texas (TX)	3%
Tennessee (TN)	3%

Top ten include all 5 regions of US

of States Where Practice

1 State = 88%

2 States = 8%

3 States = 1%

International Respondents

- Canada
- Columbia
- France
- Guam
- Japan
- Puerto Rico
- United Kingdom
- Virgin Islands

N = 5326

Work Location/Setting

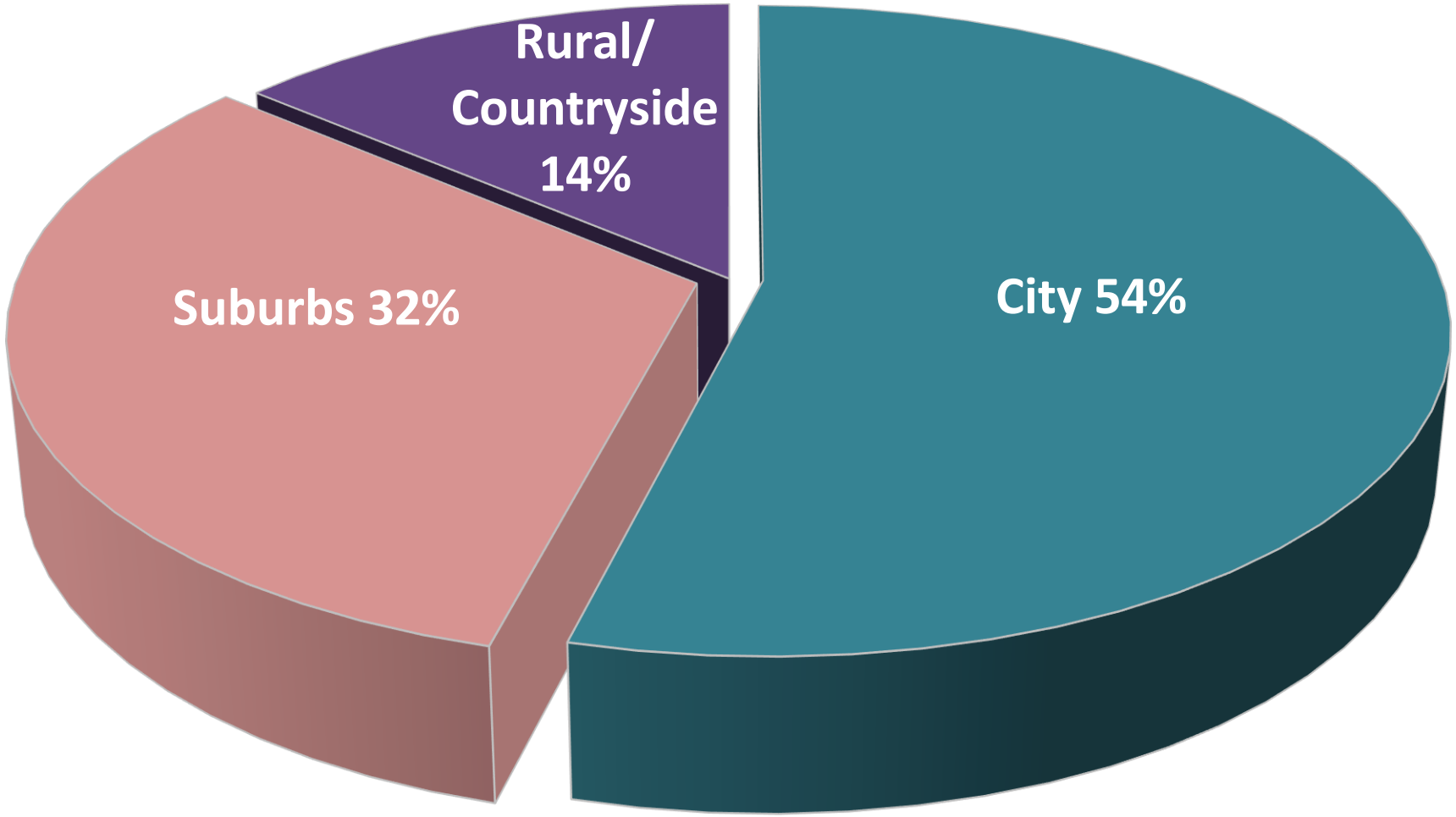
State or Territory	Respondents	% of Total
Alabama (AL)	25	0.47%
Alaska (AK)	23	0.43%
Arizona (AZ)	60	1.13%
Arkansas (AR)	200	4%
California (CA)	919	17%
Colorado (CO)	77	1.45%
Connecticut (CT)	15	0.28%
Delaware (DE)	5	0.09%
District of Columbia (DC)	28	0.53%
Florida (FL)	320	6%
Georgia (GA)	39	0.73%
Guam	1	0.02%
Hawaii (HI)	9	0.17%
Idaho (ID)	33	0.62%
Illinois (IL)	91	1.71%
Indiana (IN)	61	1.15%
Iowa (IA)	35	0.66%
Kansas (KS)	16	0.30%

State or Territory	Respondents	% of Total
Kentucky (KY)	26	0.49%
Louisiana (LA)	57	1.07%
Maine (ME)	8	0.15%
Maryland (MD)	45	0.84%
Massachusetts (MA)	26	0.49%
Michigan (MI)	119	2.23%
Minnesota (MN)	16	0.30%
Mississippi (MS)	27	0.51%
Missouri (MO)	41	0.77%
Montana (MT)	17	0.32%
Nebraska (NE)	9	0.17%
Nevada (NV)	38	0.71%
New Hampshire (NH)	123	2.31%
New Jersey (NJ)	54	1.01%
New Mexico (NM)	42	0.79%
New York (NY)	33	0.62%
North Carolina (NC)	415	8%
North Dakota (ND)	73	1.37%

State or Territory	Respondents	% of Total
Ohio (OH)	416	8%
Oklahoma (OK)	22	0.41%
Oregon (OR)	445	8%
Pennsylvania (PA)	435	8%
Puerto Rico (PR)	13	0.24%
Rhode Island (RI)	10	0.19%
South Carolina (SC)	53	1.00%
South Dakota (SD)	6	0.11%
Tennessee (TN)	141	3%
Texas (TX)	168	3%
Utah (UT)	48	0.90%
Vermont (VT)	14	0.26%
Virgin Islands (USVI)	1	0.02%
Virginia (VA)	61	1.15%
Washington (WA)	264	5%
West Virginia (WV)	10	0.19%
Wisconsin (WI)	59	1.11%
Wyoming (WY)	6	0.11%

Work Location/Setting

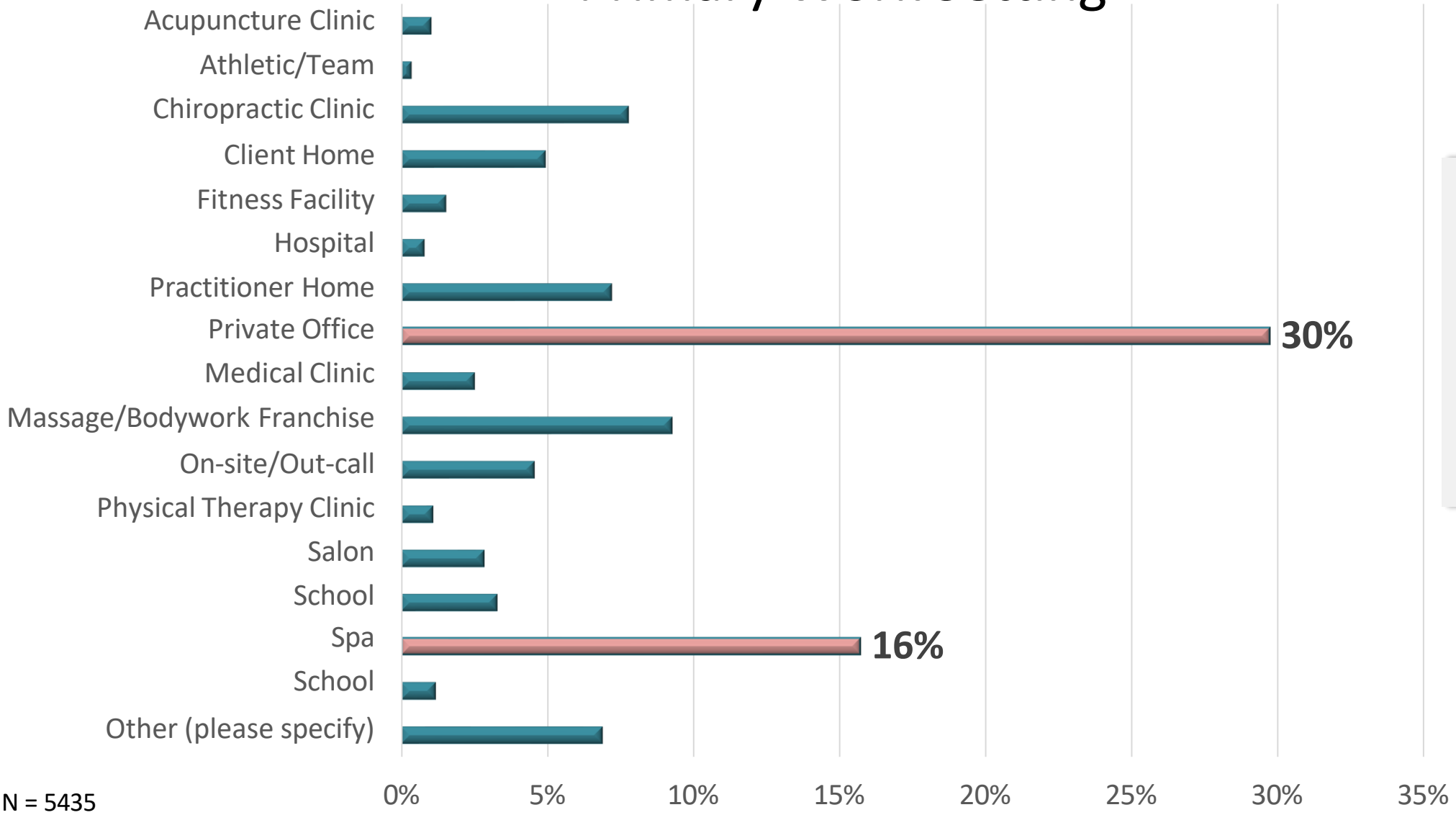
Description of Work Location



N = 3781

Work Location/Setting

Primary Work Setting

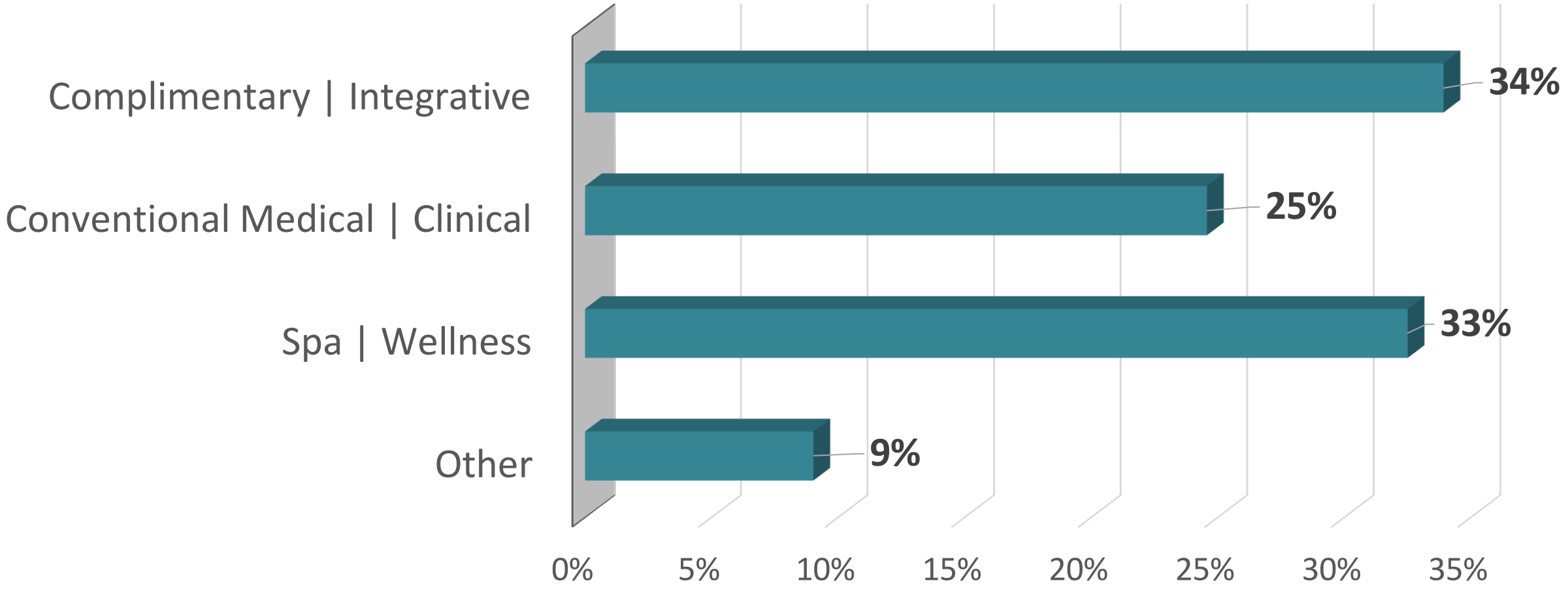


Nearly half of respondents reported working in a private office or spa

N = 5435

Focus of Practice

Primary Focus of Practice



N = 3805

Approaches Used in Primary Practice

(Survey Included **70** Modalities)

35 of the modalities surveyed were selected by less than 10% of Respondents					
Active Release Therapy - ART®	9%	Orthobionomy	2%	Bowen	1%
Postural Integration	7%	Rolfing®	2%	Chi Nei Tsang	1%
Polarity	6%	Trager® Approach	2%	Watsu	1%
Ayurvedic Bodywork	6%	Core Somatic Bodywork	2%	Dermoneuro Modulation	1%
Body Rolling	5%	Russian Massage	2%	Alexander Technique	1%
Tui Na	5%	Amma/Anma	2%	Ligamentus Articular Strain Technique	1%
Somato Emotional Release	5%	Attunement Therapy	2%	Feldenkrais Method®	1%
Animal Massage	4%	Jin Shin Jyutsu	2%	Zero Balancing®	1%
Trauma Touch Therapy	3%	Pranic Healing	2%	Pfrimmer Deep Muscle Therapy®	1%
Esalen® Massage	3%			Breema Breathwork	1%
6 of these modalities were selected by less than 1% of Respondents					
Hakomi	0%	Aston-Patterning®	0%	Arrosti Technique	0%
Hellerwork®	0%	Rosen Method	0%	Rubenfeld Synergy Method®	0%

N = 5398

Focus of Practice

Approaches Used in Primary Practice

14 modalities fell between 10% and 18% in their selection rate.

Thai Massage	18%	Other	14%
Proprioceptive Neuromuscular Facilitation	18%	Seated Massage	14%
Muscle Energy Technique	18%	Movement Therapy	13%
Compassionate Touch	17%	Passive Positional Release	12%
Hydrotherapy	15%	Structural Integration	12%
Healing Touch	15%	Connective Tissue Massage /Bindegewebsmassage	11%
Shiatsu	15%	LomiLomi	10%

N = 5398

Focus of Practice

Modalities with Selection Rate between 23% and 49%

Hot Stone Massage	49%	Acupressure	31%
Sports Massage	46%	Soft Tissue Release	31%
Chair Massage	46%	CranioSacral Therapy	25%
Clinical/Medical/Orthopedic Massage	40%	Myofascial Release®	24%
Reflexology	39%	Spa Body Treatments	24%
Active Isolated Stretching	36%	Reiki	24%
Manual Lymphatic Drainage	31%	Joint Mobilization	24%
Neuromuscular Therapy	31%	Therapeutic Touch	23%

The Top 5

Deep Tissue ➡ 82%

Swedish Massage ➡ 79%

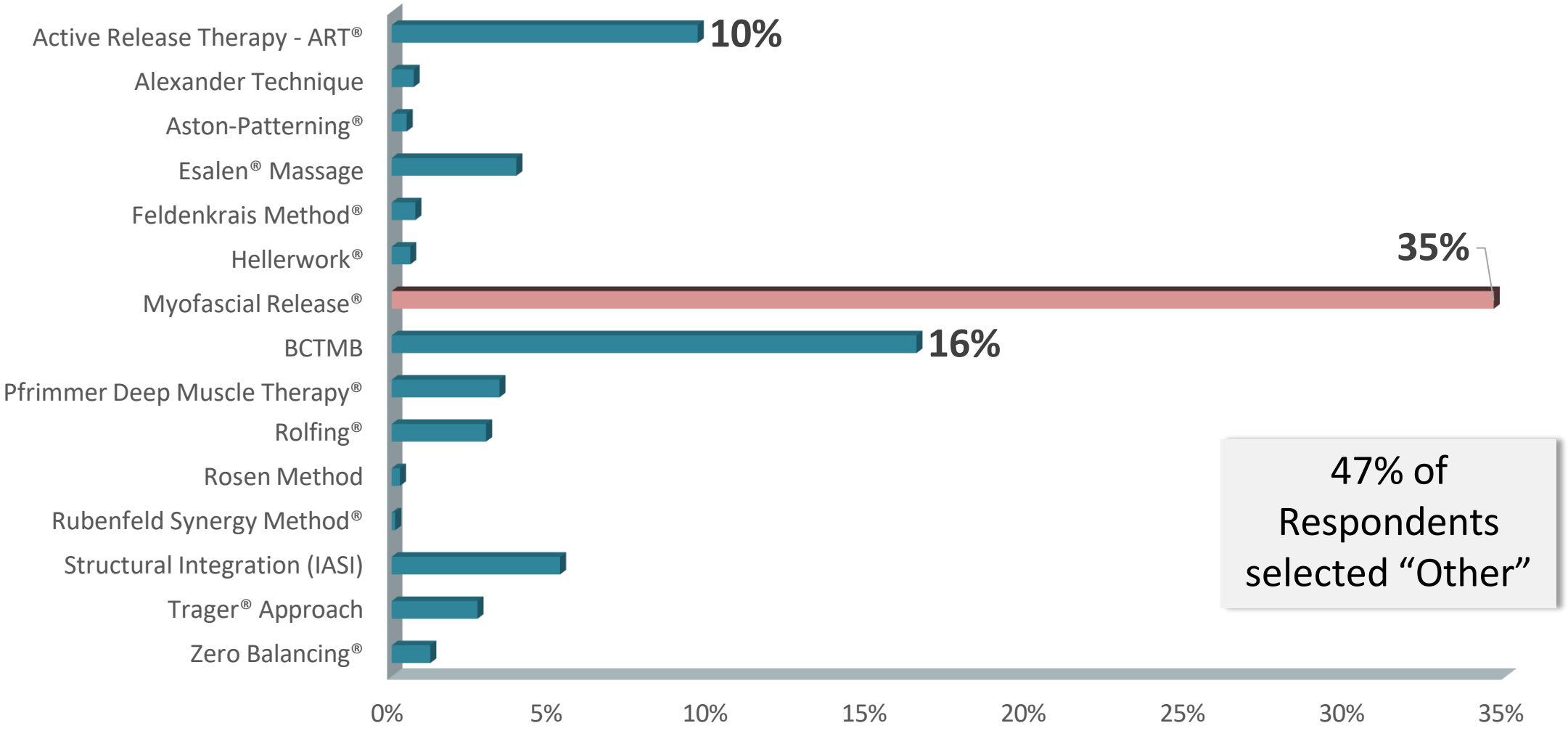
Myofascial ➡ 51%

Trigger Point Therapy ➡ 51%

Aromatherapy ➡ 50%

Focus of Practice

I am authorized to use the credential(s) from the association / organization affiliated with:



47% of Respondents selected “Other”

N = 1895

Focus of Practice

Special population(s) with whom you currently work

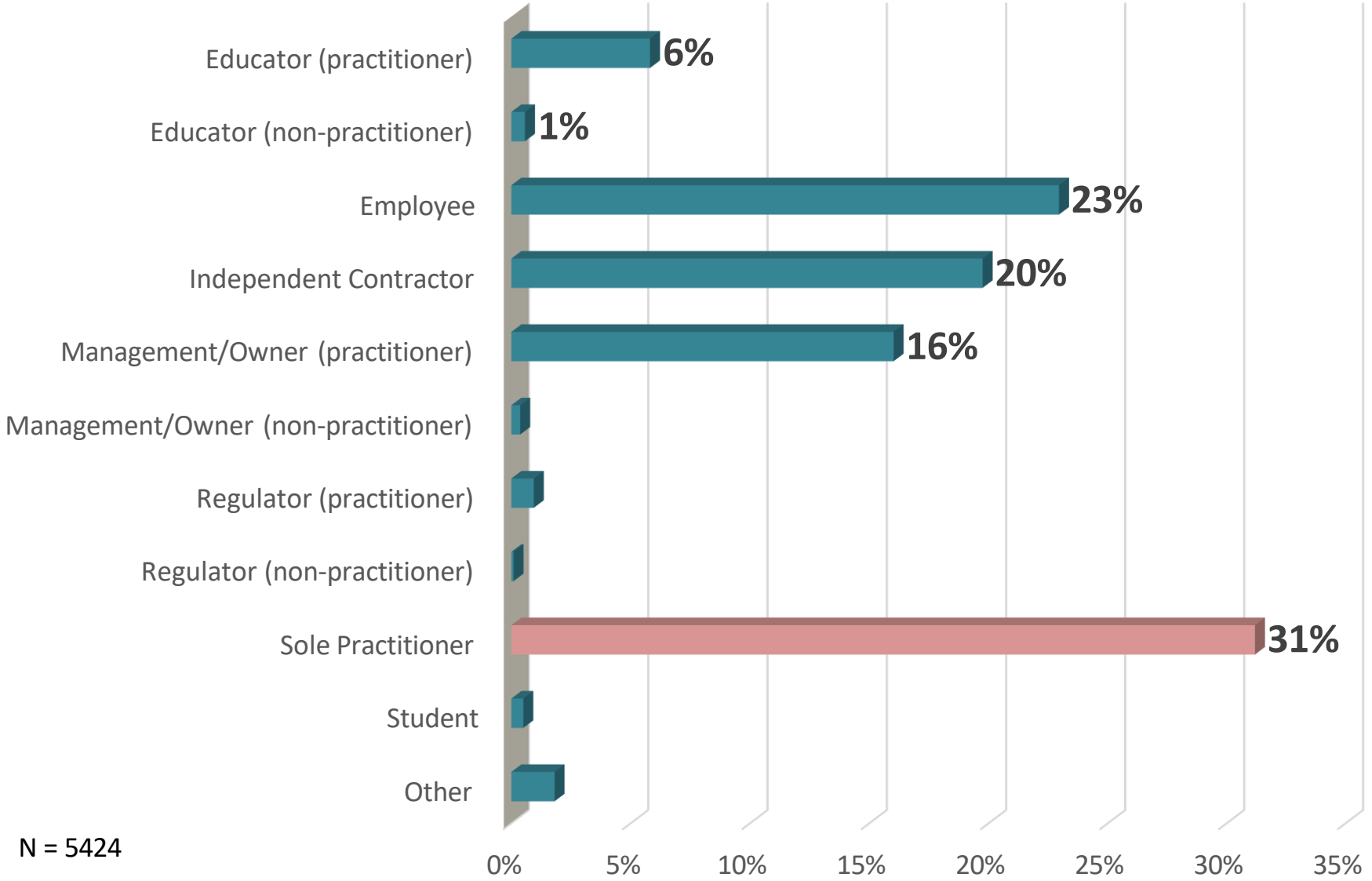
Top Five Special Populations Selected

Pain	75%	Abuse (physical / emotional)	21%
Athletic	56%	Obesity	21%
Chronic Illness	48%	Physically Challenged	19%
Geriatric	45%	Oncology	19%
Pregnancy	44%	Spinal injury	19%
Mental Health (e.g. depression /anxiety)	36%	Pediatric	9%
Trauma	26%	Hospice	8%
Post-Traumatic Stress Disorder (PTSD)	26%	Substance Use Disorders/Addictions	8%
Military/Veteran	24%	Other (please specify)	7%
Surgical	24%	Infant	5%
		Hospital	4%

N = 1895

Employment/Work

Employment Classification



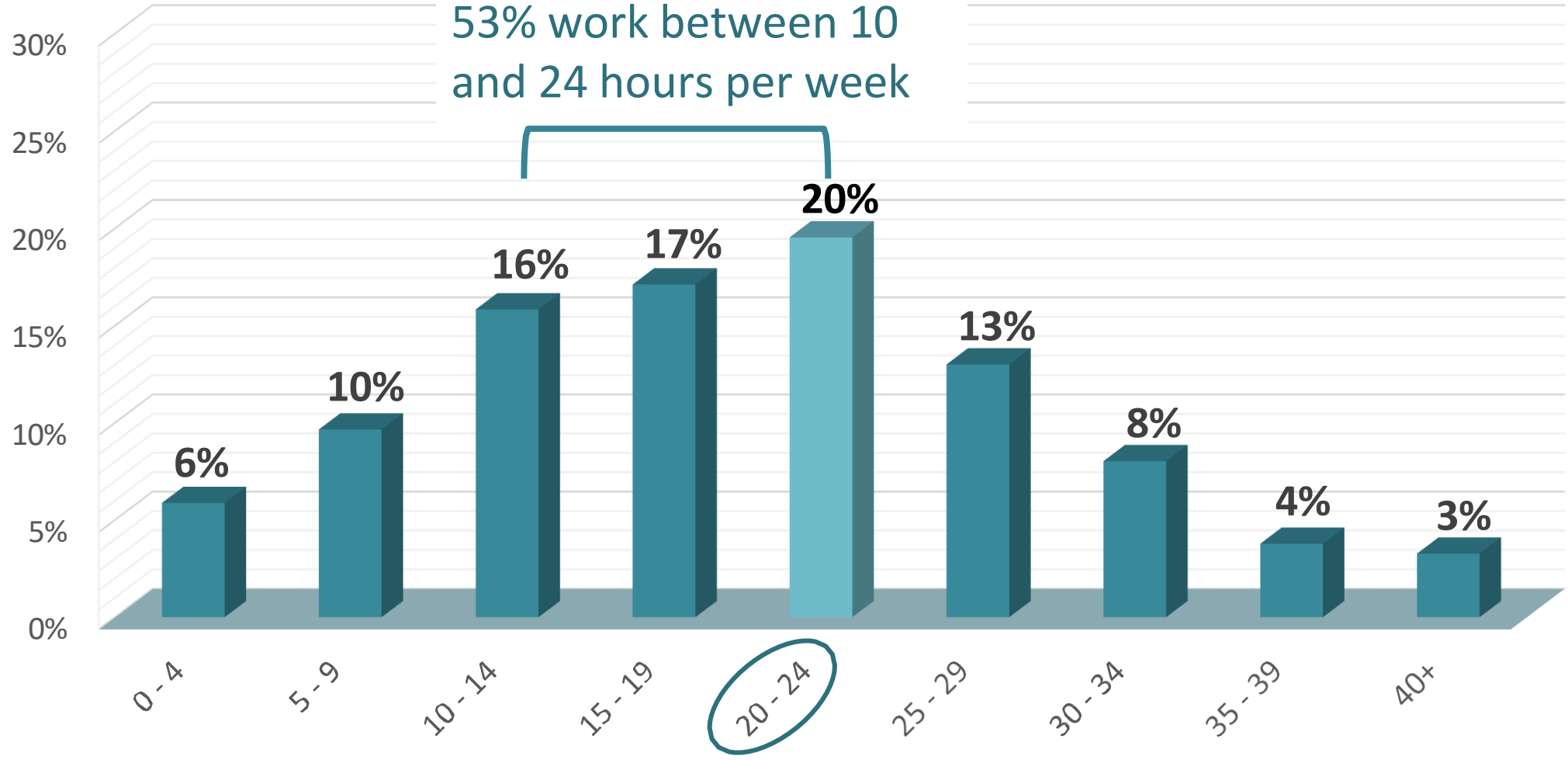
N = 5424

Breakdown of Respondents

- 51% are Independent Contactors or Sole Practitioners
- 23% are Employees

Employment/Work

Hours per Week Providing Massage



N = 3676+

Employment/Work

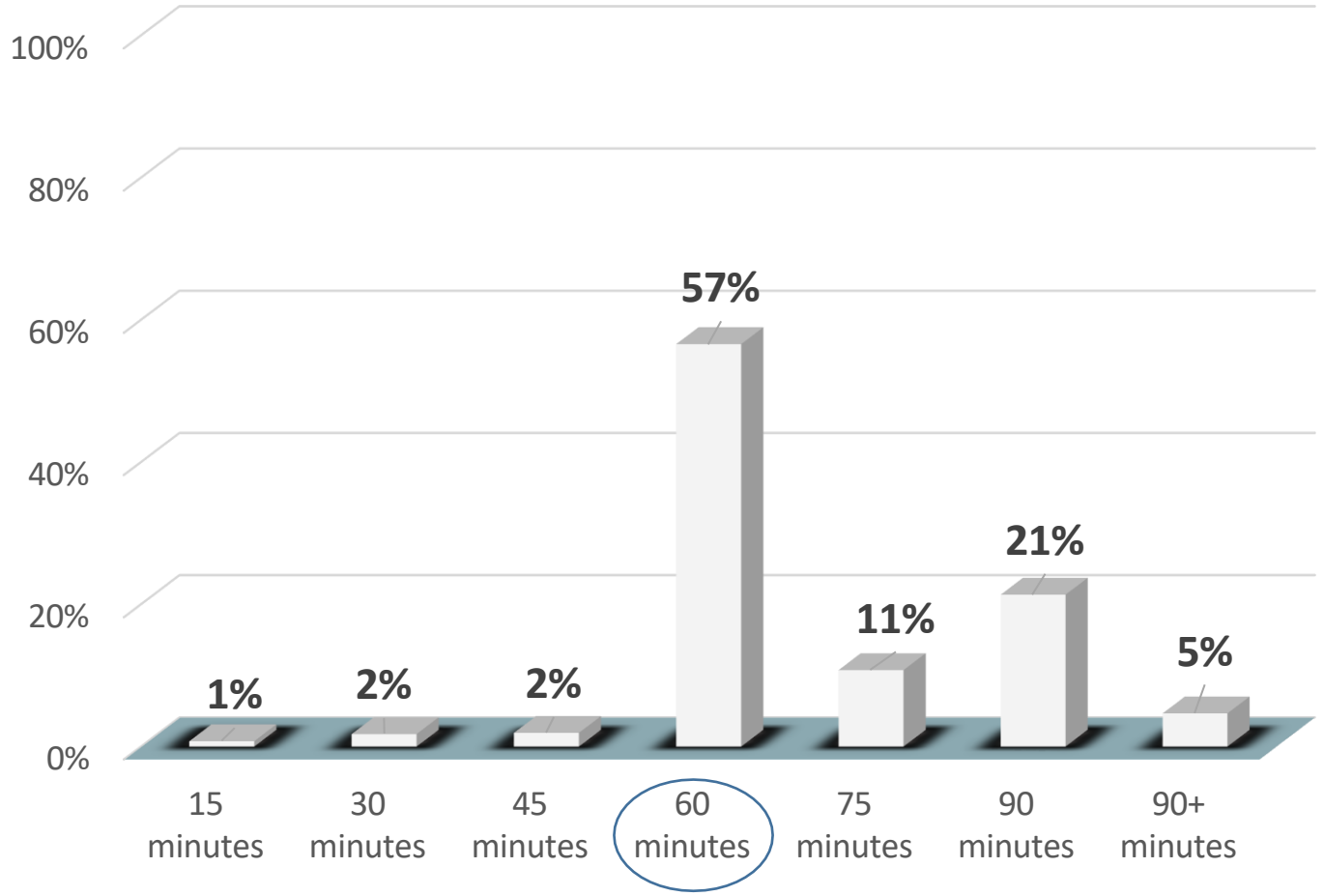
Average Number of Clients per Day

1 - 3	39%
4 - 6	48%
7 - 9	6%
10 - 12	1%
13 - 15	1%
15+	0%

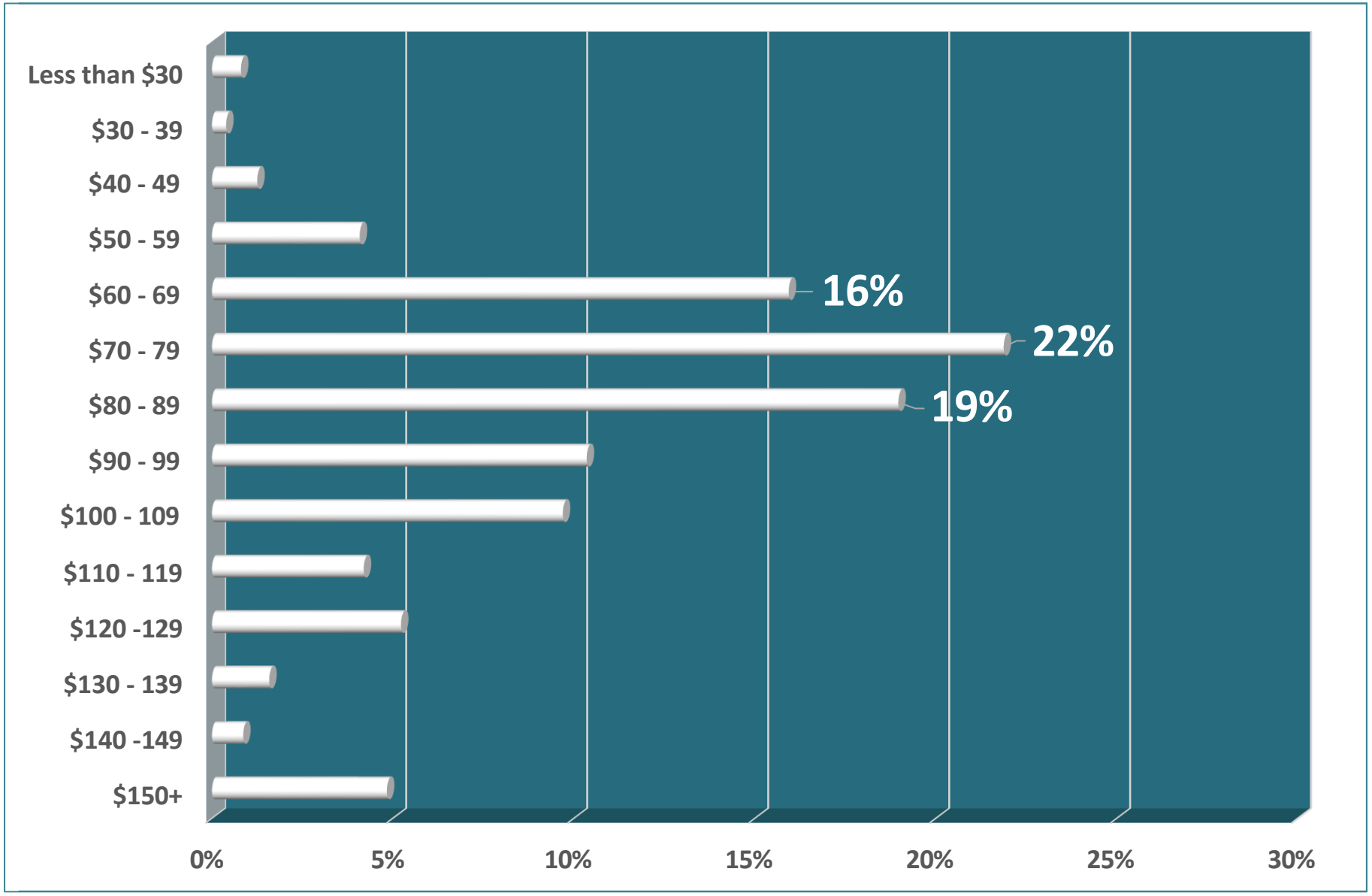
85% of Respondents see 1 – 6 Clients per Day

N = 3676+

Typical Length of Massage Session



Employment/Work

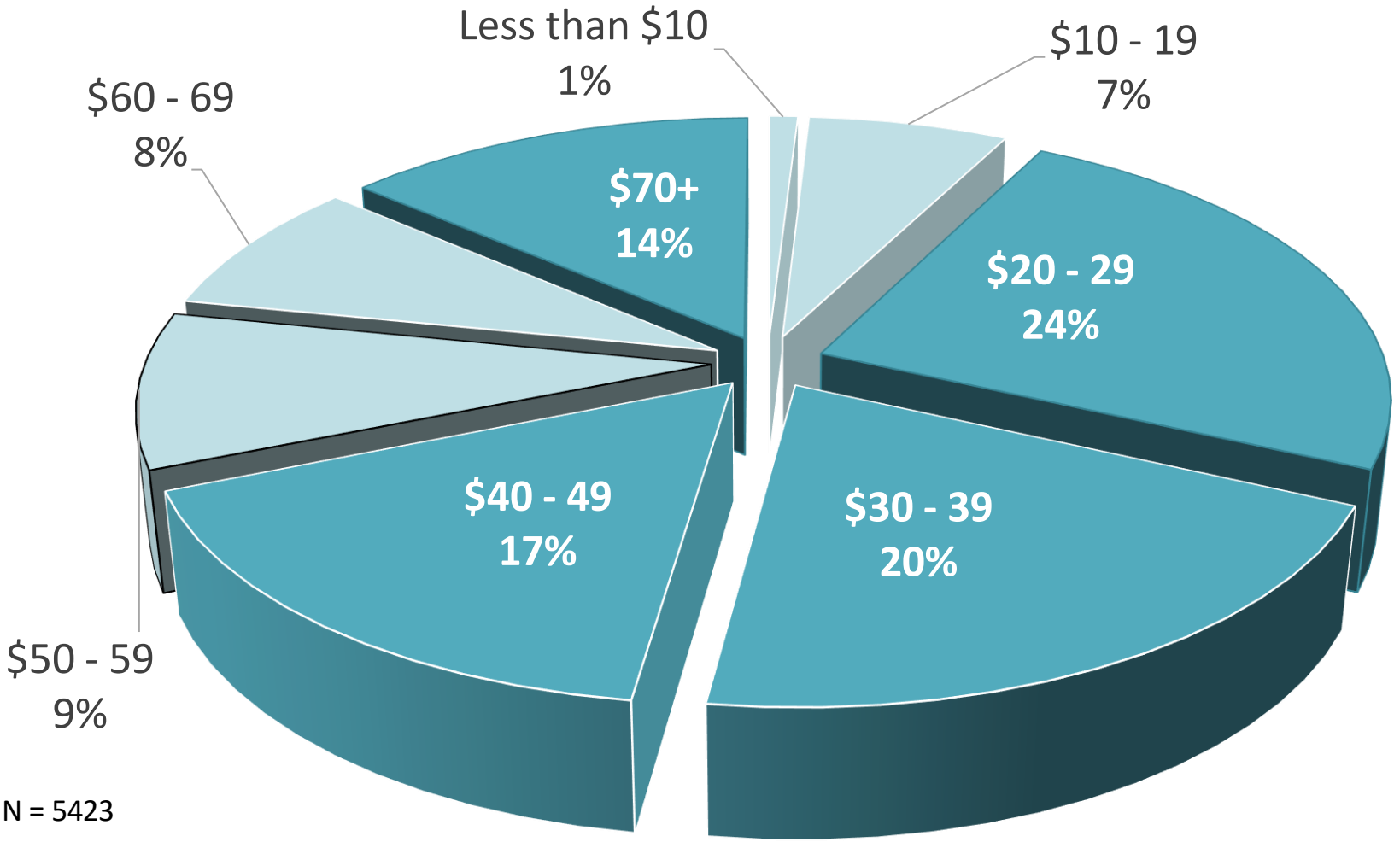


What Clients Pay for a One-Hour Session

57% report that clients pay between **$60** and **$89** per hour

Employment/Work

What are you paid (before tips) by your primary employer per hour of massage/bodywork?

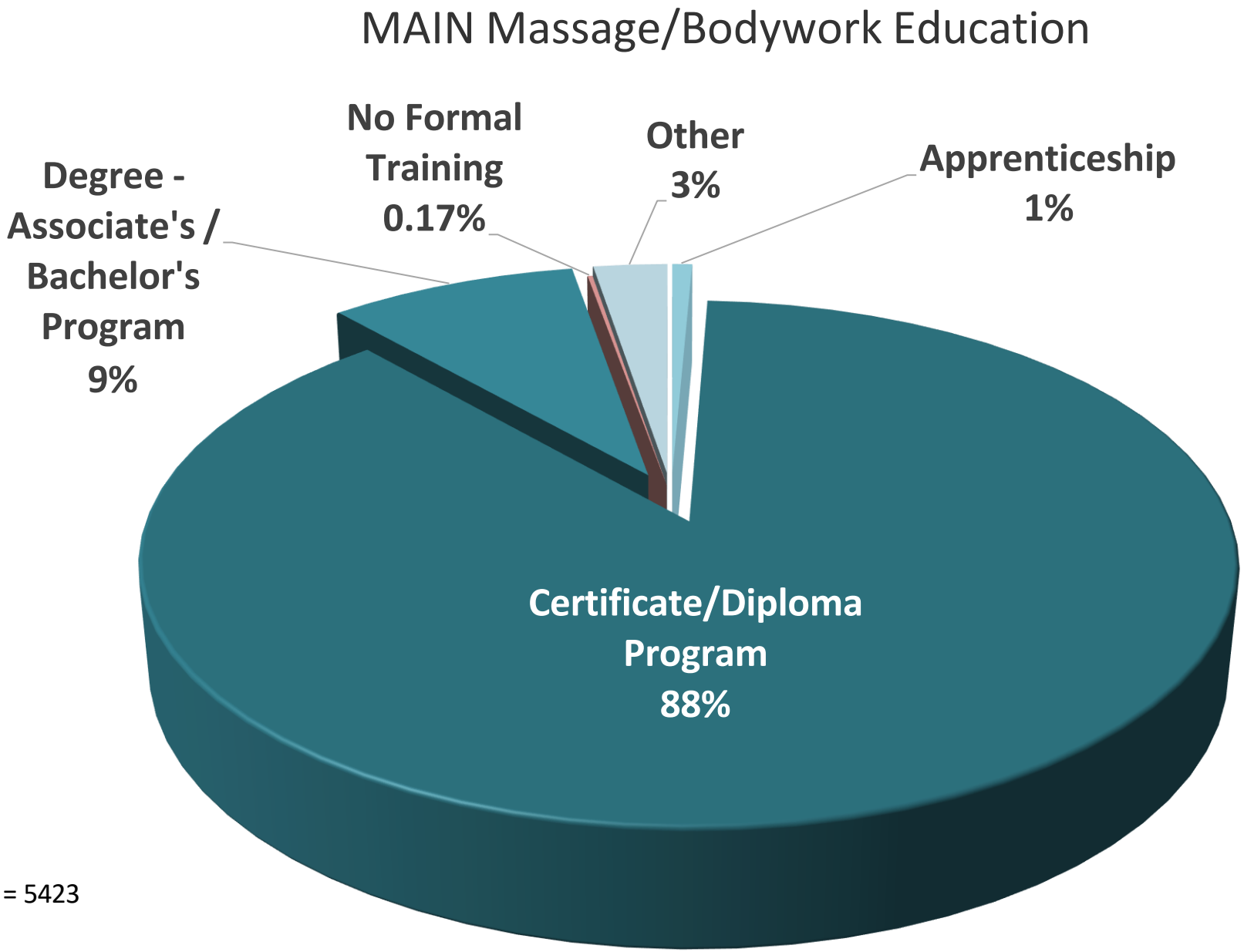


N = 5423

	< $10	1%
	$10 - 19	7%
➦	$20 - 29	24%
➦	$30 - 39	20%
➦	$40 - 49	17%
	$50 - 59	9%
	$60 - 69	8%
➦	$70+	14%

Note: An additional 48% (1737 people) selected N/A as their response

Education



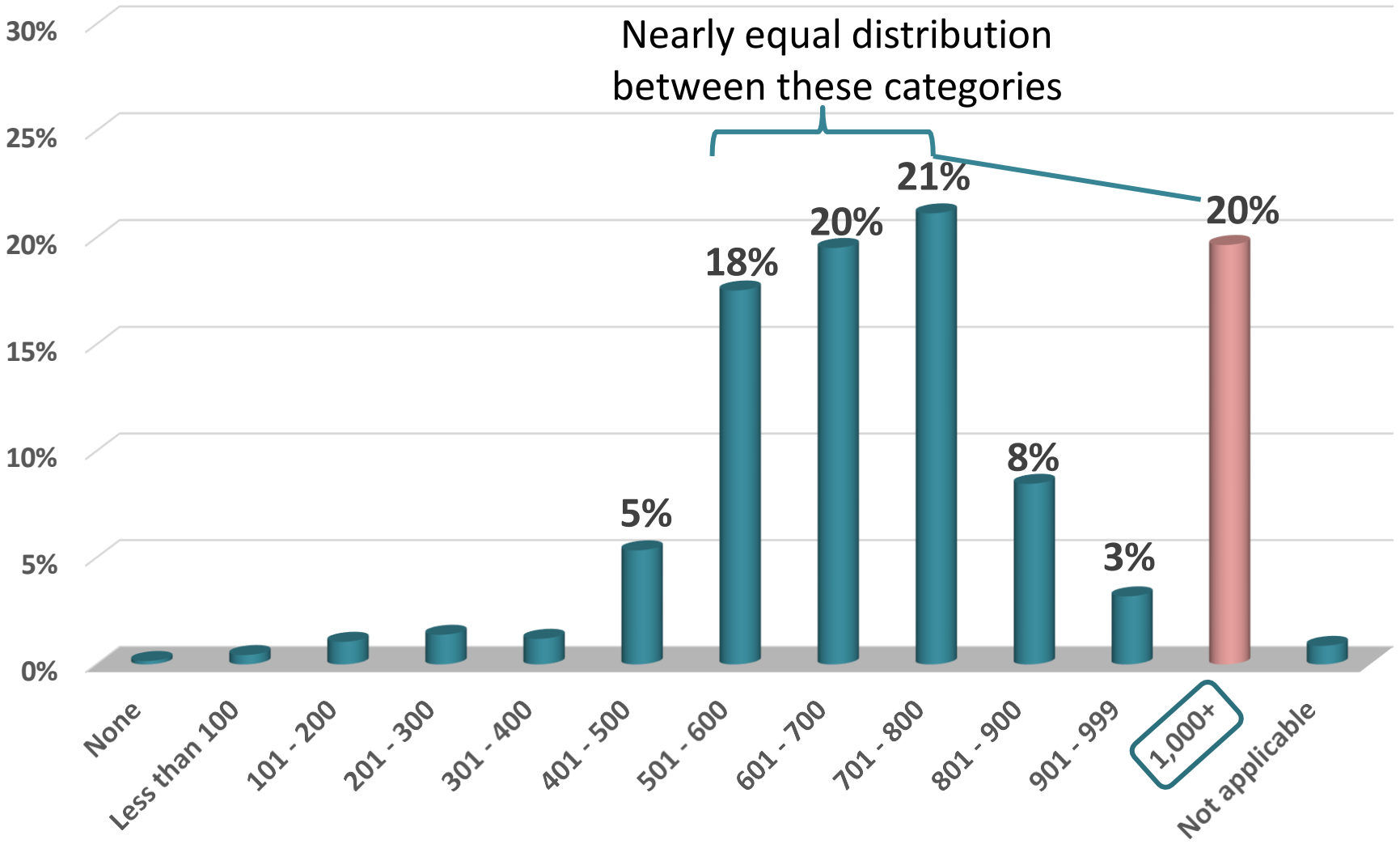
N = 5423

My education prepared me to practice massage therapy:

89% Agree

Education

Number of Hours of MAIN Massage Formal Education

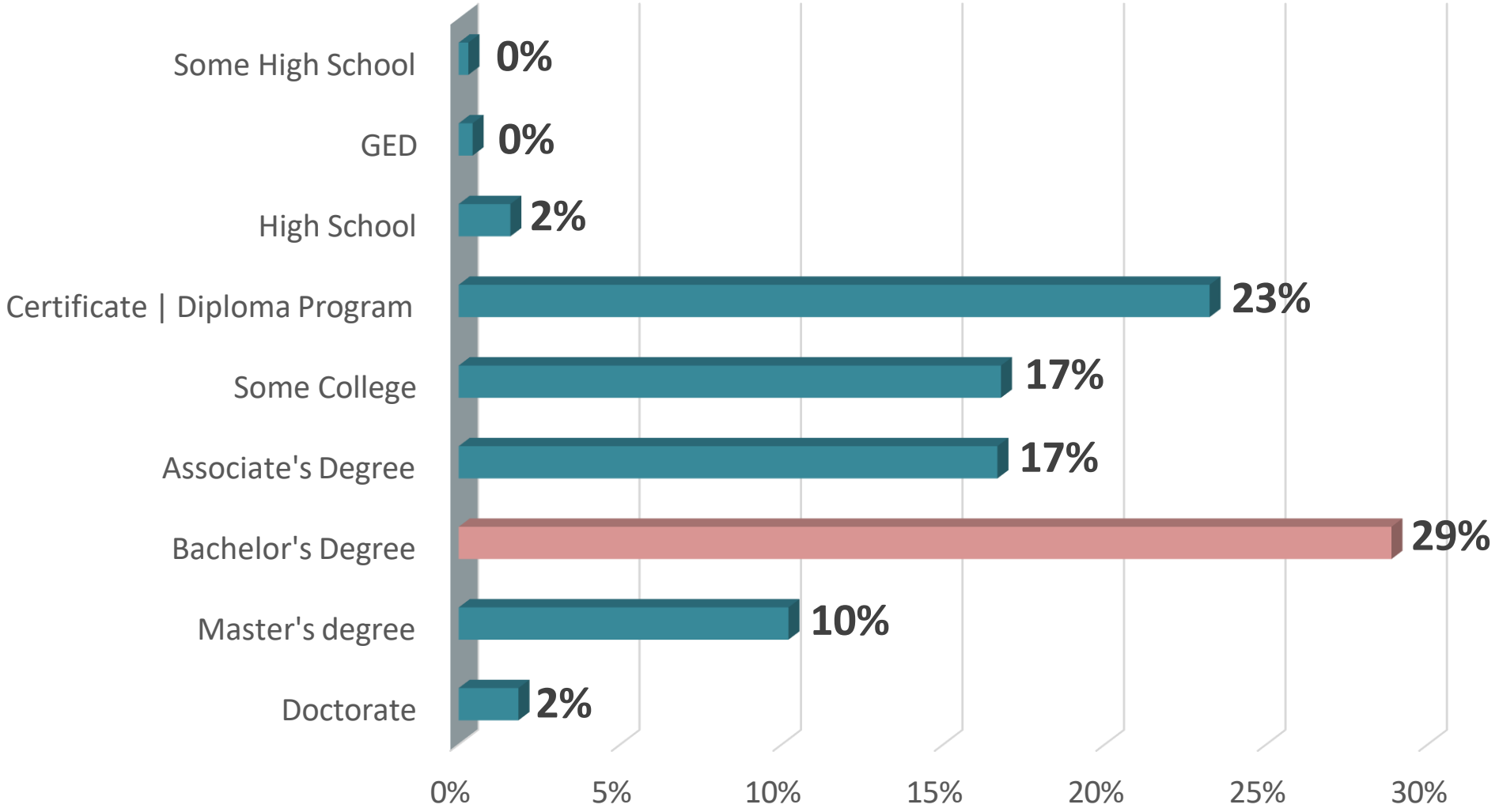


N = 3662+

- 90% of respondents have at least 501 hours of massage education
- 1/5 of respondents reported 1000+ hours

Education

Highest Level of Education



75% have at least some college.

41% have a BA degree or higher.

Both percentages are higher than US averages according to the 2020 censuses.

N = 3681

Education

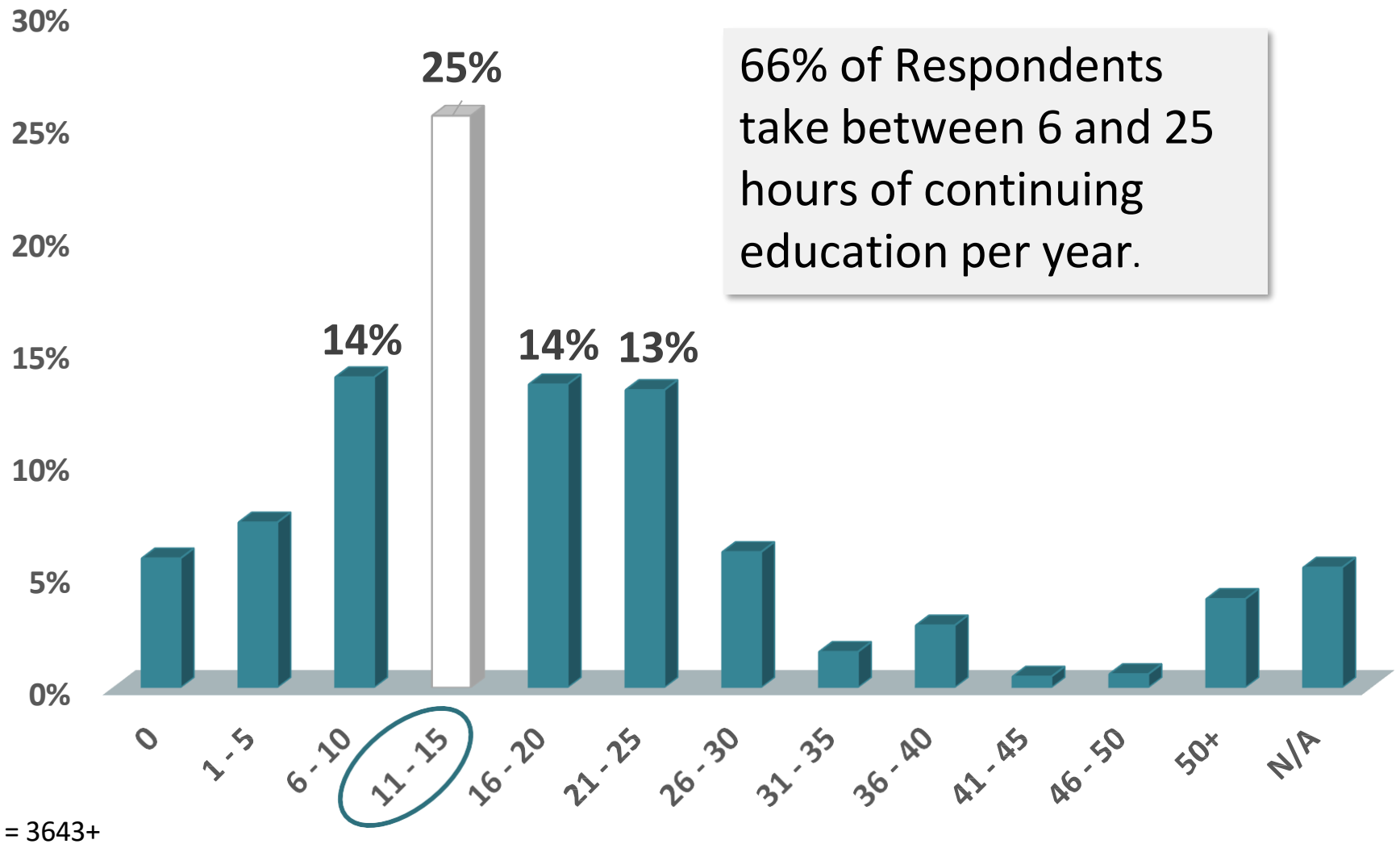
Hold a License in the following Profession(s)

Massage/Bodywork/Somatic Practice	**97%**
Nursing	2%
Athletic Trainer	2%
Physical Therapy	2%
Counseling/Psychology	1%
Acupuncture	1%
Naturopathic	1%
Occupational Therapy	1%
Chiropractic	0%
Physician (MD/DO)	0%
Other	11%

N = 3681

Education

Hours of Continuing Education Taken per Year



66% of Respondents take between 6 and 25 hours of continuing education per year.

Percent of Respondents who say they would take continuing education if it were <u>not</u> required for license renewal =

90%

N = 3643+

Do you think licensing should be required across the nation?

➦ 93% of respondents said YES

N = 3633

Comparison of JTA Results 2007 - 2022

	FSMTB JTA Results by Year			
Survey Item	2007	2012	2017	2022
Race = Caucasian	89%	77%	73%	75%
Years in Practice				
less than 1 year	10%	18%	11%	6%
1 - 2 years	16%	25%	24%	11%
3 - 5 years	24%	18%	17%	15%
6 - 10 years	23%	14%	17%	15%
11 - 15 years	12%	11%	11%	28%
16 - 20 years	6%	6%	7%	
20+ years	6%	7%	12%	23%
Licensing should be required across the nation = Yes	84%	88%	92%	93%
My education prepared me to practice = Yes	92%	91%	89%	89%
Clients per Day				
1 - 3 clients	51%	50%	38%	39%
4 - 6 clients	41%	41%	47%	48%
Session Length				
60 minutes	71%	69%	61%	57%
75 minutes	11%	10%	12%	11%
90 minutes	6%	8%	17%	21%

Highlights

- Years in Practice – participants with 11 or more years of experience has grown substantially. Decrease in participants with fewer years of experience may reflect an impact of the Covid-19 pandemic
- Agreement on need for national licensing remains high
- Percent of respondents who feel their education prepared them to practice remains constant
- There is an increase in the percent of respondents who do 90-minute sessions

Section 3

Job Task Survey Results

Method

Scientists design, build and calibrate instruments to record physical phenomena. When latent trait variables such as “Importance and Frequency of Massage Therapy Tasks” are measured indirectly, fundamental objective measures must be constructed with which to measure the underlying dimension. Unfortunately, it is not possible to grab a portion of attitude or ability and measure it against a standard ruler. Therefore, psychometricians must take great care to construct a frame of reference which evokes these objective, standardized measures. Only then can data be interpreted.

Objective measurement requires the following:

- An underlying trait that can be expressed in terms of more or less
- Survey/test items that are the operational definition of the underlying trait
- Survey/test items can be ordered from easy to hard
- Respondents can be ordered from less to more in attitude or ability

Rasch/IRT Model:

Meaningful Measurement uses the techniques of Item Response Theory (IRT), in particular the Rasch model, One Parameter Logistical model (1PL), which meets the requirements for measurement. This method is widely used in educational testing, certification and licensure, outcomes assessment and many other research applications.

$$P_{10} = \frac{e^{(ability - item\_difficulty)}}{1 + e^{(ability - item\_difficulty)}}$$

Method

Advantages of Using Item Response Theory:

- Equal Interval Measure
- Test/survey-takers and items are represented on the same scale
- Item calibrations are independent of the respondents used for calibration
- Respondent ability/attitude estimates are independent of the particular set of items used for estimation
- Measurement precision is estimated for each person and each item

Data Analysis

The computer program Winsteps 5.2 written by John Michael Linacre provides the basis for data analysis. Once raw scores are conditioned into measures, traditional statistical analyses may be performed. Additional analyses, charts and graphs are produced by SPSS 26.0, Excel and PowerPoint.

Survey Results - Reliability

The JTA results are important and useful in many ways. Data analysis produces the facts of measurement, thus allowing a deeper understanding of the structure of the discipline of Massage/Bodywork/Somatic Therapy/Practice.

The first thing that is done in a Meaningful Measurement data analysis is to "test the test." The FSMTB 2022 JTA survey passed all psychometric tests. The calibrated items cover a wide range of the variable - 550 points. The reliability is very high, and the majority of the items fit along the line of inquiry. When the few misfitting items are examined, it is understandable and easy to explain the reasons for variations in the responses.

Respondents were asked to rate tasks on two scales.

Importance ▶ How important is it for an ENTRY-LEVEL (within the first TWO YEARS after completion of training) practitioner to be able to perform the following task?

1 = Minimally Important
2 = Somewhat Important
3 = Important
4 = Extremely Important

Frequency ▶ How often do YOU perform the task in your practice?

1 = Rarely
2 = Sometimes
3 = Often
4 = Always

Respondents were also asked to rate the importance of knowledge.

Knowledge ▶ How important is it for an ENTRY-LEVEL (within the first TWO YEARS after completion of training) practitioner to have this knowledge to perform the job?

1 = Minimally Important
2 = Somewhat Important
3 = Important
4 = Extremely Important

Survey Results - Reliability

Reliability is the degree to which scores for a group of examinees are consistent over repeated administrations of the same test (or survey), and therefore considered dependable and repeatable for an individual respondent. Reliability reflects the degree to which scores are free of measurement error. The higher the value of the index (closer to 1.0), the greater is the reliability.

Reliability for the JTA survey scales is very high:

	Person Reliability	Item Reliability
Importance	.93	1.00
Frequency	.93	1.00
Knowledge	.76	1.00

Survey Results – Group Correlations

Correlations show whether and how strongly pairs of variables are related. For example, height and weight are related - taller people tend to be heavier than shorter people. The relationship isn't perfect, but a person who is 5'8" tall is likely to weigh more than someone who is 5'5".

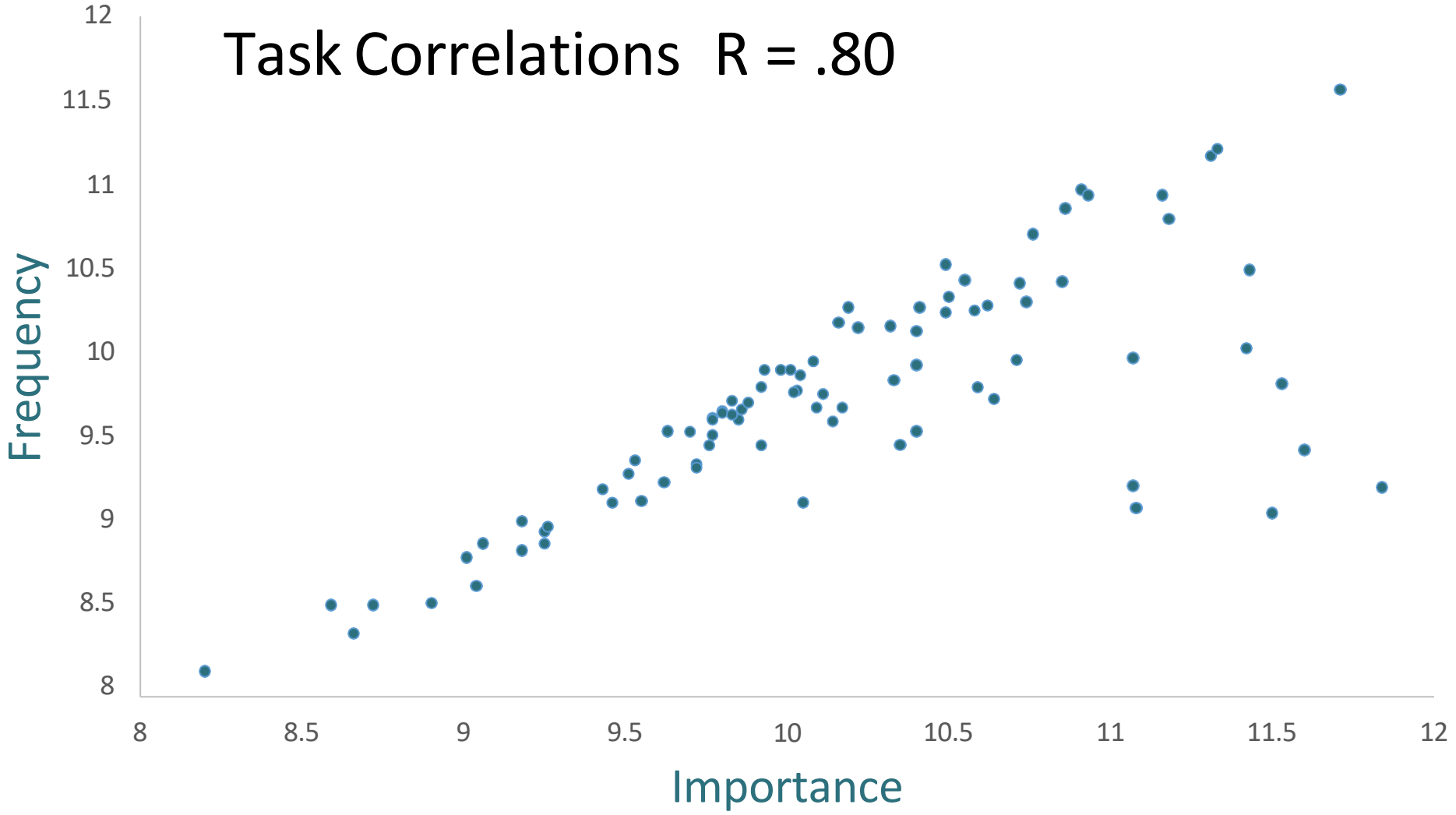
The main result of a correlation is called the correlation coefficient (or "r"). It ranges from -1.0 to +1.0. The closer r is to +1 or -1, the more closely the two variables are related. If r is close to 0, it means there is no relationship between the variables. If r is positive, it means that as one variable gets larger the other gets larger. If r is negative, it means that as one gets larger, the other gets smaller (often called an "inverse" correlation).

A correlation report can also show a second result of each test – statistical significance. In this case, the significance level will tell you how likely it is that the correlations reported may be due to chance in the form of random sampling error. All of the correlations in this report are at the .01 significance level, which means there is only a 1% chance that the results are due to error and a 99% probability the results are true.

It is important to examine correlations because they can describe the connections between variables. It is possible to determine structural, functional or qualitative relationships between comparable groups. The following tables show the way various classifications of Massage Therapists respond to the tasks and knowledge statements. A strong positive correlation means there is equivalence between the two entities.

The graph on the next page shows there is a .80 correlation between the importance and frequency with which tasks are performed. This is a high correlation but shows there are still some differences that need to be investigated. Task maps show where the divergences are and help the SMEs make informed decisions about the weighting of exam domains.

Correlations



Group Correlations

	Group	Frequency	Importance	Knowledge
Identify As	Female	98%	99%	100%
	Male			
Years in Practice	3 years & under	99%	99%	99%
	4 - 10 years			
	3 years & under	98%	98%	97%
	11 years+			
	4 - 10 years	99%	100%	99%
	11 years+			

Group Correlations

	Group	Frequency	Importance	Knowledge
Primary Focus of Practice	Complementary/Integrative	99%	99%	99%
	Conventional Medical/Clinical			
	Complementary/Integrative	97%	98%	99%
	Spa/Wellness			
	Conventional Medical/Clinical	96%	98%	99%
	Spa/Wellness			

Group Correlations

	Group	Frequency	Importance	Knowledge
Primarily Consider Self	Massage Therapist/Practitioner	98%	99%	99%
	Bodywork Therapist/Practitioner			
	Massage Therapist/Practitioner	84%	92%	94%
	Somatic Therapist/Practitioner			
	Bodywork Therapist/Practitioner	89%	94%	97%
	Somatic Therapist/Practitioner			

The fundamental question for the FSMTB to ask is whether it is fair and appropriate to give a common entry-level licensure examination to those who use massage, bodywork or somatic practices to promote, maintain or restore health and wellness.

The answer is an unequivocal "Yes".

The 2022 JTA survey data confirm results from the 2007, 2012 and 2017 JTA surveys. Correlations are remarkably high on every pair of variables. As demonstrated in the tables above, it does not matter whether practitioners self-identify as massage or bodywork therapists; there is an almost perfect alignment in how frequently they perform tasks, how important they think those tasks are and the importance of knowledge areas required to perform the job. The same holds true for the years in practice and gender.

It is particularly interesting to note that type of practice whether it is integrative/complementary, medical/clinical or spa/wellness is also very highly correlated on the importance and frequency of tasks and knowledge.

The practice of massage is consistent and parallel no matter the circumstance. Thus, it is defensible and practical to develop one examination to ensure all those who perform these tasks are safe and competent to practice.

Donna Surges Tatum, PhD, CAE
President, CEO

Meaningful Measurement, Inc.