Health and Disability Commissioner
Te Toihau Hauora, Hauātanga

A Decision by the Deputy Health and Disability Commissioner

(Case 22HDC00572)

Executive summary

1. This report concerns the care provided to Ms B over two sessions between late 2021 and early 2022 by massage therapist Mr A. Ms B complained that during the second session, Mr A did not assess her properly and over-treated her (in terms of time and intensity), resulting in further injury and significant pain.

Findings

2. The Deputy Commissioner found that Mr A did not facilitate the resolution of Ms B's complaint in a timely and appropriate manner and made inappropriate comments about her character and mental health in his communications with HDC. Mr A acted unprofessionally and in breach of Right 10(3) of the Code.

3. The Deputy Commissioner was also critical that Mr A did not treat Ms B with adequate respect when she was seeking resolution of her complaint and highlighted the importance of respect in effective complaints management and resolution.

4. In addition, the Deputy Commissioner found that Mr A did not provide services with reasonable care and skill, as he did not keep a full and accurate clinical record, in breach of Right 4(1) of the Code.

Recommendations

5. The Deputy Commissioner recommended that Mr A provide a written apology to Ms B for the deficiencies outlined in the report, consider joining Massage Aotearoa New Zealand

Names (except the advisor) have been removed to protect privacy. Identifying letters are assigned in alphabetical order and bear no relationship to the person's actual name.

(MANZ), provide a written reflection on his practice, and undertake further education and training.

Complaint and investigation

6. This report discusses the care provided to Ms B by Mr A[1] at Ms B's home. In particular, the report concerns a failure to facilitate the resolution of a complaint and an inappropriate standard of care.

7. The following issue was identified for investigation:

- *Whether Mr A provided Ms B with an appropriate standard of care between November 2021 and January 2022 (inclusive).*

8. This report is the opinion of Deborah James, Deputy Health and Disability Commissioner, and is made in accordance with the power delegated to her by the Commissioner.

9. The parties directly involved in the investigation were:

Mr A	Provider/massage therapist
Ms B	Consumer/complainant

10. Further information was received from:

Osteopathy Clinic 1	Non-subject provider
Osteopathy Clinic 2	Non-subject provider
Nationwide Health and Disability Advocacy Service	
ACC	

11. Independent clinical advice was obtained from a massage therapist, Mr Barry Vautier (Appendix A).

Information gathered during investigation

Background

12. Ms B, aged in her fifties at the time of events, had experienced various injuries relating to her leg, hip, and back since the early 1980s. In October 2020, Ms B twisted her lower back and sought treatment from an osteopath. After continuing to experience pain, Ms B sought treatment from a physiotherapist (to try to strengthen her back).

[1] Mr A is the owner/operator of the massage clinic and is not a member of MANZ. Mr A did not provide HDC with any evidence of qualifications or training as a massage therapist or neuromuscular therapist.

13. On 2 July 2021, Ms B slipped and injured her right ankle and lower back. An ACC injury claim was accepted for an ankle sprain and lumbar sprain on 3 July 2021.

14. Prior to the events leading to this complaint, Ms B had worked as a therapist, and Mr A and Ms B referred to each other as 'friends'.

How matter arose

15. During November 2021, Mr A provided Ms B with deep tissue massage therapy (Session One) at her home. Ms B told HDC that during the session she was lying in a supine[2] position, with the focus of the session on releasing her left iliopsoas muscle,[3] which felt tight.

Session Two — 16 January 2022

16. Ms B told HDC that she booked another session with Mr A (Session Two), after experiencing tightness in her lower back and right buttocks while walking up a hill. Ms B stated that she 'did some massage into [her] buttock but it didn't resolve it'. Therefore, she thought a session would relieve it.

17. On Sunday 16 January 2022, Mr A treated Ms B with neuromuscular therapy (NMT)[4] at her new place of residence.[5] In response to the provisional opinion, Ms B told HDC that in contrast to Session One, she was in a prone[6] position during Session Two.

18. Ms B stated that during Session Two, Mr A did not assess her properly, despite knowing her long-term history and that she was recovering from an injury, and he treated her for too long (for over 90 minutes and wanted to continue further until Ms B declined). Ms B claimed that as a result, Mr A rotated her pelvis on the right-hand side, leading to a sharp pain in her right lumbar region, which she felt up to her ribs and between her spine and right shoulder.

19. Regarding Mr A's use of NMT, Ms B told HDC that she was aware that it 'is a great modality' but felt that Mr A over-treated her. In response to the provisional opinion, Ms B stated that Mr A 'pulled with firm pressure on [her] right hip to laterally rotate it … for quite a while', and that she '[did not] remember [Mr A] asking at the beginning nor in the middle of this technique about its intensity'. Ms B told HDC:

> 'My guess is that [Mr A] doesn't know how deep and full-on his sessions are particularly for older women who do not have a lot of muscle strength; he is used to working with top athletes.'

20. Ms B stated that the following day, she woke up to her back feeling 'stiff and locked up', she 'could not stand straight, sit for long or move without pain', and she felt worse after Session

[2] Lying horizontally with the face and torso facing up.
[3] The primary hip flexor, which assists in the external rotation of the hip joint, playing an important role in maintaining the strength and integrity of the hip joint.
[4] A specialised form of massage that involves the application of firm, sustained, and controlled pressure over painful, taut bands of muscles, called myofascial 'trigger points', to release tension and facilitate blood flow.
[5] As Ms B moved homes, Sessions One and Two were conducted at two different locations. Ms B told HDC that in between these sessions, she had slept some nights in her vehicle (a station wagon) 'without a problem'.
[6] Lying face-down with the chest down and the back up.

Two than after her initial injury in October 2020 (as then, Ms B was 'still able to work with a back/hip support straight after the injury').

Subsequent treatment

21. On 19 January 2022 (three days after Session Two), Ms B received a one-off treatment at Osteopathy Clinic 1. Clinical notes reflect that Ms B had a stuck sacroiliac joint,[7] with a twisted pelvis. The osteopath diagnosed Ms B with 'sacral tension with irritation of the lumbosacral plexus[8]' and applied various soft tissue treatments. Clinical notes reflect that at the conclusion of the session, Ms B's pelvis had 'much better symmetry' and she could walk straighter and more easily.

22. On 2 February 2022, Ms B received an initial consultation at Osteopathy Clinic 2. Clinical notes indicate that a 'normal passive structure assessment [was] impossible due to pain with little pressure' and that Ms B was 'position intolerant on [the] couch'. The osteopath diagnosed Ms B with a 'suspect[ed] right sacro-iliac joint instability from case history' and referred her to another colleague at Osteopathy Clinic 2 for a cranial-osteopathy approach.[9]

23. Between 15 February and 14 April 2022, Ms B was treated a further five times by a cranial osteopath at Osteopathy Clinic 2. Clinical notes reflect progressive improvement in Ms B's pelvic pain symptoms during these sessions. However, the osteopath noted: '[Ms B] is very sensitive and what may be considered normal treatment procedures for most people will cause her to react to the treatment.'

24. Ms B told HDC that six and a half weeks after Session Two, she was still in significant pain and required a back support to complete daily activities such as driving, standing for longer periods, or lifting.

Attempts to raise concerns

25. Ms B told HDC that on Monday 17 January 2022 (the morning after Session Two), Mr A called her and said that she 'should be feeling amazing'. Ms B stated that she then informed Mr A that she could not stand up and that he had twisted her back during Session Two, as she had experienced a sharp pain during the session, which had stopped soon afterwards. Ms B told HDC that Mr A 'totally denied' that he had twisted her back and did not want any further communication with her.

26. In the first instance, Ms B attempted to raise her concerns with Mr A through text messaging. Ms B was unable to provide HDC with copies of the text messages. She said that this was unsuccessful as Mr A ceased communication and 'blocked [her] on [social media]'.

27. On 22 January 2022, Ms B sent a letter to Mr A outlining that she was still in pain and seeking a resolution to her concerns. She wrote:

[7] Located in the pelvis and linking the iliac bone (pelvis) to the sacrum.
[8] A network of nerve fibres derived from the roots of lumbar and sacral spinal nerves that branch out to form the nerves supplying the lower limb.
[9] An approach that is more gentle than structural osteopathy.

> '[A]nything I do is very difficult, even after seeing my osteo[path] on Wednesday, and today, Sat[urday], I still cannot stand up straight, have to support myself leaning forward at the kitchen bench, crawl on my hands and knees to get stuff off the floor, having difficulty sleeping and can't sit for too long without being uncomfortable and then in pain. In fact, I'm worse than the injury I had in Oct 2020 because I could go to work which there is no way at the moment, so I have lost income.'

Nationwide Health and Disability Advocacy Service

28. Mr A did not respond to Ms B's letter. As a result, Ms B contacted the Nationwide Health and Disability Advocacy Service (the Advocacy Service)[10] to help her establish contact with Mr A and resolve her concerns. On 8 February 2022, a letter was sent to Mr A detailing Ms B's complaint and asking him to respond in writing to each of Ms B's issues. Mr A did not respond to this letter.

29. On 18 February 2022, Mr A sent confirmation to the Advocacy Service that he had received the letter but did not respond to its substantive content.

Complaint to HDC

30. On 22 February 2022, Ms B sent a final letter (of her own accord) to Mr A, which outlined that she was 'still recovering from the session' and was 'confused and shocked by [Mr A's] disregard'. Ms B stated in the letter that as Mr A had 'ignored' the letter from the Advocacy Service, she had 'no choice' but to make a complaint to HDC. Subsequently Ms B made a complaint to HDC on 3 March 2022.

31. On 10 March 2022, Ms B informed the Advocacy Service that she wished to take no further action through the Advocacy Service. Ms B told HDC that she withdrew her complaint with the Advocacy Service because she had made a complaint to HDC. On 21 March 2022, the Advocacy Service informed Mr A: '[Ms B] does not want to take any further action with Advocacy in relation to her complaint. The advocacy file will now be closed.'

32. Ms B told HDC that she had 'tried all ways to contact [Mr A] to try and work through this amicably', but he had continued to ignore her. She noted that this experience has been 'extremely stressful', and it affected her income and required many sessions with an osteopath.

33. In response to the provisional opinion, Ms B stated that the incident caused 'a huge impact on [her] lumbar', which remains an ongoing issue as her 'right lumbar muscles so easily go into spasm'. Further, Ms B told HDC that she was 'disgusted' with the personal comments Mr A made about her in his communications with HDC.

[10] The Advocacy Service helps consumers to raise and resolve their concerns about a health or disability service directly with providers, with the goal of achieving early resolution (often avoiding a complaint to HDC). This service operates independently from HDC.

HDC investigation

34. HDC sent a letter to Mr A on 31 May 2022 requesting further information related to Ms B's complaint; however, he failed to respond.

35. Over the following year, multiple attempts were made to contact Mr A regarding this complaint, and on 20 May 2023 a final letter was posted to the massage clinic's physical address, with a deadline to respond by 9 June 2023.

36. On 9 June 2023, this Office received a partial response from Mr A. Mr A said he believed that the complaint had been withdrawn by Ms B as the Advocacy Service had informed him that the file had been closed. He reiterated that HDC should 'cease and desist' any further communication on the issue.

37. On 21 June 2023, HDC confirmed to Mr A that Ms B's complaint was still being investigated (by HDC) and requested further information (as his response on 9 June 2023 was inadequate and did not provide all the information necessary for the investigation).

38. On 2 October 2023, Mr A provided this Office with a response to HDC's request for further information (first requested in May 2022).

Provider response

39. Mr A stated that during Session One, Ms B informed him of an ongoing back issue that she had been experiencing in 'both her hip and lumbar area' and expressed an interest in receiving NMT. Mr A told HDC that Ms B was 'knowledgeable in anatomy and physiology', and his initial assessment was informed by Ms B's briefing 'as to what she thought the problem was and the type of therapy she was after she felt would help'.

40. Mr A stated that for Session Two, Ms B asked him to 'pretty much follow the same course of treatment' as Session One and therefore, the treatment provided was 'very similar'. Furthermore, Mr A stated that during his continued assessment, he found the areas of concern Ms B mentioned (lower back/lumbar area and right hip flexors) 'to be very condensed almost to the point of muscle cramp'.

41. Mr A described his treatment during Session Two as follows:

a) He utilised light to medium massage strokes (effleurage) to warm the affected areas before applying NMT.

b) He treated several trigger points, which 'had a positive effect in releasing the density and cramping'.

c) After each trigger point application, he 'always followed with light effleurage to "flush" the area'.

d) He 'appl[ied] very gentle lateral rotation of [Ms B's] pelvis by moving her bent leg whilst securely holding the foot in order to access the [trigger points] of the gluteal muscles'. Mr A said that this technique 'most always result[s] in [the] successful release of the

affected area'. He also stated that during the lateral rotation, he checked Ms B's comfort level periodically and she affirmed that she was fine at the time.

e) The treatment was completed to both his and Ms B's satisfaction.

42. Mr A stated that Ms B 'seemed very happy' after Session Two and 'relieved of the discomfort she had been experiencing'. He said that prior to leaving her home, he recommended that Ms B book in with an osteopath if her condition worsened, and that he would be happy to provide a follow-up treatment.

43. In his response dated 9 June 2023, Mr A told HDC that the following day, he contacted Ms B to check how she was feeling, to which she responded that 'it felt ok but was quite sore'. Mr A stated that this response was nothing unusual, as 'deep tissue therapy will leave a small amount of discomfort for 1–2 days following treatment'. In his response dated 2 October 2023, Mr A said that Ms B was 'very praiseworthy' when he followed up with her.

44. Mr A told HDC that on 18 January 2022, Ms B contacted him and said the following:

a) She felt worse, and her 'sacrum and sacroiliac joint' were 'very tight and sore';

b) The 'pelvic rotation had not been a good idea and probably exacerbated the issue'; and

c) She had since tried to self-treat the issue, which Mr A felt was not in her best interests and would have caused further discomfort.

45. Mr A said that he responded that he 'was very sorry to hear this' and recommended that Ms B seek further treatment from an osteopath due to the accelerated worsening of the sacroiliac joint.

46. Mr A stated that over the next three hours, Ms B sent him 'extremely rude and condemning text messages regarding the treatment and [his] expertise', to which he asked her to stop communicating with him. Mr A claimed that he 'blocked' Ms B in response to the continual 'nasty attack' from her.[11]

47. Mr A denied over-rotating Ms B's pelvis and stated that Ms B was 'not of sound mind and has known mental conditions', and that this was evident in the 'preposterous claims' made. Mr A stated that Ms B's lumbar/pelvic strain was an ongoing issue that had been exacerbated by her sleeping in a 'small hatchback vehicle for the previous [four] nights'. He also noted that it was likely that Ms B had 'tried to self-treat her condition' the day before his treatment, 'no doubt making it worse'. In addition, he noted that around this time, Ms B had recently moved into a new home. He said that Ms B told him that she needed the session 'due to her back injury being exacerbated probably by the moving'. Mr A did not provide HDC with evidence of this communication.

[11] Mr A did not provide HDC with evidence of these text messages.

48. Mr A disagreed with Ms B's claim that he wanted to continue the treatment for much longer than necessary. He stated that because of an awkward interaction with Ms B's flatmate, he chose to finish the session in the prescribed hour.

49. No clinical records were provided to this Office. In his response dated 2 October 2023, Mr A told HDC that no treatment plan was created, as originally the massage therapy was provided as a one-off session to a 'friend' at her place of residence, on a casual basis.[12] He stated that if Ms B had requested a series of treatments, then he would have created a treatment record. However, in an email dated 18 October 2023, Mr A stated: 'It was not a clinic situation so, no, I did not have or take any records and was providing the treatment she asked for based on what she briefed me on each time.'

Subsequent communication

50. HDC obtained independent clinical advice on this matter, and on 9 February 2024 Mr A was given the opportunity to respond to this advice. In addition, further information was requested. Mr A did not respond to the advice and did not provide any further information, despite multiple attempts by this Office to contact him.

Responses to provisional opinion

Ms B

51. Ms B was given an opportunity to respond to the information gathered during this investigation. Ms B's comments have been incorporated into the opinion where relevant and appropriate.

52. Ms B told HDC that she disagreed with Mr A's version of events. Ms B reiterated that she 'went to all lengths to try to sort this out amicably', and that she continues to live with the consequences of the poor treatment provided by Mr A.

Mr A

53. Mr A was given the opportunity to respond to the provisional opinion, but no response was received.

Relevant standards

54. Massage Aotearoa New Zealand's Code of Ethics (2018) provides the following:

> Client Relationships
>
> '**Practitioners will**:
>
> Acknowledge the inherent worth and individuality of each person by not discriminating or behaving in any prejudicial manner with clients.
>
> …'

[12] Ms B indicated that there was no charge for services at either of the treatments Mr A provided.

55. Massage Aotearoa New Zealand's Standards of Practice (2018) provides the following:

> **Client Health**
>
> 'On first consultation get client to complete and sign a client history information sheet and update where required.
>
> Inform client during session on what treatment will be provided and continue to monitor and update when required.
>
> Assess pressure, tissue tolerance and comfort levels during sessions and communicate with client on an ongoing basis.
>
> Use appropriate assessment techniques and measures to assess client needs.'
>
> **Safety & Quality in Practice**
>
> 'Be able to conduct a client evaluation sufficiently to make a working assessment and formulate a treatment plan.
>
> Be able to formulate and deliver a justifiable treatment plan or refer when necessary.
>
> Ensure that your client records are full, accurate and completed promptly.
>
> …'
>
> **Professionalism**
>
> '…
>
> Comply with equality and anti-discrimination laws.
>
> …
>
> Be open and honest when dealing with clients and colleagues and respond quickly to complaints.
>
> …'

Opinion: Mr A — breach

56. Under the Health and Disability Commissioner Act 1994 (the Act), every consumer is entitled to the rights contained in the Code of Health and Disability Services Consumers' Rights (the Code). These rights apply regardless of whether a charge is made for the service. Correspondingly, every healthcare provider (which includes any person who 'provides, or holds himself or herself or itself out as providing, health services to the public') is subject to the duties contained in the Code.

57. In New Zealand, the massage profession is a non-regulated profession under the Health Competence Assurance Act 2003. This means that there is no requirement for massage therapists to register with a professional association, and at the time of these events, Mr A

was not a member of MANZ.[13] However, as stated by this Office previously, and as determined in *Director of Proceedings v Mogridge* [2007] NZHRRT 27:

> 'The obligations of the Code apply to those who provide health services, whether or not they belong to any professional association or similar body, and whether or not they are aware of the standards set out in the Code.'

58. In addition to being subject to the obligations of the Code, as stated by this Office previously:[14]

> '[B]y holding [oneself] out to be a massage therapist, and by providing massage services for a fee, [the massage therapist] is required to meet the standards of a professional massage therapist, and … the ethical principles set out in the Massage NZ Code of Ethics provide a credible reference point in establishing the ethical standards that should apply in these circumstances. Accordingly, … the Massage NZ Code of Ethics and Standards of Practice [is] an appropriate benchmark for the assessment of [the massage therapist's] practice.'

59. I agree with this conclusion. Mr A holds himself out to be a massage therapist, and therefore the Massage NZ Code of Ethics and Standards of Practice provide an appropriate benchmark for an assessment of his practice. Furthermore, despite Mr A contending that he provided massage therapy as a 'friend', and in a manner that was considered 'casual', nevertheless he provided health services to a consumer, and accordingly he is subject to the obligations of the Code. It follows that Mr A's actions in providing massage therapy to Ms B fall within the Commissioner's jurisdiction.

Complaint management — breach

60. The role of HDC is to uphold the rights of healthcare consumers, and it is imperative that healthcare providers engage with HDC to resolve consumers' concerns. Right 10(3) of the Code states that 'every provider must facilitate the fair, simple, speedy, and efficient resolution of complaints'.

61. As outlined above, Ms B attempted to resolve her complaint with Mr A directly; however, Mr A ceased communication with her. Ms B then sought assistance from the Advocacy Service. Mr A did not respond to the Advocacy Service's letter nor Ms B's 'final' letter (sent of her own accord). Ms B felt that she had 'no choice' but to make a complaint to HDC as she had exhausted all ways to contact Mr A and reach an amicable resolution.

62. After making a complaint to HDC on 3 March 2022, Ms B advised the Advocacy Service that she wished to take no further action with the service. It appears that Mr A misunderstood this to mean that the overall complaint had been closed. When HDC contacted Mr A and

[13] MANZ is the only massage therapy body in New Zealand for professional massage therapists. It is a self-regulated, voluntary membership association that promotes the massage profession by requiring members to achieve educational competency and clear standards of client care, practice, and ethics, and to meet ongoing requirements to maintain membership.
[14] Combined Opinion 20HDC01152, 20HDC02080 (12 June 2023).

clarified that the complaint was still open and sought his response to the complaint, Mr A stated that Ms B was 'not of sound mind' and had 'known mental conditions', and that this was evident in Ms B's 'preposterous claims'.

63. Mr A took one year and four months to respond to HDC's request for further information fully (during the preliminary assessment[15] of Ms B's complaint).[16] Mr A was also largely unresponsive to HDC's requests for further information after receiving notification of HDC's intention to investigate the complaint formally.

64. My independent clinical advisor, Mr Barry Vautier, noted that the standard of care at the time of events was based on MANZ's Code of Ethics and Standards of Practice. Mr Vautier advised that by refusing to address Ms B's complaint adequately, Mr A breached the ethic of 'Client Relationship' and standard of 'Professionalism'.

65. Mr Vautier advised that Mr A failed to acknowledge Ms B's inherent worth through his 'abusive and prejudicial behaviour in unilaterally ceasing contact' when she was seeking a satisfactory resolution to her complaint. Mr Vautier noted that Mr A has not provided an apology to Ms B for potentially inappropriate treatment (causing her further pain or treating her for too long).

66. Further, Mr Vautier advised that massage therapists are required to act with integrity and without discrimination for 'any condition a client presents with'. Mr Vautier stated that Mr A's claim about Ms B's 'mental issues' was without evidence, [17] and the reliance placed upon it (as a rationale for not engaging with Ms B's complaint two days after Session Two) demonstrated a 'serious breach of human care and was an abuse of good care and conduct as a massage professional'.

67. As a result, Mr Vautier found that there was a severe departure from the standard of care, as Mr A failed to address Ms B's complaint in a timely and appropriate manner (by choosing to cease communication after two days). However, Mr Vautier noted that as there was a lack of information about what was said between the parties via text messages, the full picture of what was communicated to Ms B at the time of the events is subject to conjecture.

Right 10(3)

68. Previously this Office has outlined the importance of providers engaging in the investigation process:[18]

> 'HDC decisions are impartial and fair processes. The correspondence sent to [the provider] by HDC were opportunities for him not only to clarify and resolve the issues raised by [the consumer], but also to provide information to support his assertions that the care provided to [the consumer] was appropriate. [The provider] did not take these

[15] Prior to the commencement of a formal investigation, where the Commissioner gathers and considers preliminary information relating to the complaint.
[16] I note that once HDC clarified with Mr A that the complaint remained open (on 21 June 2023), Mr A provided a full response approximately three months and two weeks later (on 2 October 2023).
[17] Nevertheless, if there was evidence of this, '[Mr A's] duty of care would be no less'.
[18] Opinion 20HDC01892 (9 October 2023).

> opportunities, and, in doing so, unnecessarily delayed [the consumer's] right to have her complaint handled in a speedy, efficient, and satisfactory manner.'

69. In addition, in a previous investigation,[19] HDC found that a counsellor's failure to provide information that was crucial to a fair and speedy investigation of the complaint (a delay of over four months) breached Right 10(3) of the Code. Mr A has also failed to provide crucial information in a timely manner. As outlined above, there was a delay of one year and four months in Mr A responding to HDC fully during the preliminary assessment stage (including comments that HDC should 'cease and desist' any further communication on the issue, and that he was 'responding for the last time on this issue'), general unresponsiveness after Mr A was informed of HDC's intention to commence a formal investigation, and a failure to provide the requested information (such as clinical notes) relevant to the investigation.

70. Accordingly, I accept Mr Vautier's advice that Mr A breached the MANZ standard of 'Professionalism' by refusing to address Ms B's concerns adequately, and I accept Mr Vautier's finding of a severe departure from the standard of care pertaining to Mr A's communication with Ms B. In my view, Mr A hindered the fair, simple, speedy, and efficient resolution of Ms B's complaint through his unresponsiveness and unwillingness to comply with this investigation.

Other comment

71. In addition to the above discussion of Right 10(3), I remind healthcare providers (in both regulated and non-regulated professions) that they are required to engage with consumers, and the wider complaints resolution process, in a respectful manner as a part of effective complaints resolution.

72. This is reflected in the Code,[20] which states that providers are required to comply with 'other relevant Code rights' (which includes the right to be treated with respect[21]), alongside their complaints management and resolution process. In the context of this case, this understanding is also reflected in the MANZ standard of 'Interpersonal skills', which states that professionals must '[l]isten to clients and respect their concerns and preferences'.

73. I am critical that Mr A did not treat Ms B with adequate respect when she was seeking resolution of her complaint, which is evidenced by Mr A ceasing communication with Ms B and making inappropriate comments about her in his responses to HDC.

74. I further highlight that the complaints mechanism established by the Health and Disability Commissioner Act 1994 is the primary vehicle for dealing with complaints about the quality of health and disability services in New Zealand. It is, therefore, vital that all parties engage with HDC's process, and each other, in a respectful manner.

[19] Opinion 20HDC01793 (5 September 2022).
[20] Right 10(5) states: 'Every provider must comply with all the other relevant rights in this Code when dealing with complaints.'
[21] Right 1(1) states: 'Every consumer has the right to be treated with respect.'

Conclusion

75. I find that Mr A did not facilitate the fair, simple, speedy, and efficient resolution of Ms B's complaint, and therefore breached Right 10(3) of the Code.

76. In addition, I am critical that Mr A did not treat Ms B with adequate respect during the complaints resolution process.

Appropriate standard of care — breach

77. Right 4(1) of the Code requires healthcare providers to take reasonable care and skill in the provision of health services,[22] and this includes providers keeping a full and accurate clinical record. This Office has stressed the importance of good record-keeping and the accuracy of clinical records in several previous decisions.[23]

78. As discussed above, Ms B told HDC that she is concerned that Mr A did not assess her adequately and over-treated her (in terms of time and intensity), and this led to further injury and significant pain. In contrast, Mr A said that his assessment of Ms B was based on her direction, and he denied having injured her.

79. On 19 January 2022 (three days after Session Two) Ms B visited an osteopath. Clinical notes state that Ms B had a stuck sacro-iliac joint, with a twisted pelvis. Between February and April 2022, Ms B sought further treatment from another osteopath and saw progressive improvement in her pelvic pain. The osteopath told HDC that Ms B was 'very sensitive and what may be considered normal treatment procedures for most people will cause her to react to the treatment'.

80. Mr A confirmed to HDC that he did not take any clinical notes as it 'was not a clinic situation'. He stated that the sessions were provided to a friend, on a casual basis, and the treatment was based on Ms B's briefing during each session.

81. Mr Vautier advised that the lack of clinical notes constituted a severe departure from the standard of care in providing record-keeping. Mr Vautier said that all professional massage therapists should keep clinical notes on a client's case history, presenting symptoms, the clinical assessment, the treatment plan, what treatment was given, any treatment outcomes, and possible home-care advice and follow-up with the client. Mr Vautier noted that in cases where the therapist's skill set is insufficient, they are required to refer the client to another health professional.

82. Mr Vautier advised that in the absence of clinical notes, no evaluation could be made of what Mr A did to assess Ms B, and it was 'not possible to consider what structures were diagnosed or involved, how they were treated, and any subsequent treatment outcomes'. Mr Vautier said that as a result, the appropriateness of Mr A's assessment and treatment was subject to opinion.

[22] Right 4(1) states: 'Every consumer has the right to have services provided with reasonable care and skill.'
[23] For example, in Opinions 21HDC00401, 19HDC01764, and 19HDC01547.

83. Mr Vautier advised that the lack of clinical notes resulted in a dependence on what other professionals (namely, the three osteopaths from whom Ms B sought treatment) found. The osteopaths' clinical notes formed a picture of Ms B's historical pain and her presentations post-treatment with Mr A. While it is possible that the treatment may have exacerbated an underlying chronic condition in Ms B, Mr Vautier highlighted that the presentations of consumers can differ from day to day, and therefore it is 'conjectural as to what impact [Mr A's] treatment may have had on exacerbating [Ms B's] pelvic pain'.

84. Mr Vautier also noted that Mr A appears to have obtained some verbal history about the potential cause of Ms B's pelvic pain (due to having slept in a hatchback car); however, Ms B later contested this statement. Mr Vautier further commented that Ms B's pelvis may have been strained through an osteopathic manoeuvre (outside the scope of practice for a massage therapist). However, Mr Vautier noted that Mr A did not present any qualifications as a massage therapist or neuromuscular therapist and did not indicate where he had trained. Mr Vautier said that if Mr A had supplied his own clinical notes, a fairer assessment could have been made of his assessment and treatment of Ms B.

85. I accept Mr Vautier's advice that there has been a severe departure from the accepted standard of care in record-keeping. However, without clinical notes, I am unable to determine whether the assessment and treatment of Ms B was appropriate. As discussed above, I do not accept Mr A's submission that he did not keep clinical notes because it was not a clinical situation. Accordingly, I find that Mr A breached Right 4(1) of the Code, and I note that Mr A's failure to provide clinical notes has hindered my investigation into aspects of this complaint.

Conclusion

I am critical that Mr A has been unwilling to participate in the resolution of this complaint. I also note that Mr A's failure to document clinical notes has hindered my investigation into whether he provided Ms B with an appropriate standard of care. In conclusion, I find that Mr A breached Rights 10(3) and 4(1) of the Code. I consider that as a provider of healthcare services, it is incumbent on Mr A to improve the quality of his practice and restore public confidence in his commitment to the Code.

Recommendations

86. I recommend that Mr A:

a) Provide a written apology to Ms B for the deficiencies outlined in this report, including the language Mr A used about Ms B in his communication with HDC. The apology is to be sent to HDC within three weeks of the date of this report, for forwarding to Ms B.

b) Consider joining Massage Aotearoa New Zealand to obtain peer support and professional development, particularly on acceptable standards of client care, practice, and ethics. Mr A is to report back to HDC on this consideration within three weeks of the date of this report.

c) Reflect on his practice in light of this report and report back to HDC on his learning, within one month of the date of this report.

d) Undertaken further education/training on record-keeping, complaints resolution, and massage therapy (related to Mr A's specific areas of practice). The education/training should be in conjunction with, or endorsed by, Massage Aotearoa New Zealand. Evidence of attendance (for example, a certificate) and a written reflection on the learnings and how these will be applied in practice is to be provided to HDC within three months of the date of this report.

Follow-up action

87. A copy of this report with details identifying the parties removed, except the independent advisor on this case, will be placed on the Health and Disability Commissioner website, www.hdc.org.nz, for educational purposes.

Appendix A: Independent clinical advice to Commissioner

The following independent advice was obtained from massage therapist Mr Barry Vautier:

'Complaint:	**[Ms B]/[Mr A]**
Our ref:	**22HDC00572**
Independent advisor:	**Mr Barry Vautier**

I have been asked to provide clinical advice to HDC on case number 22HDC00572. I have read and agree to follow HDC's Guidelines for Independent Advisors.

I am not aware of any personal or professional conflicts of interest with any of the parties involved in this complaint.

I am aware that my report should use simple and clear language and explain complex or technical medical terms.

Qualifications, training and experience relevant to the area of expertise involved:	**Barry Vautier** **Bachelor of Health Studies (BHS)** 2012. Neuromuscular and Sports therapy. New Zealand College of Massage**,** Auckland. **Adult Teaching & Education** 2005. Assessment for Tutors & candidate performance. University of Auckland performance Improvement centre. 1995. Up Front Teaching module. Unitech, Auckland **Diploma Therapeutic Massage** (Dip Ther. Mass.) 1994. New Zealand Association of Therapeutic Massage Practitioners. **Diploma of Herbal Medicine** (DHM) 1996. Southern Cross Herbal School, Gosford, Australia. **Naturopath Diploma** (ND) 1990. Specialising in Remedial Body Therapies South Pacific Association of Natural Therapies. ***Professional Memberships*** Life member of Massage New Zealand (MNZ — *President 2006/7)* Continuous member of a massage association since 1989 *(NZATMP, TMA & MNZ)* Board member Bowen Therapy Federation of Australasia (BTFA) Mr Vautier has over 35 years in private practice in the massage industry in New Zealand. He has held posts as education officer and president of massage associations. Barry has contributed to massage educational standards of practice in New Zealand and

	has been an educator of massage and health science for over 25 years. He is conversant with many styles of body therapy and massage techniques including Neuromuscular Therapy (NMT). Barry has been committed to ongoing professional development throughout his career.
Documents provided by HDC:	1. Letter of complaint dated 3 March 2022 2. [Mr A's] response dated 9 June 2023 3. [Mr A's] response dated 2 October 2023 4. [Mr A's] response dated 18 October 2023 5. Clinical records from [Osteopathy Clinic 1] covering one session in January 2022. 6. Clinical records from [Osteopathy Clinic 2] covering the period February 2022–April 2022. 7. [Ms B's] responses dated 13 March 2024 and 14 March 2024.
Referral instructions from HDC:	In relation to the care provided by [Mr A]: 1. Whether [Mr A] adequately assessed [Ms B] prior to treatment. 2. Whether the treatment provided to [Ms B] between November 2021 and January 2022 (inclusive) was appropriate. 3. Whether [Mr A's] communication with [Ms B] (in particular, ending the client/provider relationship) was appropriate. 4. The adequacy of [Mr A's] record keeping (including clinical notes and treatment plans) 5. In the absence of the clinical notes supplied (from [Osteopathy Clinic 1] and [Osteopathy Clinic 2]), what is the likelihood of your opinion on any matter being any different. 6. Any other matters in this case you consider warrant comment or amount to a departure from accepted standards.

Factual summary of clinical care provided:

Brief summary of clinical events:	**[Ms B's] complaint:** [Ms B] filed a complaint to HDC after the third massage she received from [Mr A] on 16th January 2022. She claimed the last massage caused damage and excessive pain to her lower back and pelvic area. Six weeks after the massage she was still reported being unable to lift much, had difficulty with steps and could only walk for 15 minutes on the flat. She needed a back brace to perform daily tasks. She also complained that his assessment of her condition was inadequate and that he treated her for too long.

	She also complained that [Mr A] gave inadequate responses to her request to communicate about the issue. She claims he "blocked" her further contacts. She then contacted H & D Advocacy which resulted in an email to [Mr A] on 8 Feb 2022. Two weeks later he still hadn't responded. She made a formal complaint to HDC on 3 March 2022. In the meantime [Ms B] sought osteopathic treatment. She had one session with [an osteopath] on the 19th January 2022 who diagnosed her with sacral tension with irritation of the lumbar-sacral plexus. [Ms B] was treated with soft tissue release techniques with a response of having better pelvic symmetry post treatment with an easier gait. [Ms B] then sought osteopathic treatment from "[Osteopathy Clinic 2]" seeing [an osteopath] on 2/2/2022, who only performed an assessment, diagnosing a sacroiliac joint instability and chose not to treat her noting normal passive structural assessment was impossible due to pain with little pressure. [Ms B] was also found to be position intolerant on the couch. She was referred to [a practitioner] for cranial osteopathy due to these findings. [The cranial osteopath] saw [Ms B] on 15/2/2022, 1/3/2022, 15/3/2022, 4/4/2022 and 14/4/2022 with progressive improvement to her condition. [The cranial osteopath] stated "[Ms B] is very sensitive and what may be considered normal treatment procedures for most people will cause her to react to the treatment." **[Mr A's] response:** [Mr A] gave a response on 9 June 2023 stating that he had written to [HDC] on 4 October 2022 stating that this complaint had since been withdrawn by [Ms B]. He claimed "[Ms B] was not of sound mind and has known mental conditions", and that "This is evident in her preposterous claims against me and my therapy I provided to her." [Mr A] claimed [Ms B] was satisfied with his treatment immediately after the treatment claiming "she felt a lot better". He followed up with her by text message the next day and stated her response was "that it felt ok but was quite sore". The following day he claims he got abusive messages from her saying that he had "over rotated her pelvis and caused searing pain". He stated that [Ms B] wanted him "to admit that I had caused that or she was going to take it further to H & D commission." [Mr A] states he then "declined to engage with her as her claims were ridiculous, knowing she has mental issues and also knowing she

	most likely had tried to self-treat herself no doubt making it worse." He went on to state, "…I know 100% that my treatment on her was done carefully and carried out with tentative concern." **Clinical notes:** 1. [Mr A] has not presented clinical notes on his session with [Ms B] in his submission. Clinical notes were provided by three Osteopaths of [Ms B's] subsequent treatments for her lower back and pelvic pain. 2. [An osteopath] saw [Ms B] on 19th Jan 2022, three days after seeing [Mr A] on 16th Jan 2022. [The osteopath] noted the possible effects from [Mr A's] treatment and the presenting symptoms which included a stuck Sacro-Iliac Joint (SIJ) with a twisted pelvis showing a posterior rotation of the left innominate and an anterior rotation of the right innominate. Her diagnosis was sacral tension with irritation of the lumbosacral plexus. She applied various soft tissue treatments to [Ms B] with the result of the pelvis having much better symmetry and [Ms B] could walk straighter and easier post treatment. 3. [An osteopath] of "[Osteopathy Clinic 2]" saw [Ms B] on 22nd Feb 2022. He noted [Ms B's] complaint that her asis (anterior superior iliac spine) had been pulled posteriorly by the massage therapist leading to a sharp pain in her back. He noted an earlier history of hip and lower back pain going back decades. He found "Normal passive structural assessment impossible due to pain with little pressure. Also position intolerant on couch." He suspected right sacro-iliac joint instability, gave no treatment and referred [Ms B] to his colleague [the cranial osteopath] at [Osteopathy Clinic 2] for a cranial-osteopathy approach. 4. [The cranial osteopath] further assessed the sacroiliac joint compression with a strain on the left hip joint. She treated [Ms B] five times between 15th Jan 2022 and 14th April 2022 with progressive improvement to [Ms B's] pelvic pain symptoms over the three months she was seen. **In summary:** There's a discrepancy between [Mr A's] perception of his treatment and that experienced by [Ms B]. He claims his treatment was completed to his satisfaction and hers.

	She claims he twisted her pelvis causing searing pain. She also claims he failed to assess her properly and over treated her and "blocked her" from addressing her complaints about the treatment. The osteopathic clinical notes indicate a chronic lower back and pelvic pain with a pelvic asymmetry which may have been exacerbated by the massage treatment.

Question 1: Whether [Mr A] adequately assessed [Ms B] prior to treatment.	
List any sources of information reviewed other than the documents provided by HDC:	Massage New Zealand "Code of Ethics" and "Standards of practice". Historical teaching notes on Neuromuscular Technique, Massage and Sports Massage from the New Zealand College of Massage.
Advisor's opinion:	There is no evidence of clinical notes from [Mr A] showing how he assessed [Ms B]. He seems to have obtained some verbal history that the cause of her pelvic pain was sleeping in a hatchback car. She disagreed with this in a later statement. The assessment was inadequate as without written notes it's not possible to consider what structures were diagnosed or involved, how they were treated and any subsequent treatment outcomes.
What was the standard of care/accepted practice at the time of events? Please refer to relevant standards/material.	The standard of care is based on attached Massage New Zealand documents (2018): Standards of Practice Code of Ethics
Was there a departure from the standard of care or accepted practice? • No departure; • Mild departure; • Moderate departure; or • Severe departure.	[Mr A's] assessment shows there is a severe departure from the standard of care or accepted practice.

How would the care provided be viewed by your peers? Please reference the views of any peers who were consulted.	Given the standard of care outlined by Massage New Zealand my peers would consider the departure of care to be severe.
Please outline any factors that may limit your assessment of the events.	There are no clinical notes supplied by [Mr A] as to his assessment for treating [Ms B]. His opinion of [Ms B's] condition being caused by her sleeping in a hatchback is subject to conjecture and contested by [Ms B]. The time taken for this case to be commented on due to the tardiness by [Mr A] in responding to HDC addressing the concerns of [Ms B] and the Health and Disability Commissioner.
Recommendations for improvement that may help to prevent a similar occurrence in future.	[Mr A] needs to address his clinical note taking. All professional massage therapists should keep clinical notes on a client's case history and presenting symptoms, the clinical assessment, the treatment plan, what treatment was given, plus any treatment outcomes and possible home care advice and follow-up with the client.

Question 2: Whether the treatment provided to [Ms B] between November 2021 and January 2022 (inclusive) was appropriate.	
List any sources of information reviewed other than the documents provided by HDC:	Massage New Zealand "Code of Ethics" and "Standards of practice". Historical teaching notes on Neuromuscular Technique, Massage and Sports Massage from the New Zealand College of Massage.
Advisor's opinion:	The lack of clinical notes from [Mr A] makes it difficult to determine the appropriateness of his treatment of [Ms B]. Given what sounded like a straining of [Ms B's] pelvis, in what may have been an osteopathic manoeuvre, he may have been treating outside of scope of practice of a massage therapist. [Mr A] has not presented any qualifications as a Massage Therapist or Neuromuscular Therapist. There is no indication where he trained. [Ms B] seems to have experienced increased pain which lingered more than a couple of days post treatment. The treatment she received from [Mr A] may have exacerbated an underlying chronic condition she had.

What was the standard of care/accepted practice at the time of events? Please refer to relevant standards/material.	The standard of care is for a therapist to conduct a client evaluation sufficiently in order to formulate a treatment plan then carry it out, or refer the client to another health professional if the therapist's skill set is insufficient for treatment.
Was there a departure from the standard of care or accepted practice? • No departure; • Mild departure; • Moderate departure; or • Severe departure.	Given the lack of any clinical notes or even a statement of how [Mr A] assessed [Ms B] the assumption is made that there is a severe departure from the standard of care accepted in practice.
How would the care provided be viewed by your peers? Please reference the views of any peers who were consulted.	The standard of care outlined by Massage New Zealand peers would consider the departure of care about client assessment to be severe.
Please outline any factors that may limit your assessment of the events.	There are no clinical notes supplied by [Mr A] as to his assessment, treatment, and outcome measures in treating [Ms B]. The appropriateness of the treatment is thus subject to opinion.
Recommendations for improvement that may help to prevent a similar occurrence in future.	All professional massage therapists should keep clinical notes on client's case history, presenting symptoms, a clinical assessment, a treatment plan, what treatment was given, any outcomes from the treatment and any home care advice and follow-up with the client.

Question 3: Whether [Mr A's] communication with [Ms B] (in particular, ending the client/provider relationship) was appropriate.	
List any sources of information reviewed other than the documents provided by HDC:	Massage New Zealand "Code of Ethics" and "Standards of practice". Historical teaching notes on Neuromuscular Technique, Massage and Sports Massage from the New Zealand College of Massage.
Advisor's opinion:	By refusing to adequately address [Ms B's] concerns when she complained to him, he has breached standards of practice and ethical considerations in dealing with clients. The MNZ standards of practice expect a therapist to act with integrity and be non-

	discriminatory for any condition a client presents with. By [Mr A] stating "[Ms B] is not of sound mind" is prejudicial given there is no evidence presented for this. And even if there were evidence, then his duty of care would be no less. And by declining to engage with her after two days post treatment stating … "her claims were ridiculous. Knowing she has mental issues" demonstrates a serious breach of human care and was an abuse of good code of conduct as a massage professional. MNZ code of ethics states a therapist should: "Acknowledge the inherent worth and individuality of each person by not discriminating or behaving in any prejudicial manner with clients." I would consider [Mr A] has failed to acknowledge his client's worth by his abusive and prejudicial behaviour in unilaterally ceasing contact with [Ms B] for a satisfactory resolution to her complaint. There was no apology forthcoming that he may have treated her inappropriately by possibly causing more pain or that he may have treated her too long.
What was the standard of care/accepted practice at the time of events? Please refer to relevant standards/material.	MNZ standards of care for a client include: To be open and honest when dealing with clients and respond quickly to complaints. To act with integrity and uphold the profession through good conduct. Abide by a code of ethics. Abide by the Health and Disability Commissioner's Code of Rights.
Was there a departure from the standard of care or accepted practice? • No departure; • Mild departure; • Moderate departure; or • Severe departure.	There seems to be a severe departure of standard of care of [Mr A's] communication with [Ms B]. He failed to address her concerns in a timely and appropriate manner by choosing to block further communication with her after just 2 days.
How would the care provided be viewed by your peers?	Given the standard of care outlined by Massage New Zealand my peers would consider the departure of

Please reference the views of any peers who were consulted.	care by [Mr A] around communication to be a severe breach of the code of ethics.
Please outline any factors that may limit your assessment of the events.	There are no clinical notes supplied by [Mr A] as to outcome measures or post care advice to [Ms B]. There is a lack of supplied information about what was said by text and messaging between [Mr A] and [Ms B] after the treatment. This data may have been lost or not forwarded. The full picture of what was communicated at the time is subject to conjecture. [Ms B] was very unhappy with how she was treated. It's not known if he gave post care instructions to [Ms B] about the effects of his massage and what she should or shouldn't do for post care.
Recommendations for improvement that may help to prevent a similar occurrence in future.	All therapists should belong to a professional association which has a code of ethics and standards of practice especially around communication with clients. [Mr A] does not seem to belong to any association with standards of professionalism and appropriate behaviour with clients. As a person supplying a health service in New Zealand he is bound by the Health and Disability Commissioner's Code of Conduct in particular with regard to respecting clients' right to complain.

Question 4: The adequacy of [Mr A's] record keeping (including clinical notes and treatment plans).	
List any sources of information reviewed other than the documents provided by HDC:	Massage New Zealand "Code of Ethics" and "Standards of practice". Historical teaching notes on Neuromuscular Technique, Massage and Sports Massage from the New Zealand College of Massage. HDC Code of Rights.

Advisor's opinion:	There is no evidence of record keeping by [Mr A] which is in breach of standards of practice and ethical behaviour as a health professional.
What was the standard of care/accepted practice at the time of events? Please refer to relevant standards/material.	Ensure that client records are full, accurate and completed promptly and kept confidential in a locked place. This includes contact information, a client history, previous treatments, medicines being taken, an assessment of the presenting condition, a treatment plan, what treatment was given, the treatment outcome and any post care advice given.
Was there a departure from the standard of care or accepted practice? • No departure; • Mild departure; • Moderate departure; or • Severe departure.	There is a severe departure of standard of care in providing record keeping of this client.
How would the care provided be viewed by your peers? Please reference the views of any peers who were consulted.	Given the standard of care outlined by Massage New Zealand my peers would consider the departure of care to be a severe breach of the code of record keeping.
Please outline any factors that may limit your assessment of the events.	There is no evidence of record keeping presented by [Mr A], thus without notes no evaluation can be made of what he did to assess and treat [Ms B].
Recommendations for improvement that may help to prevent a similar occurrence in future.	[Mr A] should keep records of every client he sees even if they are being treated without charge. This ensures clients' safety and practitioner accountability. Keeping client notes may protect him from possible accusations of what actually occurred. It also means he can track clients' progress on future visits.

Question 5: In the absence of clinical notes supplied (from [Osteopathy Clinic 1] and [Osteopathy Clinic 2]), what is the likelihood of your opinion on any matter being any different.	
List any sources of information reviewed other than the documents provided by HDC:	Massage New Zealand "Code of Ethics" and "Standards of practice". Historical teaching notes on Neuromuscular Technique, Massage and Sports Massage from the New Zealand College of Massage. HDC Code of Rights.
Advisor's opinion:	Client notes were supplied by the three osteopaths [Ms B] saw after seeing [Mr A]. These notes form a picture of [Ms B's] historical pain syndromes plus what was presenting post treatment with [Mr A]. Had these notes not been available by the osteopaths, there is still a severe breach of good care by [Mr A] of [Ms B] as she experienced an increase in pain and disability post treatment. Had [Mr A] supplied clinical notes a fairer assessment could be made of what happened with his assessment and treatment with [Ms B].
What was the standard of care/accepted practice at the time of events? Please refer to relevant standards/material.	Client records should be full, accurate and completed promptly, and kept in a locked place for confidentiality.
Was there a departure from the standard of care or accepted practice? • No departure; • Mild departure; • Moderate departure; or • Severe departure.	The lack of client notes is a severe breach of client care and accepted practice.
How would the care provided be viewed by your peers? Please reference the views of any peers who were consulted.	Given the standard of care outlined by Massage New Zealand my peers would consider the departure of care to be a serious breach of the code of record keeping.

Please outline any factors that may limit your assessment of the events.	The lack of client notes on the part of [Mr A] means a dependence on what other therapists (the osteopaths [Ms B] saw) found. Presentations of clients can differ from day to day thus it's conjectural as to what impact [Mr A's] treatment may have had on exacerbating [Ms B's] pelvic pain.
Recommendations for improvement that may help to prevent a similar occurrence in future.	[Mr A] should get professional training around record keeping and communication skills. If he does not have a massage qualification, he should get one from a bona fide massage school. He should belong to a professional massage association to protect both himself and his clients. Once qualified he should advertise his qualifications, where he got them from and what association he belongs to. He should also display a code of ethics even if his practice is visiting clients at their place.
Question 6 Any other matters in this case you consider warrant comment or amount to a departure from accepted standards.	
List any sources of information reviewed other than the documents provided by HDC:	Massage New Zealand "Code of Ethics" and "Standards of practice". Historical teaching notes on Neuromuscular Technique, Massage and Sports Massage from the New Zealand College of Massage. HDC Code of Rights.
Advisor's opinion:	[Mr A's] defensive behaviour in his written responses to [Ms B] via HDC is not helpful to conflict resolution of the pain and suffering [Ms B] experienced due to his treatment of her. There also seems to be a lack of informed consent with some of his treatments including massaging into sensitive body locations such as the groin of [Ms B] presumably to treat the Iliopsoas muscles.

	[Mr A] seemed to make assumptions about [Ms B's] condition based on his own prejudices and preconceived ideas of what she was presenting with. A Google search of [Mr A] found references to … He does not appear to have a website. None of the listings give his massage qualifications or where he trained in massage.

…

Signature:

Name: Mr Barry Vautier

Date of Advice: 24 April 2024'

Names (except the advisor) have been removed to protect privacy. Identifying letters are assigned in alphabetical order and bear no relationship to the person's actual name.