



RU RMT 26 · GOOD BUSINESS PRACTICES

LECTURE 09 · DIGITAL LITERACY FOR PROFESSIONALS

Core Productivity Software: Word, Excel and Presentation Tools

The three applications every professional is assumed to know, applied to real massage therapy business tasks.

Block B — Digital Literacy for Professionals

Day 5 · Session 1

Ruhani College · Registered Massage Therapy Diploma Program · Brampton, Ontario

9 Days · 63 Hours · 7 Hours per Day | Aligned with FOMTRAC Inter-Jurisdictional Practice Competencies, CMTO Standards of Practice and CMTCA accreditation standards

Where This Lecture Fits

Word processing, spreadsheets and presentations are the assumed baseline of professional literacy.

Lecture 8 covered the devices and operating systems. Lecture 9 covers the applications you will actually spend time in: a word processor for documents and correspondence, a spreadsheet for anything involving numbers, and presentation software for teaching, workshops and marketing.

The emphasis here is applied. You will build the documents a practice genuinely needs: an intake form, a policy sheet, a fee schedule, a budget, a cash-flow projection, and a break-even calculator — the last of these picking up directly from the projection you started in Lecture 7.

Lecture 10 then addresses where those files live: folder structures, naming conventions, file formats and cloud platforms.



Learning Outcomes

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

- Navigate the ribbon, tabs and search function common to major office suites.
- Produce a professional document with consistent styles, headers and page numbering.
- Build a spreadsheet using cell references, basic formulas and simple charts.
- Construct a practice budget, a cash-flow projection and a break-even calculation.
- Build a clear presentation for a client workshop or a professional talk.
- Compare Microsoft Office, Google Workspace and Apache OpenOffice and choose appropriately.
- Identify when a creativity platform such as Canva is the right tool instead.
- Explain when each application is the correct choice for a given task.

Standards and Competency Alignment

Competency and regulatory basis

- **FOMTRAC (2016):** professional communication and business administration competencies assume document and data literacy.
- **CMTO Record Keeping and Advertising Standards:** documents you produce for clients must be accurate, legible and compliant.
- **PHIPA, 2004:** any document containing client information is a record and must be handled accordingly.
- **AODA:** documents you publish should be accessible — real headings, alternative text and adequate contrast.

Why this matters in practice

- A clinic's forms, policies and fee schedules are client-facing documents and are read as evidence of competence.
- Financial decisions made without a spreadsheet are made on impression rather than arithmetic.
- Documents containing client information are subject to the same privacy obligations as any chart.
- Accessible documents reach clients that inaccessible ones exclude.

What We Will Cover Today

- The common interface: ribbon, tabs, groups and the search bar
- Word processing: styles, structure and professional documents
- Building the practice document set
- Spreadsheets: cells, references and formulas
- Building a practice budget and cash-flow projection
- Building a break-even calculator
- Charts: showing numbers so they can be understood
- Presentation software: structure, slides and delivery
- Choosing a suite: Microsoft, Google or open source
- Creativity platforms and when to use them



Vocabulary for This Lecture

- **Ribbon** — the tabbed command bar across the top of major office applications.
- **Template** — a reusable document with formatting and structure already set.
- **Cell reference** — the address of a spreadsheet cell, such as B4.
- **Absolute reference** — one fixed with dollar signs, such as \$B\$4, so it does not shift.
- **Style** — a named set of formatting applied consistently to headings and body text.
- **Header and footer** — repeating content at the top and bottom of every page.
- **Relative reference** — one that shifts when the formula is copied to another cell.
- **Formula** — an instruction that calculates a value from other cells.



Vocabulary for This Lecture

- **Function** — a built-in formula such as SUM, AVERAGE, IF or COUNTIF.
- **Chart** — a graphical representation of spreadsheet data.
- **Break-even** — the volume at which revenue exactly covers costs.
- **Creativity platform** — software used mainly for design, images and video.
- **Range** — a block of cells referenced together, such as B2:B13.
- **Fixed and variable cost** — in a model, costs that do not and do change with treatment volume.
- **Productivity platform** — software used mainly to produce documents, spreadsheets and presentations.
- **Alternative text** — a description of an image that makes a document accessible.

The Interface They All Share

Learn the pattern once and it transfers between applications and between suites.

- **Tabs.** Across the top: File, Home, Insert, Layout, Review, View. The Home tab is selected by default and holds the commands used most often.
- **The File tab.** Opens a full-screen area with New, Open, Save, Save As, Print, Share, Export and Close, plus document information such as protection, compatibility and version history.
- **Groups.** Commands are gathered into labelled groups. A small arrow in the corner of a group opens the full settings window for that group — for example, the arrow in the Paragraph group opens Paragraph settings.
- **The search bar.** The most useful control in the application, at the top centre. Type what you want to do. Do not press Enter — choose the help option, which opens a side panel with instructions.
- **Hover for help.** Resting the pointer on any command tells you what it does. This is faster than searching for most questions.
- **Keyboard shortcuts.** Save, copy, paste, undo and find are worth learning immediately; they are identical across the three applications.
- **Autosave and version history.** Turn autosave on where the file is stored in a cloud location, and know how to recover a previous version.



Producing a Professional Document

Structure

- Use built-in heading styles rather than manually enlarging and bolding text. Styles give consistency, allow a table of contents, and make documents accessible to screen readers.
- Set body text once in the style, not paragraph by paragraph.
- Use headers and footers for the practice name, document title, version and page numbers.
- Use page breaks rather than repeated blank lines.
- Save frequently used documents as templates so every new version starts correctly

formatted

Presentation

- Choose one readable typeface and stay with it. Two at most.
- Left-align body text; justified text creates uneven spacing that is harder to read.
- Keep line length moderate; very wide lines are tiring to read.
- Give every image alternative text so the document is accessible.
- Proofread on paper or in print preview, where errors are far more visible.
- Version and date every client-facing document so you know which version a client signed.

Ten Word-Processing Skills Worth Having

These cover the great majority of documents a practice produces.

- Apply and modify heading and body styles, rather than formatting each paragraph by hand.
- Insert headers, footers and automatic page numbers.
- Generate a table of contents from headings, and update it.
- Insert and format a table — for a fee schedule or a policy summary.
- Use find and replace, including across a long document.
- Track changes and add comments, for anything reviewed by another person.
- Insert an image and give it alternative text.
- Set page size, margins and orientation deliberately rather than accepting defaults.
- Save as PDF for distribution, and know why you are doing so.
- Create and use a template, so every letter starts from the same letterhead.

The Document Set You Should Be Able to Build

Document	What it contains	Notes
Intake and health history	Presenting concerns, relevant history, medications, contraindication screening	Collect only what is necessary under PHIPA
Consent form	Record that consent was obtained and what was explained	Supports the conversation; does not replace it
Privacy notice	What you collect, why, who sees it, retention, access and correction	A PHIPA requirement
Policy sheet	Cancellation, lateness, payment, communication, illness	Give at first visit and publish online
Fee schedule	Every service and duration with its price	Must match what is advertised
Treatment record template	Assessment, plan, treatment given, response, consent	See Lecture 14
Invoice and receipt	Service, date, duration, fee, your name and registration number	An insurance document — accuracy is mandatory
Letter template	Practice letterhead for referrals and correspondence	Save as a template, not a copied file

Many of these can be produced directly by practice-management software (Lecture 13). Build them yourself first so you know what good looks like.

Writing Documents Clients Will Actually Read

What works

- Short sentences and plain words. A policy nobody understands is a policy nobody follows.
- Headings that answer questions: 'What happens if I need to cancel?' rather than 'Section 4'.
- One page where possible. Two pages of policy will not be read.
- Numbers and specifics: '24 hours' notice', not 'reasonable notice'.
- Consistent terms throughout — do not alternate between 'session', 'appointment' and 'treatment'.
- A named contact and a date on every document.

What fails

- Legal-sounding language borrowed from a template found online, which you cannot explain if questioned.
- Dense unbroken paragraphs in small type.
- Contradictions between the website, the intake form and what you say at the first visit.
- Undated documents, so nobody knows which version applies.
- Asking for information you have no clinical or administrative reason to hold.
- Burying the cancellation fee where the client will only find it after being charged.

Spreadsheet Fundamentals

A spreadsheet is a grid of cells, each of which can hold a value or a formula that calculates one.

- **Cells and references.** Every cell has an address such as B4. A formula refers to other cells rather than repeating their contents, so changing an input updates everything downstream.
- **Relative versus absolute.** B4 shifts when copied; \$B\$4 does not. Getting this wrong is the most common cause of a model that produces confident nonsense.
- **Ranges.** B2:B13 refers to a block of cells, used by functions such as SUM.
- **Essential functions.** SUM, AVERAGE, MIN, MAX, ROUND, COUNT and IF will cover almost everything a small practice needs.
- **Separate inputs from calculations.** Put every assumption in a clearly labelled input block. Never bury a number inside a formula.
- **Label everything.** A model nobody else can read is a model you will not trust in six months either.
- **Check it deliberately.** Verify one calculation by hand. Models are wrong far more often than people expect, and always in a direction that flatters.



The Functions That Cover Most Practice Needs

Function	What it does	A practice use
SUM	Adds a range	Total monthly fixed costs
AVERAGE	Mean of a range	Average treatments per week over a quarter
MIN / MAX	Smallest and largest value	Lowest cash balance across a projection
ROUND	Rounds to set decimals	Keeping currency to two decimal places
IF	Returns one value or another on a test	Flagging months where the balance falls below a threshold
COUNT / COUNTA	Counts numbers / non-empty cells	Number of months with data entered
COUNTIF	Counts entries meeting a condition	How many months exceeded break-even
Absolute reference \$B\$4	Fixes a cell so copying does not shift it	Referring to one fee cell from every month's column

Learn these eight well before reaching for anything more advanced. They will handle a solo practice indefinitely.



Building the Practice Budget

01 Set up the input block

Fee per treatment, variable cost per treatment, and each fixed cost on its own labelled row: rent, insurance, software, phone and internet, dues, accounting, loan payments.

02 Add the periodic costs

Annual figures for CMTO fees, association dues, continuing education and insurance divided by twelve, so they never arrive as a surprise.

03 Include your own draw

As a fixed cost. A model without it describes a business that does not pay you.

04 Build twelve monthly columns

With an assumed treatment volume per month that ramps realistically rather than starting full.

05 Calculate each month

Revenue, variable costs, fixed costs, surplus or deficit, and a running cash balance carried forward.

06 Add a tax set-aside row

A percentage of revenue moved out each month, so the cash balance reflects money you can actually spend.

07 Chart the running balance

A line chart makes the lowest point obvious. That point is the working capital requirement.



Laying Out a Model Others Can Read

01 One sheet, three zones

Inputs at the top, calculations in the middle, outputs at the bottom. Never scatter assumptions through the model.

02 Label every row and column

Including units and currency. An unlabelled model is untrustworthy even when it is right.

03 Colour is unnecessary; structure is not

For a printed monochrome business plan, use bold labels and clear spacing rather than fills.

04 Never hard-code a number inside a formula

If the fee is \$110, it lives in a cell and every formula points at that cell.

05 Add an assumptions note

A short text block stating what the model assumes and where each figure came from. This is what makes it auditable next year.

06 Date and version the file

Using the convention from Lecture 10. A projection without a date is worthless six months later.

07 Sanity-check by hand

Recalculate one month manually. Models fail silently, and always in the flattering direction.

The Break-Even Calculation

The arithmetic

- Contribution per treatment = fee minus variable cost per treatment.
- Break-even volume = total fixed costs divided by contribution per treatment.
- Fixed costs must include your own required draw, or the answer is meaningless.
- Divide the monthly figure by 4.33 for a weekly figure.
- Divide the weekly figure by your available treatment hours to get the required utilisation rate.
- Compare that rate against the realistic utilisation discussed in Lecture 3.

What the answer tells you

- If required utilisation exceeds about 80%, the model has almost no margin for error.
- If it exceeds your sustainable physical capacity, the model is not viable at that fee.
- The three levers are fee, fixed costs and volume. Volume is the least controllable.
- Raising the fee moves break-even faster than cutting most costs, because contribution is the divisor.
- Reducing fixed costs — usually premises — is the second most powerful lever.
- Run the model at 30% below your assumption. If that scenario closes the practice in month four, you need more capital or lower fixed costs.

Using the Model to Make Decisions

Questions the model can answer

- If I raise my fee by \$10, how many fewer treatments can I afford to lose?
- If I take the larger premises, what utilisation rate do I then need?
- Can I afford to reduce to four days a week in year two?
- How long can I operate at 50% utilisation before the reserve is exhausted?
- What does hiring a part-time receptionist do to break-even?
- Is the practice-management subscription worth it at my volume?

How to use it well

- Change one input at a time. Changing three simultaneously tells you nothing about which mattered.
- Always run a downside case at roughly 30% below expectation.
- Keep the version that reflects reality, and a separate one for the scenario you are testing.
- Compare projection to actuals monthly. The gap is the most useful information you will get all year.
- Revise assumptions when evidence contradicts them — that is what makes the plan living.
- Show the model to your accountant. Half an hour of review is worth more than a week of building.



Charting Numbers Honestly

A chart should make a pattern visible, not decorate a page.

- Choose the type by the question: a line for change over time, a bar or column for comparison between categories, a pie only for parts of a single whole and only with few categories.
- Label the axes and state the units. An unlabelled chart is an assertion, not evidence.
- Start a value axis at zero unless there is a clear reason not to, and say so if you do not.
- Avoid three-dimensional effects; they distort the very comparison the chart exists to make.
- Keep it monochrome and simple for printed business documents — it prints reliably and reads clearly.
- One message per chart. If it needs a paragraph of explanation, it is doing two jobs.
- Chart your own practice numbers monthly: revenue, treatment volume, rebooking rate. Trends are invisible in a table and obvious in a line.

Presentation Software

Presentation software was first released in 1987 and has changed remarkably little in purpose: it supports a talk, it is not the talk.

- Open a blank presentation rather than an ornate template. Templates impose a structure before you know what you are saying.
- Plan the talk first, on paper, then build slides for the points that genuinely need something visible.
- One idea per slide. If a slide has three ideas, it should be three slides.
- Text on slides should be a prompt, not a script. Slides read aloud verbatim are worse than no slides.
- Use real headings and adequate contrast; if you print, monochrome on white is the most reliable and the most economical.
- Use the notes pane for what you will say, and print notes pages for yourself rather than crowding the slide.
- Rehearse with the equipment you will actually use, and have the file available in a second format in case the venue's setup fails.
- For an RMT, common uses are client education workshops, corporate wellness talks, and continuing education presentations — all of which are also marketing.

Building a Client Education Talk

A workshop is teaching, marketing and professional credibility at the same time.

- Decide the single thing the audience should be able to do afterwards, then build backwards from it.
- Open with the problem they recognise, not with your credentials.
- Keep to three to five main points. Anything more is not retained.
- Use images and demonstration rather than text where the content is physical — posture, ergonomics, stretches.
- Stay strictly within scope. Do not diagnose, and do not make claims you could not defend under the Advertising Standard.
- Leave time for questions, and be willing to say you do not know.
- Provide a one-page handout with your practice details; it outlives the talk.
- Rehearse aloud with the actual equipment, and have the file in a second format in case the venue's setup fails.

Comparing the Main Productivity Platforms

Microsoft 365

- Word, Excel, PowerPoint, Outlook, Access and OneNote.
- The most widely used suite in business; near-universal file compatibility.
- Desktop and browser versions; subscription pricing per user.
- Includes OneDrive cloud storage and Teams.
- The safest default if you exchange documents with other businesses.

Google Workspace

- Docs, Sheets, Slides, Gmail, Drive and Calendar.
- Collaboration and productivity focused; considered among the best for real-time co-editing.
- Browser-based, so it runs on any operating system.
- Subscription pricing; a free personal tier exists but is not appropriate for client information.
- If you use it for anything containing client data, use a paid business plan and configure it properly.

Apache OpenOffice and LibreOffice

- Open-source suites covering word processing, spreadsheets and presentations.
- Free to use, with no subscription.
- Good compatibility, though complex formatting can shift when exchanging files.
- No integrated cloud storage or business email.
- A reasonable choice for a solo practice on a tight budget, provided you save in widely compatible formats.

Productivity Versus Creativity Platforms

The distinction

- Productivity platforms are used mainly to enhance productivity: task management, calendars, note-taking, and producing documents, spreadsheets and graphs.
- Creativity platforms handle the creative elements of a project: graphic design, video and image manipulation.
- The mistake is using the wrong one — designing a poster in a word processor, or building a fee table in a design tool.

Common creativity platforms

- **Adobe Creative Cloud.** A collection of applications for video editing, photography, graphic design and web development; accessible from anywhere. The professional standard, at professional cost.
- **Canva.** A popular platform with a free tier, thousands of customisable templates and extensive photo-editing features. For most RMT marketing needs it is entirely sufficient.
- **Camtasia.** An all-in-one video editor and screen-recording tool, available for Windows and Mac; useful for client education videos.
- **Whichever you use,** never place client images or identifying information into a design tool. Marketing assets and client records live in different places.

Keeping Marketing Assets and Client Records Apart

The two should never occupy the same system, the same folder, or the same account.

Design tools are convenient, collaborative and frequently free — which is precisely why they are the wrong place for anything identifying a client. A free design account may store content on servers in another jurisdiction, may grant broad licences over uploaded material, and is rarely covered by any agreement you have reviewed.

The rule is simple and absolute: marketing assets live in your marketing folder and your design tool. Client information lives in your practice-management system and nowhere else. A photograph of a client, even one you have written consent to use, should be handled deliberately and stored with that consent record attached.

This separation is easy to maintain if you establish it before you start, and very difficult to unpick afterwards.



Activity: Build the Break-Even Model

Individually, on a computer. Allow 40 minutes. This file goes into your business plan.

Step 1 (15 minutes). Build a spreadsheet with three labelled sections. Inputs: fee per treatment, variable cost per treatment, and each monthly fixed cost on its own row. Calculations: total fixed costs using SUM, contribution per treatment as fee minus variable cost, and break-even volume as total fixed costs divided by contribution. Outputs: break-even treatments per month and per week.

Step 2 (10 minutes). Add a row for your own required monthly draw and recalculate. Note how much the break-even volume moves. Use absolute references so the formulas can be copied without breaking.

Step 3 (10 minutes). Extend it into a twelve-month projection with a utilisation ramp: enter an assumed number of treatments for each month, calculate revenue, costs and monthly surplus or deficit, and add a running cash balance. Chart the cash balance as a line.

Step 4 (5 minutes). Identify the lowest point on the cash balance line. That figure is the working capital you need before opening. Save it with a proper filename — Lecture 10 gives the convention.

Taking This Into Your Living Business Plan

Add or revise the following sections of your plan after this lecture:

- Section 46 — Document set built in a word processor: intake form, consent form, policy sheet, fee schedule, privacy notice.
- Section 47 — Budget spreadsheet with fixed, variable and periodic categories.
- Section 48 — Break-even calculator, saved and linked from the plan.
- Section 49 — Twelve to twenty-four month cash-flow projection with a utilisation ramp and a running balance.
- Section 50 — Working capital requirement, taken from the lowest point of the cash-flow curve.
- Section 51 — Software decision: which suite you will use, at what cost, and why.

Common Errors and Examination Focus

- Formatting headings by hand instead of using styles, which makes documents inconsistent and inaccessible.
- Typing numbers into a spreadsheet where a formula belongs, so the model cannot be updated.
- Using relative references where absolute ones are needed, so copied formulas silently point at the wrong cells.
- Building a projection with no assumptions section, so nobody can tell what the model depends on.
- Omitting the owner's own income from a break-even calculation.
- Charting data in a way that obscures rather than reveals — three-dimensional effects and truncated axes are the usual offenders.
- Putting client-identifying information in a spreadsheet stored outside your secure system.
- Building slides that are read aloud verbatim, which is the fastest way to lose an audience.



Self-Test Questions

Answer these before completing the worksheet for this lecture. They are ungraded and will be reviewed in class.

1. Explain the difference between a relative and an absolute cell reference, and give an example where using the wrong one would produce an incorrect model.
2. A practice has fixed costs of \$3,200 including the owner's draw, a fee of \$110 and variable costs of \$9 per treatment. Calculate the monthly break-even volume and the weekly equivalent.
3. Why should heading styles be used rather than manual formatting? Give one practical and one accessibility reason.
4. You need to produce a one-page flyer for a corporate wellness talk and a twelve-month cash-flow projection. Which application would you use for each, and why?
5. Name three characteristics of an honest chart and three ways a chart can mislead.

Key Takeaways

- The ribbon, tabs, groups and search bar work the same way across applications; learn the pattern once.
- Use styles and templates rather than manual formatting; they give consistency and accessibility.
- In a spreadsheet, put assumptions in a labelled input block and never bury a number inside a formula.
- Absolute references are what make a model safe to copy; relative ones silently break it.
- Break-even must include the owner's draw, and should be tested at 30% below your assumption.
- The lowest point of a projected cash balance is your working capital requirement.
- Slides support a talk; they are not the talk, and they should never be read aloud verbatim.
- Choose productivity platforms for documents and data, and creativity platforms for design; never put client information in the latter.

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