RUHANI COLLEGE
OF HEALTH BUSINESS AND TECHNOLOGY

RUHANI COLLEGE OF MASSAGE THERAPY

Registered Massage Therapy Diploma Program

Mechanical and Derivative Applications: Warm Foot Bath, Dry Brushing and Salt Glow

Three applications that lead with water's mechanical property — friction, immersion and exfoliation — and one that demonstrates the derivative effect better than any other technique in the course.

RU RMT 25 · Hydrotherapy · 70 Hours · 10 Days · Lecture 7 of 10

Aligned to CMTO Standards of Practice (2022), FOMTRAC inter-jurisdictional competencies and CMTCA accreditation requirements.

Compiled from RU RMT 25 Day 2 Lecture 3 (Warm Foot Bath), Day 2 Lecture 4 (Dry Brushing) and Day 4 Lecture 3 (Salt Glow). Expanded with derivative-effect physiology, draping requirements and per-client hygiene.

LEARNING OBJECTIVES

By the end of this lecture you will be able to:

- Explain the local, reflex and derivative effects of a warm foot bath.
- Set the correct water temperature and duration and perform the application safely from setup to completion.
- Explain the mechanical effects of dry brushing on skin and circulation, and select the correct brush and stroke direction.
- Explain the combined friction and exfoliating action of a salt glow and prepare salt to the correct consistency.
- Apply the indications and contraindications for all three techniques.
- Manage draping, dignity and per-client hygiene for body-surface work.
- Teach each technique as a home-care self-treatment with explicit stop criteria.

How this lecture is organised

Part A — Warm foot bath

- Local, reflex and derivative effects
- Parameters, indications and contraindications
- Procedure, safety and finishing care
- Home care and the headache application

Parts B and C — Mechanical work

- Dry brushing: effects, brush selection, direction and pressure
- Salt glow: preparation, friction sequence and finishing
- Draping, dignity and sensitive-area exclusions
- Per-client hygiene and equipment
- Sequencing the three within one treatment

THE COMMON THREAD

These three lead with the mechanical property of water — and one of them shows you the derivative effect in action.

The warm foot bath is thermal in its agent but reflex and derivative in its most valuable effect. Dry brushing and the salt glow are barely thermal at all: their action is friction, exfoliation and sensory stimulation. Together they demonstrate that hydrotherapy is not only about temperature, and that a treatment can act powerfully at a site far from where you applied it.

Sinclair, Modern Hydrotherapy for the Massage Therapist (2008) | Salvo, Massage Therapy: Principles and Practice, 7th ed. (2023)

How a warm foot bath works

Immersing the feet in warm water produces effects far beyond the feet themselves.

- **Local —** vasodilation warms the feet and lower legs and eases tired, aching feet.
- **Reflex —** warming the feet relaxes the whole body, lowers arousal and aids sleep.
- **Derivative —** drawing blood toward the feet decongests the head and upper body, which is useful for headache and nasal congestion.
- **Mechanical —** hydrostatic pressure of the water supports venous return from the lower limb.
- **Psychological —** a pleasant, low-risk introduction to thermal self-care that clients readily adopt at home.
- **Parameters —** warm to hot water at 38–43 °C (100–110 °F); 10–20 minutes; keep the water warm by topping up gradually.

Sinclair, Modern Hydrotherapy for the Massage Therapist (2008) | Rattray & Ludwig, Clinical Massage Therapy (2000)

Why warming the feet relieves a headache

The mechanism

- The vascular bed of the lower limbs is large; dilating it holds a meaningful share of circulating volume.
- Blood drawn to the periphery reduces congestion in regions distant from the application.
- Reflex pathways reinforce this: cutaneous warming reduces sympathetic vasoconstrictor tone more widely.
- The result is a redistribution rather than an increase in total flow.

Clinical uses

- Tension headache, particularly where the client also reports cold feet.
- Nasal and sinus congestion with a feeling of fullness in the head.
- Warming a chilled or anxious client before treatment so they can settle.
- Preparing a client for sleep as part of an evening routine.
- It is also the reason a foot bath is a poor choice for a client who is already hypotensive or faint.

Sinclair, Modern Hydrotherapy for the Massage Therapist (2008) | Rattray & Ludwig, Clinical Massage Therapy (2000)

Indications and contraindications

Indications

- Cold feet and poor lower-limb warmth
- General relaxation and sleep support
- Headache and upper-body congestion, using the derivative effect
- Warming a client before a treatment
- Tired, aching feet after prolonged standing
- A simple, reproducible home-care technique

Contraindications and cautions

- Loss of sensation or peripheral neuropathy, especially with diabetes
- Peripheral vascular disease or DVT in the legs
- Open wounds, ulcers or infection on the feet
- Caution with cardiovascular disease and pregnancy
- Caution where the client is prone to faintness on standing
- Fungal or other transmissible skin conditions, for shared-basin hygiene

Werner, A Massage Therapist's Guide to Pathology, 7th ed. (2019) | Fritz & Fritz, Mosby's Fundamentals of Therapeutic Massage, 7th ed. (2021)

Performing the warm foot bath

1. **Screen and consent.** Check contraindications, inspect the feet including between the toes, test foot sensation, and obtain consent.
2. **Prepare the bath.** Fill a clean basin with warm water at 38–43 °C and verify the temperature with a thermometer.
3. **Position the client.** Seated comfortably with the back supported; drape and protect clothing and flooring.
4. **Immerse gradually.** Lower the feet in slowly; confirm comfort and adjust the temperature before full immersion.
5. **Maintain and monitor.** Top up with warm water over 10–20 minutes, adding it away from the feet; watch skin colour and comfort.
6. **Finish and dry.** Remove the feet, dry thoroughly including between the toes, and have the client rest briefly before standing.

Sinclair, Modern Hydrotherapy for the Massage Therapist (2008)

Safety and finishing care

During

- Never exceed a safe, comfortable temperature — test before and during.
- Add hot water away from the feet and stir before the client's feet return to that area.
- Keep the client's upper body warm and covered so a local application does not chill them.
- Watch for flushing, sweating or light-headedness — signs that the systemic load is greater than intended.
- Stay within reach throughout.

Finishing

- Support the client when standing; vasodilation can cause light-headedness.
- Dry thoroughly between the toes to prevent maceration and skin breakdown.
- An optional cool rinse at the end leaves a refreshing, tonifying finish and reduces post-treatment dizziness.
- Have the client sit for a minute before rising.
- Disinfect the basin between clients.

Sinclair, Modern Hydrotherapy for the Massage Therapist (2008) | CMTO, Standard of Practice: Infection Prevention and Control (2022) — cmto.com/rules/standard-of-practice-infection-prevention-and-control

Teaching it at home

- Use any clean basin deep enough to cover the ankles.
- Comfortably warm water for ten to fifteen minutes, typically in the evening.
- Add Epsom salts for relaxation if there are no contraindications and no allergy.
- Sit supported, with a towel to hand, and do not stand up abruptly at the end.
- Dry thoroughly between the toes afterwards.
- Stop if the feet feel painful, numb or unusually red.
- For a headache, combine the foot bath with a cool compress to the forehead — this strengthens the derivative effect.
- Advise clients with diabetes or reduced sensation to check the temperature with a thermometer or an elbow, never by feel with the feet.

Sinclair, Modern Hydrotherapy for the Massage Therapist (2008) | Werner, A Massage Therapist's Guide to Pathology, 7th ed. (2019)

What dry brushing does

Skin and circulation

- **Exfoliation —** removes dead surface cells, leaving skin smoother and better able to absorb.
- **Circulatory stimulation —** friction draws blood to the surface, producing a warming, invigorating response known as rubefaction.

Fluid and sensation

- **Lymphatic priming —** light strokes toward the heart are used to encourage surface fluid movement and a sense of lightness.
- **Sensory tonifying —** brisk stimulation of cutaneous receptors is enlivening and prepares the body for a bath or further treatment.
- **Note —** dry brushing is mechanical, not thermal. It is a hydrotherapy-adjacent technique used before wet applications.

Sinclair, Modern Hydrotherapy for the Massage Therapist (2008) | Salvo, Massage Therapy: Principles and Practice, 7th ed. (2023)

Brush, direction and pressure

Always performed on dry skin, before bathing.

Technique

- Use a natural-bristle brush — firm enough to stimulate, not so stiff that it scratches.
- Work from the extremities toward the heart with long, light, overlapping strokes.
- Begin at the feet and hands; move up the limbs, then the torso.
- Use light, even pressure — the skin should turn pink, never red or sore.
- Keep strokes brief over any one area; the goal is stimulation, not abrasion.

Direction rule

- Limbs: distal to proximal, toward the heart.
- Back: upward and toward the heart.
- Abdomen: gently, following the direction of circulation.
- Avoid the face and any sensitive areas entirely.
- The direction rule is not decorative — it follows venous and lymphatic return.

Sinclair, Modern Hydrotherapy for the Massage Therapist (2008)

Indications and contraindications

Indications

- Dull, flaky or congested skin needing exfoliation
- Sluggish surface circulation; cold, pale skin
- Preparation before a bath, salt glow or other application
- A stimulating start to a self-care routine
- Clients who respond well to sensory, tonifying input

Contraindications

- Broken, inflamed or infected skin; open wounds or rashes
- Sunburn, eczema, psoriasis flare or very sensitive skin
- Varicose veins, fragile skin and bruising-prone areas
- Directly over the face or any recent surgical site
- Bleeding disorders or anticoagulant therapy with fragile skin
- Any area where the client reports altered sensation

Werner, A Massage Therapist's Guide to Pathology, 7th ed. (2019) | Fritz & Fritz, Mosby's Fundamentals of Therapeutic Massage, 7th ed. (2021)

A systematic dry-brushing sequence

1 **Prepare.** Dry skin and a clean dry brush; explain the technique and gain consent; ensure privacy and appropriate draping.
2 **Feet and legs.** Brush the soles, then up each leg with long strokes toward the hip, working in overlapping passes.
3 **Hands and arms.** Brush the palms, then up each arm toward the shoulder.
4 **Torso.** Brush the back upward and the abdomen gently in the direction of circulation, keeping the drape moving with you.
5 **Check the skin.** Confirm an even pink glow, with no soreness, abrasion or broken skin.
6 **Follow on.** Proceed to a warm bath, salt glow or the next planned application while the skin is stimulated.

Sinclair, Modern Hydrotherapy for the Massage Therapist (2008)

Brush care and home use

Hygiene

- Each client uses their own brush, or a sanitised or disposable one is used.
- Wash and fully dry brushes regularly to prevent bacterial and fungal growth.
- Never use a brush that has contacted broken or infected skin on another client.
- Store brushes dry and covered.
- Record brush cleaning in the equipment log alongside other reusable items.

Home care

- Brush before showering, for two to three minutes, with light pressure, always toward the heart.
- Moisturise afterwards.
- Never brush irritated, sunburned or broken skin.
- Stop if the skin becomes sore, red or scratched rather than pink.
- Two to three times a week is sufficient; daily vigorous brushing abrades the skin.

CMTO, Standard of Practice: Infection Prevention and Control (2022) — cmto.com/rules/standard-of-practice-infection-prevention-and-control | Sinclair, Modern Hydrotherapy for the Massage Therapist (2008)

What a salt glow is

A vigorous friction treatment using moistened salt as a natural exfoliant across the body.

Effects

- Mechanical friction plus the abrasive, mineral action of salt removes dead skin cells.
- Surface circulation is stimulated, leaving a warm, rosy glow — rubefaction.
- Brisk sensory stimulation is tonifying and refreshing.
- The technique combines the mechanical and chemical properties of water in a single application.

Preparation

- Coarse or fine salt moistened with a little water or oil.
- Damp, crumbly texture — not a runny paste.
- Enough to cover the body in sections.
- Often performed on damp skin in a wet area and followed by a rinse.
- Fresh salt for each client; never reuse or return salt to a bulk container.

Sinclair, Modern Hydrotherapy for the Massage Therapist (2008)

Indications and contraindications

Indications

- Dull, rough or flaky skin needing exfoliation
- Sluggish surface circulation
- A tonifying, invigorating body treatment
- Preparation before a bath or wrap
- Clients who want a stimulating rather than sedating session

Contraindications

- Broken, inflamed, infected or sunburned skin
- Freshly shaved skin — salt on a shaved area stings and abrades
- Eczema, psoriasis flare, dermatitis or very sensitive skin
- Open wounds, recent surgical sites, fragile or bruising-prone skin
- Known sensitivity to salt or to any oil used to moisten it
- Any area of altered sensation

Werner, A Massage Therapist's Guide to Pathology, 7th ed. (2019) | Fritz & Fritz, Mosby's Fundamentals of Therapeutic Massage, 7th ed. (2021)

Performing the salt glow

1 **Screen and consent.** Inspect the skin over the whole area to be treated, ask about recent shaving and known sensitivities, and obtain consent.
2 **Prepare the salt.** Moisten salt with a little water or oil to a damp, crumbly texture; prepare enough for the whole treatment.
3 **Prepare the client.** Position on a protected surface in a warm room; drape so that only the section being worked is exposed.
4 **Work in sections.** Apply salt and use brisk, rhythmic friction over one limb or region at a time, keeping the rest draped and warm.
5 **Work to a glow.** Stop each section at a healthy pink — never raw or sore.
6 **Rinse and finish.** Rinse the salt off with warm water, pat dry, and apply moisturiser as appropriate.

Sinclair, Modern Hydrotherapy for the Massage Therapist (2008)

Protecting the skin

Technique

- Keep friction firm but controlled — the salt does the exfoliating, not force.
- Avoid the face, breasts, genitals and any sensitive or broken area.
- Reduce pressure over bony prominences and thin skin.
- Watch continuously: the transition from pink to raw happens quickly.
- Rinse thoroughly so no salt remains to irritate the skin.

Hygiene and finishing

- Use fresh salt for each client; discard what is left over.
- Clean and disinfect the treatment surface and any wet area afterwards.
- Manage the wet floor as a slip hazard.
- A cool final rinse adds a tonifying finish if the client tolerates it.
- Keep the client warm and covered between sections and after rinsing.

CMTO, Standard of Practice: Infection Prevention and Control (2022) — cmto.com/rules/standard-of-practice-infection-prevention-and-control | CMTO, Standard of Practice: Safety and Risk Management (2022) — cmto.com/rules/standard-of-practice-safety-and-risk-management

Dignity and physical privacy in body-surface work

Dry brushing and the salt glow expose more of the body, for longer, than most manual work. Plan the draping before you begin.

Requirements

- Drape so that only the section being worked is exposed at any time.
- Provide a private space for the client to undress and dress.
- Explain before touching, repositioning or moving the drape.
- Comply with the Standard of Practice: Draping and Physical Privacy — this is also Requirement 10 of the Safety and Risk Management Standard.
- Breasts, genitals, gluteal cleft and upper inner thighs are excluded from these techniques.

Practical measures

- Work limb by limb, re-covering each section as you finish it.
- Keep the room warm; a partly exposed client chills quickly during a long sequence.
- Where a client must move to a wet area, ensure the route is private, warm and non-slip.
- Check in verbally at each transition rather than working through in silence.
- Document that draping and consent were maintained throughout.

CMTO, Standard of Practice: Draping and Physical Privacy (2022) — cmto.com/rules/standard-of-practice-draping-and-physical-privacy | CMTO, Standard of Practice: Consent (2022) — cmto.com/rules/consent | CMTO, Standard of Practice: Safety and Risk Management (2022) — cmto.com/rules/standard-of-practice-safety-and-risk-management

Comparing the three applications

Feature	Warm foot bath	Dry brushing	Salt glow
Leading property	Thermal, with reflex and derivative effects	Mechanical	Mechanical plus chemical
Skin state required	Intact, no ulceration	Dry, intact, not shaved recently	Intact, not freshly shaved
Region	Feet and lower legs	Whole body except face and sensitive areas	Whole body except face and sensitive areas
Typical duration	10 – 20 minutes	2 – 5 minutes	10 – 20 minutes with rinse
Effect on arousal	Sedating and relaxing	Stimulating and tonifying	Stimulating and tonifying
Home translation	Excellent — basin and warm water	Excellent — own brush	Possible, but messy without a wet area
Main risk	Burn or faintness; foot skin breakdown	Abrasion of fragile skin	Abrasion, stinging on broken or shaved skin

Sinclair, Modern Hydrotherapy for the Massage Therapist (2008)

Combining these within a single treatment

These three are traditionally sequenced. Understanding the order helps you plan a session and explain it to the client.

- Dry brushing comes first: it is performed on dry skin, before anything wet.
- The salt glow follows, using the already stimulated and exfoliated skin, and finishes with a rinse.
- A warm foot bath can precede either as a warming and settling measure, or follow as a sedating finish.
- If the goal is relaxation, end with warmth and neutral temperatures rather than a cool rinse.
- If the goal is tonifying, end with a cool rinse and brisk drying.
- Do not combine all three at full intensity in a single session with a new client — the cumulative sensory load is considerable.
- Manual massage follows well after any of these, since the skin is warm, stimulated and receptive.
- Record the full sequence, not just the individual techniques.

Sinclair, Modern Hydrotherapy for the Massage Therapist (2008) | Salvo, Massage Therapy: Principles and Practice, 7th ed. (2023)

Consent scripts for mechanical applications

Dry brushing

- 'I'd like to brush your skin with a soft natural-bristle brush before we go on — it's done on dry skin and takes a few minutes.'
- 'It exfoliates and brings circulation to the surface, and it should feel brisk and enlivening.'
- 'The risk is scratching or irritating the skin, so I'll keep the pressure light and check as I go — the skin should go pink, not red.'
- 'We can skip it or do just the limbs. Tell me at any point if it feels too firm.'

Salt glow

- 'This uses damp salt with brisk friction to exfoliate the skin, working one section at a time, then a warm rinse.'
- 'It leaves the skin smooth and stimulates the surface circulation.'
- 'It will sting on any small cut or recently shaved area, so I need to check the skin and ask when you last shaved.'
- 'I'll keep everything except the section I'm working on covered. We can stop at any point.'

CMTO, Standard of Practice: Consent (2022) — cmto.com/rules/consent | CMTO, Standard of Practice: Communication (2022) — cmto.com/rules/standard-of-practice-communication

Adjusting or excluding these techniques

Warm foot bath

- Diabetes with neuropathy: exclude, or use a measured lower temperature with continuous supervision and a careful foot inspection first.
- Peripheral vascular disease: exclude.
- Pregnancy: acceptable at a moderate temperature; avoid prolonged hot immersion.
- Older adults: shorter duration, closer supervision, and assist with standing.
- Clients prone to faintness: shorter, cooler, and finish with a cool rinse.

Dry brushing and salt glow

- Anticoagulant therapy or fragile skin: very light pressure, or exclude.
- Eczema, psoriasis, dermatitis: exclude during flare; use only on unaffected regions when settled.
- Older adults with thin atrophic skin: reduce pressure substantially or omit the salt glow.
- Recent shaving or waxing: postpone the salt glow.
- Reduced sensation anywhere: exclude that region.

Werner, A Massage Therapist's Guide to Pathology, 7th ed. (2019) | Norris, Porth's Essentials of Pathophysiology, 5th ed. (2019)

What to record for these applications

- **Foot bath —** skin inspection including between the toes, sensation result, measured water temperature, duration, top-ups, response, drying and finishing rinse.
- **Dry brushing —** skin inspection, regions brushed, direction, pressure, skin response, and whether the client's own brush or a sanitised clinic brush was used.
- **Salt glow —** skin inspection, recent shaving asked about, salt preparation and any oil used, regions treated, skin response, rinse and moisturiser.
- **All three —** consent discussion documented within 24 hours, including draping and the client's right to stop.
- **All three —** home-care advice given, with explicit stop criteria.
- **All three —** any adverse reaction, action taken and the reassessment plan.

CMTO, Record Keeping (2022) — cmto.com/rules/record-keeping | CMTO, Standard of Practice: Consent (2022) — cmto.com/rules/consent

Common errors and their corrections

The error	The correction
– Testing foot bath water with your hand rather than a thermometer	– Measure and record; hands are poor thermometers
– Letting a client stand straight up from a foot bath	– Sit for a minute, dry thoroughly, then assist to standing
– Brushing hard enough to leave red streaks	– Light pressure to a pink glow; the goal is stimulation, not abrasion
– Brushing toward the extremities rather than the heart	– Distal to proximal follows venous and lymphatic return
– Using a runny salt paste	– Damp and crumbly — paste does not exfoliate and does not rinse cleanly
– Not asking about recent shaving before a salt glow	– Shaved skin stings and abrades; ask every time and postpone if needed

Case scenarios

Presentations

- A client presents with a tension headache and consistently cold feet.
- A client with long-standing diabetes asks for a warm foot bath for tired feet.
- A client shaved their legs this morning and has booked a salt glow.
- A client on warfarin asks about dry brushing after reading about it online.
- A client feels light-headed on standing after a twenty-minute foot bath.

Reasoning targets

- Warm foot bath for the derivative effect, ideally with a cool compress to the forehead.
- Inspect the feet carefully, test sensation, and if there is any deficit use a measured lower temperature with supervision or decline.
- Postpone the salt glow; offer dry brushing to unaffected areas or a warm bath instead.
- Fragile skin and easy bruising: very light pressure only, or advise against and explain why.
- Predictable vasodilation. Sit them down, offer water, finish with a cool foot rinse next time, and record the response.

Werner, A Massage Therapist's Guide to Pathology, 7th ed. (2019) | Sinclair, Modern Hydrotherapy for the Massage Therapist (2008)

STATION DRILL

Rehearse this sequence until it is automatic

1. **State your choice and rationale.** Which technique, which region, what goal, and why this over the alternatives.
2. **Screen aloud.** Skin integrity over the whole area, sensation, vascular history, recent shaving, and any dermatological condition.
3. **Consent aloud.** All six elements, including the draping plan, before the client undresses.
4. **Set up correctly.** Measured water temperature, prepared salt or clean brush, protected surface, warm room, drapes ready.
5. **Apply and monitor.** Work in sections, keep the client covered, watch the skin continuously and stop at a pink glow.
6. **Finish and document.** Rinse or dry, assist the client safely, give home care with stop criteria, and write the entry.

Adjusting the foot bath to the goal

- **Warming and sedating —** 38–40 °C for 15–20 minutes, in a warm quiet room, finishing without a cool rinse. Best in the evening or before a relaxing treatment.
- **Derivative for headache —** 40–43 °C for 10–15 minutes, with a cool compress to the forehead or back of the neck. The contrast between warm feet and cool head strengthens the effect.
- **Tonifying —** warm immersion followed by a brief cool rinse of the feet, then brisk drying. Leaves the client alert rather than drowsy.
- **With Epsom salts —** adds the chemical property; screen for allergy and broken skin first. See Lecture 10.
- **Contrast foot bath —** two basins alternating hot and cold, covered fully in Lecture 9. A different technique with a different indication.
- **Neutral foot bath —** 27–34 °C for a client who cannot tolerate a strong stimulus; sedating with minimal circulatory demand.

Sinclair, Modern Hydrotherapy for the Massage Therapist (2008) | Rattray & Ludwig, Clinical Massage Therapy (2000)

Understanding the pink glow you are working toward

What rubefaction is

- A reddening of the skin produced by increased blood flow to the superficial capillary bed.
- Caused mechanically by friction, or chemically by an agent such as mustard, or thermally by heat.
- The visible sign that the surface circulation has responded.
- An even pink is the therapeutic endpoint for both dry brushing and the salt glow.

Reading the skin

- **Expected —** even, uniform pink appearing within a minute or two and settling within the hour.
- **Too much —** deep red, blotchy or streaked colour; the skin feels hot and sore rather than warm and stimulated.
- **Stop —** any abrasion, scratch, weeping or broken surface.
- **Too little —** no colour change usually means the pressure was too light or the region has poor surface circulation — a finding worth noting rather than a reason to press harder.

Sinclair, Modern Hydrotherapy for the Massage Therapist (2008) | Salvo, Massage Therapy: Principles and Practice, 7th ed. (2023)

What the salt contributes beyond friction

The salt itself

- Provides the abrasive granularity that does the exfoliating, so the therapist's pressure can stay moderate.
- Draws a small amount of moisture from the skin surface, which contributes to the tonifying sensation.
- Dissolves progressively during the treatment, so the abrasive effect naturally reduces as you work a section.
- Coarse salt is more abrasive; fine salt is gentler and suits thinner or more sensitive skin.

The moistening agent

- Water gives a crisper, more abrasive glow and rinses away cleanly.
- Oil gives a gentler, more lubricated glow and leaves the skin conditioned, but requires more thorough rinsing.
- Any oil used is a product under the CMTO Consent Standard: know its risks and screen for allergy before use.
- Record which was used, particularly for a client with any history of skin sensitivity.
- Never use a scented or essential-oil blend without a specific allergy screen and patch test.

CMTO, Standard of Practice: Consent (2022) — cmto.com/rules/consent | Sinclair, Modern Hydrotherapy for the Massage Therapist (2008)

How this lecture maps to the CMTO Standards

Standard	Requirement engaged	What it means here
Draping and Physical Privacy	Expose only the area being treated	Work section by section; re-cover as you go; exclude sensitive areas entirely
Safety and Risk Management	R1 and R2 — safe, sanitary setting; equipment cleaned and disinfected	Disinfect basins between clients; sanitise or individualise brushes; manage wet floors as a slip hazard
Safety and Risk Management	R3 — lit and arranged for privacy and safety	Private route to any wet area; warm room; non-slip flooring
Consent	R1 six elements; R2 product information	Explain the friction, the exposure and the stinging risk; know any oil used
Consent	R6 — monitor and reverify	Check in at each section transition rather than working through in silence
Record Keeping	Content of the client health record	Record skin findings, regions treated, products used and the client's response

CMTO, Standard of Practice: Draping and Physical Privacy (2022) — cmto.com/rules/standard-of-practice-draping-and-physical-privacy | CMTO, Standard of Practice: Safety and Risk Management (2022) — cmto.com/rules/standard-of-practice-safety-and-risk-management | CMTO, Standard of Practice: Consent (2022) — cmto.com/rules/consent | CMTO, Record Keeping (2022) — cmto.com/rules/record-keeping

The foot check that precedes every foot bath

Feet are the site where impaired sensation and impaired circulation most often coincide, and where the client is least likely to have looked recently.

What to inspect

- Skin between every toe — maceration, fissuring and fungal change
- Heels and pressure points for cracking, callus and ulceration
- Nails for thickening, ingrowing and surrounding infection
- Colour and temperature compared side to side
- Hair loss, shiny atrophic skin and absent pulses — signs of arterial insufficiency
- Any wound, however small, and any dressing

What each finding means

- Any break in the skin excludes immersion in a shared basin.
- A cooler, paler foot suggests reduced perfusion — reduce the temperature or decline.
- Reduced sensation means the client cannot dose by feel; use a thermometer and supervise continuously.
- An unnoticed ulcer is a referral, not just a treatment constraint.
- Record what you inspected and what you found, not simply 'feet checked'.

Werner, A Massage Therapist's Guide to Pathology, 7th ed. (2019) | CMTO, Record Keeping (2022) — cmto.com/rules/record-keeping

EVIDENCE

Describing these techniques honestly

- The thermal and circulatory effects described here are well established: vasodilation, rubefaction, altered arousal and improved comfort.
- The derivative effect is a long-standing hydrotherapy principle with a coherent physiological rationale and a modest formal evidence base.
- Claims that dry brushing 'drains the lymphatic system' or 'removes toxins' are not supportable — describe surface fluid movement and sensory stimulation instead.
- Claims that a salt glow detoxifies the body are not supportable; it exfoliates and stimulates surface circulation.
- Exfoliation, softer skin and a subjective sense of warmth and alertness are real, observable effects you can state confidently.
- Where evidence is limited, say so; the CMTO expects evidence-informed practice, and overstating benefit undermines the validity of consent.
- Record the client's actual response as your measure of effect, visit to visit.

CMTO, Evidence Informed Practice — cmto.com/rmts/follow-the-evidence | CMTO, Standard of Practice: Consent (2022) — cmto.com/rules/consent | Sinclair, Modern Hydrotherapy for the Massage Therapist (2008)

What you need and how you look after it

Equipment list

- A basin deep enough to cover the ankles, plus a jug for topping up
- A thermometer rated for the range
- Natural-bristle brushes — client-owned, disposable or sanitised
- Coarse and fine salt, stored dry and dispensed per client
- Towels, drapes, a waterproof surface protector and a non-slip mat
- Disinfectant appropriate to each surface, with its safety data sheet

Maintenance and records

- Disinfect basins between every client and log it.
- Wash, dry and store brushes; retire any that are worn or contaminated.
- Dispense salt from a bulk container into a single-use portion; discard the remainder.
- Replace waterproof coverings when damaged.
- Handle disinfectants and any oils in line with WHMIS requirements.
- Record cleaning and maintenance in the equipment service record.

CMTO, Standard of Practice: Safety and Risk Management (2022) — cmto.com/rules/standard-of-practice-safety-and-risk-management | CMTO, Standard of Practice: Infection Prevention and Control (2022) — cmto.com/rules/standard-of-practice-infection-prevention-and-control

When it does not go to plan

During

- **The foot bath cools too quickly —** the basin is too shallow or the room too cold. Top up gradually away from the feet and cover the basin with a towel.
- **The client feels chilled —** the upper body is uncovered. Blanket the client; a local warm application does not warm the whole person.
- **The brush catches or scratches —** the bristles are too stiff or the pressure too firm. Reduce both, or change brush.
- **The salt will not stay on the skin —** too wet, or the skin is too dry. Adjust the mix to damp and crumbly.

After

- **Skin is sore rather than glowing —** the friction was excessive. Apologise, moisturise, document, and reduce pressure markedly next time.
- **Itching or wheals afterwards —** possible sensitivity to the salt or oil. Discontinue, record as a contraindication, and consider referral if it persists.
- **The client feels faint on rising —** predictable after warm immersion. Sit, offer water, assist to standing, and use a cool rinse next time.
- **Skin between the toes is macerated —** insufficient drying. Reinforce the drying step and shorten the immersion.

Sinclair, Modern Hydrotherapy for the Massage Therapist (2008) | Werner, A Massage Therapist's Guide to Pathology, 7th ed. (2019)

SELF-TEST

Can you answer these from memory?

- State the temperature and duration for a warm foot bath.
- Define the derivative effect and explain how a foot bath produces it.
- Why is dry brushing always performed on dry skin, before bathing?
- State the direction rule for dry brushing and give the reason behind it.
- What consistency should the salt be, and why does it matter?
- Name four contraindications common to dry brushing and the salt glow.
- In what order would you sequence all three within one treatment, and why?
- What are the draping requirements for body-surface work?

Carry these into the clinic

- A warm foot bath works locally, reflexively and derivatively — its most useful effect happens away from the feet.
- Water at 38–43 °C for 10–20 minutes; dry thoroughly between the toes and assist the client when standing.
- Dry brushing is mechanical: brush dry skin toward the heart with light pressure, to a pink glow.
- The salt glow combines friction with salt exfoliation; keep the salt damp and crumbly and rinse it off completely.
- None of these go over broken, inflamed, sunburned, freshly shaved or fragile skin, or over the face and sensitive areas.
- Work to pink, never raw — for both mechanical techniques.
- Draping, warmth and dignity are part of the treatment in body-surface work.
- Fresh salt and a sanitised or client-owned brush for every client; disinfect basins and surfaces between clients.

Prescribed and recommended reading

Cited throughout this deck in the source line at the foot of each slide. Instructors will indicate the specific chapters that serve as directed reading for each day.

Books — full citations

Sinclair, M. (2008). Modern Hydrotherapy for the Massage Therapist. Baltimore, MD: Lippincott Williams & Wilkins. ISBN 978-0-7817-9209-7. [Primary course text for hydrotherapy technique and dosage.]

Salvo, S. G. (2023). Massage Therapy: Principles and Practice (7th ed.). St. Louis, MO: Elsevier. ISBN 978-0-323-87815-9. [Hydrotherapy, integumentary system and clinical application chapters.]

Fritz, S. & Fritz, L. A. (2021). Mosby's Fundamentals of Therapeutic Massage (7th ed.). St. Louis, MO: Elsevier. ISBN 978-0-323-66183-6. [Indications/contraindications; hygiene, sanitation and safety.]

Rattray, F. & Ludwig, L. (2000). Clinical Massage Therapy: Understanding, Assessing and Treating Over 70 Conditions. Toronto, ON: Talus Incorporated. [Canadian condition-by-condition hydrotherapy protocols.]

Werner, R. (2019). A Massage Therapist's Guide to Pathology (7th ed.). Philadelphia, PA: Wolters Kluwer. [Pathology-driven contraindication screening.]

Books — continued

Cameron, M. H. (2018). Physical Agents in Rehabilitation: An Evidence-Based Approach to Practice (5th ed.). St. Louis, MO: Elsevier. [Thermal physics, thermotherapy and cryotherapy evidence base.]

Tortora, G. J. & Derrickson, B. (2020). Principles of Anatomy and Physiology (16th ed.). Hoboken, NJ: Wiley. [Program-wide prescribed text — integument, circulation, thermoregulation.]

Norris, T. L. (2019). Porth's Essentials of Pathophysiology (5th ed.). Philadelphia, PA: Wolters Kluwer. [Program-wide prescribed text — inflammation, vascular and neuropathic conditions.]

Kisner, C., Colby, L. A. & Borstad, J. (2017). Therapeutic Exercise: Foundations and Techniques (7th ed.). Philadelphia, PA: F. A. Davis. [Program-wide prescribed text — tissue healing stages and heat-assisted stretch.]

Biel, A. (2019). Trail Guide to the Body (6th ed.). Boulder, CO: Books of Discovery. ISBN 978-0-9987850-6-6. [Program-wide prescribed text — surface anatomy for application sites.]

Regulatory sources, legislation and links

All CMTO Standards of Practice were approved 9 February 2021 and published in the 2022 Standards of Practice set. Verify currency at cmto.com before relying on any Standard in practice.

Regulatory sources and web links

College of Massage Therapists of Ontario. Standards & Rules. https://www.cmto.com/rmts/standards-and-rules/

CMTO. Standard of Practice: Safety and Risk Management (approved 9 Feb 2021; published 2022). https://www.cmto.com/rules/standard-of-practice-safety-and-risk-management/

CMTO. Standard of Practice: Consent (approved 9 Feb 2021; published 2022). https://www.cmto.com/rules/consent/

CMTO. Standard of Practice: Infection Prevention and Control. https://www.cmto.com/rules/standard-of-practice-infection-prevention-and-control/

CMTO. Record Keeping. https://www.cmto.com/rules/record-keeping/

CMTO. Standard of Practice: Draping and Physical Privacy. https://www.cmto.com/rules/standard-of-practice-draping-and-physical-privacy/

CMTO. Standard of Practice: Client-centred Care. https://www.cmto.com/rules/client-centred-care/

CMTO. Code of Ethics. https://www.cmto.com/rules/code-of-ethics/

Legislation, guidance and competency frameworks

Massage Therapy Act, 1991, S.O. 1991, c. 27. https://www.ontario.ca/laws/statute/91m27

O. Reg. 544/94 (Professional Misconduct, s. 26) under the Massage Therapy Act, 1991. https://www.ontario.ca/laws/regulation/940544

Health Care Consent Act, 1996, S.O. 1996, c. 2, Sch. A. https://www.ontario.ca/laws/statute/96h02

Regulated Health Professions Act, 1991, S.O. 1991, c. 18. https://www.ontario.ca/laws/statute/91r18

Personal Health Information Protection Act, 2004, S.O. 2004, c. 3, Sch. A. https://www.ontario.ca/laws/statute/04p03

Public Health Ontario / PIDAC. Routine Practices and Additional Precautions in All Health Care Settings. https://www.publichealthontario.ca/-/media/documents/b/2012/bp-rpap-healthcare-settings.pdf

Public Health Ontario / PIDAC. Infection Prevention and Control for Clinical Office Practice. https://www.publichealthontario.ca/-/media/documents/b/2013/bp-clinical-office-practice.pdf

FOMTRAC. Inter-Jurisdictional Practice Competencies and Performance Indicators (Sept 2016). https://www.fomtrac.ca/wp-content/uploads/2016/10/FOMTRAC-PCs-PIs-September-2016.pdf