

COVID talk

Sat, 7/18 4:09PM 47:15

SUMMARY KEYWORDS

massage, people, rash, symptoms, virus, sanitize, person, masks, risk factors, classes, blood clotting, skin, school, quarantine, body, lungs, talk, tested, day, put



00:00

And then if you could



00:04

just say, like one very short thing. I don't know, I'm really bad at that. And I always hate it when I have to do it. So it's like, kind of what brought you here but in like 10 words or left, but that's really hard. So whenever you feel like is something that you could just share with folks. And then as we're talking, we are wearing masks all the time. While we're on this floor, we're wearing masks all the time. So just leave that on while you're talking. And then we are going to go through a little presentation about the the COVID-19 as your first thing you get to hear because we feel like it's important for everyone to have that information and just really know the same thing so that everybody's on the same page. So



00:54

with that whoever wants to get started which side of the room wants to talk



01:00

Sure, everyone, my name is Louise. She



01:05

her pronouns.



01:08

What brought me here?



01:12

I brought myself



01:15

No, I thought about doing massage



01:17

for a really long time. And somehow, in this



01:23

time, it just like kind of got pushed forward and I was like, Oh, I think I'm ready to do that now.



01:30

My name is Carol dancer she and her as well.



01:34

I am a physical therapist assistant, and I see primarily public rehab



01:42

percentage of the highest amount of patients I see in that



01:48

in an outpatient setting



01:49

for pelvic rehab, and what I've been drawn to is the manual work because I wanted an opportunity to expand my skills



02:00

Fascinating



02:04

musical they work with foster youth in Portland.



02:16

My name is Dakota.



02:20

Robin here. I've been in the workforce for a while now and I've been looking for something different and hopefully you get something that I enjoy doing and get paid for it. So



02:30

I'm aliah and she her pronouns. And



02:35

I just really like the idea of like, working with people in a more like, personal setting and being able to do like something with my hands.



02:46

Hi, I'm Eric. I am a pronoun that



02:50

really got to me was I got into a car about you know,



02:57

how to do a lot of massage and physical therapy and



03:01

changed my life. So that's why I'm here.



03:05

I'm reading she her pronouns. And yeah, kind of kind of similar to Louise I



03:15

really was struck by a quarantine that I needed to like start taking my passion seriously in this dream seriously. So



03:22

it's been it's been a long time coming but getting into yoga really



03:25

has made me very curious about the world of massage. So I'm super excited to kind of become a healer in that one way



03:34

and barely go by he him. I'm just really excited and he has to be here in addition to holistic healing, so that's pretty much it.



03:50

Tracy, I go by she her. three kids are all teenagers and what brought me here is



04:01

I'm a Reiki Master. And so I've been attuned to Reiki in different countries and



04:07

the art of healing and energies just an incredible and so I wanted to take it a step further, I've always felt the pull of being a healer. And so this seems like the most logical next up. My former career was in high tech, so



04:25

I'll know to ask you when I can't, yeah.



04:31

She heard



04:33

me she was always interested in massage and you know, I found this school and it felt so right and you know, I like the holistic side feeling and, you know, I got into yoga as well and it kind of just, like, boosted everything and like, you know, I wanted to help more for people and, you know,



04:47

inspire them that their bodies don't have to hurt all the time.



04:56

Want to help kill people and I do things my



05:05

My name is Amber, I identify as she her pronouns.



05:09

I was just looking for a career change. And I really love the idea of healing and massage and doing something that doesn't involve medicine necessarily. So



05:22

can you see your name again? I missed it. Amber. Amber. Thank you.



05:26

And my name is Allie. I've been studying Thai massage for the past few years, they fell in love with it. There's something about that platonic intimate touch that is just super necessary in the world I think. And so I found eastwest as I was searching for massage schools to sort of round out my knowledge and this was seemed right in the middle of the anatomy, kinesiology, but also you guys understood that there was a an energetic sort of aspect to touch. So I'm really excited to So



06:03

thank you all so much.




06:06


So, I in the Dean of Students role here I help people with talking about tutoring, talking about support talking about planning, working with, you know, if a subjects difficult or if there's something going on in life that kind of not meshing with school, just general support pretty much and I try really, to make sure that I'm parent orientation to meet everybody. Usually we do orientation in a big group. And Eric and I work together and switch back and forth, but because of the requirements of the virus and being considered about spacing, or doing it into room, and then we're switching back and forth, so I'll be in and then over in the other room and Eric will be here.

 06:55

I

 06:57

went to college for that. Elementary Education actually I started in pre veterinary program and then I switched to elementary education and I graduated almost in that but I switched at the very end and did my internship at headstart instead of in a school. So my degree is in kind of that realm of human development. I worked in history and I worked in social service for a long time in nonprofits, working with children and then with seniors for 10 years. But you know, budget cuts and politics and all of that stuff, sending letters to people saying your services are cut off and then two weeks later, nevermind, they're back. Nevermind, they're cut off. Emotionally for me was just like, what am I doing in this world? Like, I would go home at the end of the day, just exhausted and crying. And I really got tired of crying in my car. You know, as I'm restocking the tissue from my car. I'm thinking this is not what I want my life to be like. I looked at East West 10 years. Before and then life change happened. And I thought, okay, I can't do that. So you know, 10 years later, I was like, What am I going to do? And then I remembered, Oh, right, I have that awesome school. I'm going to go there. So here we are. I graduated, I work. I worked at a chiropractic office for a little while. I came here to start working. And now I'm teaching here working and then I have a private practice of massage outside, in my home, actually. So the reason I did this is because I believe in making connection with people and making a difference in the world. And I found out that if I could do that person to person, it was the best way for me. But this way, I actually get to do it in a way where I'm able to really connect with that person. And you know, it's just about them and me there's no budgets or politics involved. So I really like that

 08:57

and it means a lot to me. I am also really deeply committed to supporting all of you on your journey here. And that means that maybe we meet in my office and talk or maybe I see you in a class.

 09:09

It's what really brings joy to me.



09:13

And we're all coming here at a time where there's a lot going on in the world. And there's a lot going on for each of us in our lives trying to figure things out and what's going to happen next week. I don't know.



09:24

You know, it's like, Alright, I'll go to school. And so that's a huge commitment to something in the midst of I don't know what's gonna happen, right. So I really honor all of you for that. And just realized that that involves a lot of like, roller coasters of emotions. We all worked at home for three months, and then we came back here about a month ago when the phase one opened up. Because this is a private trade school that teaches a bodywork. We are able to be open under the phase one because we do massage, but you'll notice that a lot of parts of the building are closed. They're kind of quiet. And so we're here, you know, and it's different to be out all of a sudden. And the adjustment to that, for me was kind of a roller coaster of one day, I felt like really excited to see everybody and the next day I felt really tired and like what was going on. So be really gentle with yourselves, please and then be really give each other some grace, you know, and try to be gentle with each other as we go through, especially this first couple of weeks of like getting used to school. And when you go into your first kinesiology class, and you're like, Oh my gosh, I don't know if I can do this. Right? You can do it all of you can do it. And it's going to feel like that at first. So, you know, just wanted to say that out loud. You're welcome. In my office, I have very soft tissues.



10:49

I don't use the school tissues. I bring my own so that you can have those. So



10:55

So like I said, we're going to do a presentation on COVID-19 and the reason we're going to do that is because everybody has heard a million things about this on the news and on this news and that news in the newspaper, on Facebook on this on that, right? And so all of that information sometimes is conflicting, or maybe it is what the truth is, or maybe it's like some persons article about what they think they ran and what they think it is. And what we wanted was every single person coming here for this term would have had the same information. And with no Can everybody see that? It's warming up so



11:36

it'll get brighter. I think in a second. We can turn



11:39

off the lights.



11:43

We wanted to make sure everybody coming to school here had the same information so that everybody knows that everybody else knows. Okay. So let me



11:53

find my notes because I have all these other notes. I know it's so awesome.



12:01

anatomy and physiology teacher here at the school. One of them is a naturopath and she has been doing research. The whole time name is Jamie fields. She's been doing research on this ever since the beginning of it. And her husband is a kinesiologist. He also teaches here, and the two of them worked on this PowerPoint to get the information. They made it and then they updated it like seven times in two weeks, because the information changed seven times in two weeks. Right. So this is what it is, as of the time that they finished it at the end of last week was the last update. And it's been updated in your slides, but there's gonna be update so we will be letting you know in some fashion if there's something that changes. She went to a training just last week at OSU on the quiet apathy, which is the blood clotting that they're finding in folks. So that was like recent information. The goal of any virus is to reproduce puts its RNA into our cells and it starts reproducing itself in our body. There are some other viruses similar to this the SARS and MERS that you've heard about in the news probably. And the way that this spreads is by respiratory droplets infected with the virus. So that's why we wear the masks right to contain those to keep them close to us so they're not going out into the air. And it also spreads from surface context. So something is you know, either droplets get on a surface or droplets get onto you from something and then touch something else. So on every single desk is this hand sanitizer, which is 80% alcohol so we're also using it as a surface sanitizer. So if your mask is slipping and you're fixing it and touching it or you're taking it off and on, spray your hands with sanitizer, getting them wet enough that they stay wet while you're rubbing

them for the 22nd and sanitize your hands. If you are touching your mask, if you're touching Eyes. If you go out if you pick up your phone, those are times to sanitize your hands. So really do that we make it available everywhere. You can also in the handbook. I don't know if you all got this email too yet. So this came to an email, you're also going to get a paper copy of it today Eric is gonna pass it out. The start of class procedure that's in here talks about sanitizing your desk and then putting all your items on your desk. Why do we put all of our items on our desk because number one, you know that surface is sanitized. So that is a place to put your stuff where you know that it sanitizes and number two, so that your stuff isn't on the floor and then somebody else puts their stuff on the floor and then we don't sanitize the floor. We vacuum the floor with a heavy filter vacuum but we're not sanitizing the floor every class so it's we want everybody's stuff on the desks. So that's why the sanitizers there to see you know that your surfaces clean before you put anything down on it and then as you leave, you're sanitizing it again. So this is a little picture for the droplets moving around so you can see the different ways, but we already talked about that. So prevention for this we all have heard some of this six feet, distancing, hand washing or sanitizing, often covering our nose and mouth with a face covering, covering our coughs or sneezes, you know, with your elbow, not your hand because stuff can go through and get on your hand and then you touch the door. And then if you're using a tissue, throw it right in the trash. using recycled things like handkerchiefs is great, but right now, it's not the best idea because you either put it in your pocket, gets all that droplets or it gets sit on a desk or somewhere and then it gets that there. So we're really trying to contain everything as much as we can. So put it right in the trash. Avoiding contact with this or 16 home If you experience any symptoms and quarantining if you've had contact with someone or if you've been diagnosed You'll notice that these numbers are really, really old. July 1 is like an eternity ago when it comes to this virus, unfortunately. So yeah, here we are on the 18th. And it's totally different. But here were the numbers on the first.



16:17

And even then it was pretty widespread. So it's even more widespread now.



16:27

6.7% of people are testing positive, but again, they're not giving tests to everyone. They're they're giving tests to people who like are pretty obviously having it. So if you know other countries that aren't having that percentage, so here in the US, we're getting a higher percentage of positive cases. And right now, I've also heard a news story that they're having a hard time making all the components for the test. So the US is running short on

tests again, because the kits aren't able to be put together because we're missing the swab for this or the stick for that or the container for this. So unfortunately, we're having a tough time. The fatality rate again, as of July 1, this is old information. People are dying from multiple organ failure. So it's not necessarily just COVID-19 that they're dying from, but it's like respiratory failure shock or acute respiratory distress syndrome. So risk factors, there are risks for certain people. The people that have these risk factors are getting a more aggressive version of the virus and they're more likely to have complications from it. So having these risk factors doesn't necessarily mean you're going to catch it, but if you do catch it, it's likely to be more severe. And why do we care about risk factors is because the people are six times more likely to be hospitalized and 12 times more likely to die from the virus. So folks with risk factors, whether it's someone in our family or some, you know, someone older, really, really need to be trying to stay out of the public as much as possible. The key risk factors, we had that whole big list here. The key ones are related to cardiovascular disease, diabetes, lung diseases and Kidney Diseases. This is risk of death, the highest risk of dying from the virus and people over at the lowest risk of dying children nine and younger, but that doesn't mean they're not catching it. And it doesn't mean they're not having effects from it. They're seeing a lot of the blood clotting disorders and children and a lot of the different rashes and things coming up for children. So ethnicity. There are higher instances with different ethnicities, but we don't really know if that's due to like privilege and work situation or if it's due to actual ethnicity and like, genetic code. Some people in different ethnic groups don't have the option to work at home or don't have the option not to be on public transportation or be in groups. So that's something that could be contributing to this difference in privilege and possibility. And some people aren't getting the same care. So we don't really know exactly, unfortunately, what's causing that, but it is a thing. The incubation period varies widely. So the timeframe from the time you're exposed to the time you're showing signs is immediate of about five days, although it can be longer or shorter depending on the person. The amount of virus that's coming out of our body. shedding is what they call that is the highest one day before our symptoms appear. So we won't know that anything's going on, we won't have any symptoms at all. But the day before our symptoms is the time we're shedding the most virus and so that is really why we are so I'm adamant about the masks, especially here at the college on this floor. And it's why we're using the surgical masks for doing massage because they have an extra layer and it has that waterproof layer. Because because of this reason this pre symptomatic that infectious period is here. And you just don't know, you don't know that you have any signs or symptoms at that point. So it's just important to really take the precautions. So, some people have reported that they have been asymptomatic. They tested positive, but they say I didn't have any symptoms. What they're thinking is that the symptoms are so mild, are so easily confused with other things that are in our common



20:46

excuse me, that are in our common experience. coughing, sore throat, you know, we have all of these things. They're thinking that, that people just attributed it to something else. And that's what our brains do our brains take in information and they figure it out in this flowchart and they give us an answer. Our brain likes to make everything really linear and logical and that's great, except when it comes to the wrong conclusion because sometimes that conclusion is something that we don't know about yet. So even though we have these symptoms, we've had them before, it always meant this. Unfortunately, it's not meaning that now for people who are symptomatic their infectiousness begins to decrease eight days after the symptoms start showing up. And the infectiousness is pretty pretty low by 14 days. That's how they came up with the quarantine period of 14 days was because that was about when the symptom when the shedding of the virus coming out with low enough that it was reasonably considered okay to go out in public again. Symptoms are extremely varied, sometimes being really mild and sometimes going all the way up to acute respiratory distress syndrome with trouble breathing and pain in the chest and confusion.



22:01

So all of the signs and symptoms you see are pretty similar to the golden flu.



22:08

Except for rash and lots of taste or smell, which we're going to go through, people are getting other things like we talked about acute respiratory distress this Down syndrome, in my office at the heart is larger than it should be, or a resume that it's not moving like it should. And people are getting complications from being in the hospital. So you don't need to know these names of rashes. They're in your packet just for reference if you want to look them up later. But we did want to show everybody the rashes because it is important to be able to recognize them and we're working on skin. We're doing massage, and so the skin is what we're seeing all the time. So we need to be aware of what we might see both in our fellow students and when we get out into the world as massage therapists. So, we have different pictures here, we try to find pictures for skin of different shades, but there are no pictures available of people of color, especially black people, unfortunately. So you won't see any pictures of that because there haven't been any. Somebody yesterday told me that there was a doctor at a university that new found out about that and actually went and took some pictures. So that person is going to send me a link and we're going to try to get them in the slideshow, but right now we could not find

any unfortunately, yes.



23:37

percentage of



23:40

positive cases hot flashes. Right. There are some slides here that have percentages, but not all of them. Let me see what this says.



23:51

I think it's here. These percentages, so 47% had the first 119 the second



23:56

one



24:03

I've given this presentation like 10 times, and it's a lot of talking,



24:19

especially in the morning after a 20 ounce coffee.



24:23

Go talk.



24:32

So some people don't have the rashes. We're not going to see them in everyone, but we do see them in some people. And there's one slide where it was like one of the few symptoms in that person. So it's really important to know about them because they might

not have had a symptom that they recognize. And you might see the rash and oh my goodness. You're going to talk more about scope of practice in your therapeutic relationships, classes and other classes. So scope of practice means What we are trained to do as massage therapists versus what we're not trained to do. So we can't look at a rash and go, you might have cobit, right? Because who do we know? What do we know? What we can say is? Well, I had a training on this, and I know that this rash can be one of the signs, please go to your doctor and talk about that. And I'm not gonna massage you today, right? So you can make a choice for yourself and suggest that someone consult a medical professional. So, so we're not teaching you to identify anything, don't diagnose anyone. So



25:34

only



25:35

this particular rash is something that we sometimes see though, in different places like on the arms, especially sometimes you'll get these little red dots, or sometimes on the legs, places where the body has like clothing that tight fitting, rubbing the skin where the hair follicles are, but this particular one, you see it's kind of in the middle of the back. This is the spine here. So it's not necessarily in an area where that would happen. And it is just These little dots. So this does often pair with other symptoms, this particular rash. urticaria, this woman, 39 years old, the first day she had a loss of smell, just a little loss of smell that she noticed. The next day she got this rash. And the day after that she got a low fever. And that was it. Those are her only symptoms. She went into the doctor and she was tested and she was testing positive for COVID-19. She did have a mild case, you know, she didn't have to go to the hospital and she recovered. But this was the second out of three symptoms that she had, but it covered her whole body. This picture on the right is her leg in the picture and then obviously the abdomen area. So again, kind of a different rash than we see other places. Some of us have heard About covid toes, it's just showing up in the fingers. It's similar to Reynaud syndrome where the circulation isn't getting all the way to the fingers. So they're kind of turning that purplish blue color and getting kind of cold. But this is slightly different. And they think that it's tiny blood clots creating that rash. So as the blood exchanges from arteries to veins in those capillaries, it's getting clogged up and clotting and creating that rash. That is one reason why they're starting to think of this virus as a circulatory virus rather than just a respiratory virus because we're seeing so many effects in so many systems in organs, and capillaries. So that is indicating more that it's in the circulatory system. And then the particular eruptions, these tend to occur early in

the disease process and sometimes before any other symptoms this might happen. It's kind of like, looks like a burn ish kind of thing or like a chemical rash or something. So the trick is like, asking the question, did anything caused that right? If somebody was working on their car and they used a chemical to like take the paint off the car and it slash their arm, you know, sure, maybe they got a burn or something and they got this rash. But if people don't know where something has come from, or when it like it just showed up one day, right, then that's when we start to suspect something more direct about something going on. So any kind of unexplained rash, it's not from a bug bite or a reaction to anything. And then this libido, it kind of looks like a lace of purple lace under the skin. Again, it's really disappointing that there aren't more people of color pictures here because it would look very different to try to, to see the coloration. But it often appears this one With other symptoms or more later in the process, but this is also for people that are really slender and have very pale skin, sometimes this is what people look like when they're cold. So again, we don't want to be going in telling someone Oh, you have cobit because we terrify them. And, you know, we don't really know. It's not the only time something like this shows up. But if you see something like this, you don't want to be massaging someone right then because that is a symptom of an active case. When you take your anatomy, physiology, pathology classes, you'll be going through these questions, to think about different pathologies, different diseases, and figuring out what is safe for massage. So we do walk you through a lot of different ones and this is one of them that we're going to walk through. Talking about isn't infectious. Is it in the whole body system or is it just in one area? Is there information is there open skin could massage help the condition or make it worse? can massage be done if we observe cautions? So we're going to talk about those questions. We also talked about what follow up questions? Do we ask a client? what medications is the person taking? And could those medications cause any trouble for them to receive massage? And what kinds of massage Should we do or not do? What kind of movement is okay? Should we do hydrotherapy? Which is like the hot pack or an ice pack? Should we do that or not? Right?



30:30

It's okay, if you don't know all those words, you're not expected to know them or do them right now. And you'll be talking about the more in your foundations, classes and anatomy classes later. But we still felt like it was important for you to have this information so that you know, what you're doing as you're embarking on things. So if someone is in the acute phase of COVID-19 is absolutely contraindicated not only to massage them, but to really be in the same space. As them, we want to try to help people be quarantined. And so definitely if you know that somebody is doing that is dealing with that they should be in quarantine and they shouldn't come out into the public until they've been symptom free for three days. And so that's a little bit tricky because if 14 days is up, but you still have

fatigue, remember this the signs and symptoms page that we saw, right? If the 14 days are up, but you still have a cough, and a sore throat, if the 14 days are up, but you still have a rash, then you still have signs and symptoms and you should stay quarantine until you're symptom free for at least three consecutive days. And that's what we're using here at school to if you come down with a fever or something's going on, and you know, do not come back to school the next day because the fever went down, but you could be three consecutive days with no symptoms before you come back to school. If you Need to get tested, then certainly please do. But right now and will not mccallion unfortunately, as some people are waiting like eight to 10 to 12 days to get their results back, which is almost a full quarantine So, so really, for sure, just be observing at least three days with no symptoms if you're not getting tested if your doctor doesn't think you need to get tested, but do consult with your healthcare provider to like I have this and I have this like, should I get a test? What do you think I should do? Don't just try to figure it out. And we do have makeup assignments. If you miss class, we have a whole page that says what was covered that day and some questions you can be answering. We'll talk about that a little later in today's orientation. So it's not like you're just like, well, I look too bad for you. We'll we'll give you the information that you can be reviewing while you're at help. So if someone has been diagnosed with COVID-19, if they've been previously positive, it's a little bit of a gray zone. Because they should have done the quarantine for 14 days and make sure to have three days of being completely symptom free. And at that point, we believe that the infectiousness of this virus is low, minimal. None, we hesitate to put none because it's like, it's like only five months old now, do we really know that? It's none? Well, it's the best that people can do. The best that the scientists have been able to figure out is that after that point, it's pretty low to none. So we're going with that, however, people may have their health concerns to be considering.



33:36

So long term,



33:39

that rash, the rash indicates an inflammatory process, or possible blood clotting. So we want to be careful about that. Multi organ involvement we are finding that the virus is affecting more than just the lungs, it's affecting the kidneys, you know, the heart, the blood vessels, circulatory system, pulmonary fibrosis. The lungs having that scar tissue are changing a little bit to kind of apart Lazarus tissue. And coagulopathy is a fancy word for blood clotting disorders. And it may indicate an inflammatory process in the blood vessels. And we don't know yet enough about it to really know.



34:22

Ruth Werner is the



34:24

people with that type of blood disorder at higher risk.



34:30

coagulopathy I'm not sure if that's like a blood disorder that everybody has or people just have, but that's what they're calling the effects of COVID



34:38

on the body with a blood product. Alright, but if you have that problem before you get COVID or at a higher risk, probably, I would assume



34:46

if you've already been dealing with it and you're taking blood thinners then yeah, it's unlisted. Okay. That's a good point. So, people so Ruth Werner is the author of Our pathology textbook. She's a massage therapist, but she's also studied a lot about psychology. And she has been studying about COVID-19 and wrote an article COVID-19 related coagulopathy that is on the abmp. Associated bodywork massage professionals. It's like a national organization that we get are one of our options for liability insurance. So she was putting forward some information. Can you have COVID-19 and not get the coagulopathy concerns? Yeah, there's a lot of people that are getting it and recovering and not having any problem with any of that. Can you have COVID-19 and not be hospitalized? Yeah, people are dealing with it at home, they're getting over it and moving on with their lives. Can people have coagulopathy and not have obvious symptoms? Yeah, they can. The things can be going on in the circulatory system or in the organs and not be showing up in the body anywhere else. So we know that massage can break blood clots free with people with deep vein thrombosis or, or atherosclerosis or something we don't massage over those because some of those classes that are there can break free as we're pushing on them and rubbing them. can that happen with the coagulopathy related to COVID-19? Well, we don't really know. But we have to assume that it can, because we know that it can have other types of similar things. So at what point is a person that has had COVID-19 and coagulopathy? At what point can they simply receive

massage? We don't know. We don't really know. So we have to be extra cautious because we don't want to do any harm to anyone, right? So when we know that it can be invisible in the body, how do we find out what's going on with it? Right? We can ask people can you get your heart and respiratory rate up without any problem? Well, they might say no, but then we need to investigate further right because I can't either I walk up the stairs of this building, I'll be like panting in the hallway for like five minutes. Because it's a lot I don't I sit at a desk, I don't exercise as much as I should, right? So make sure to ask people, could you do that before? Right? Because it's not necessarily going to tell you what you want to know if they say no, not really. Um, have you had any new onset muscle aches and pains since this fire started? You know, if somebody suddenly has their legs start aching, then it's like, oh, you better get that checked out. Make sure your circulation is okay. Right. But if they say oh, well, it was just because I moved a whole ton of bark and moved a bunch of landscape rocks in my yard. Okay, well, that's probably why your legs hurt. Right? So checking about why what might be causing it any new marks, rashes, spots, bumps, lesions on your skin. Again, did they get somebody were they getting work with chemicals, you know, is there an explanation for the exact thing that you're seeing? Or did it just show up or maybe They don't even know and then you pull the sheet back and go, Oh, tell me about this rash and they're like rash, I have a rash and you're like, Yeah, you do. Okay. We'll do this another day, you know, get that checked out by your doctor. So, really checking in with people. So these are some ideas that this author put forward for how can we start asking questions that we get it like the inside of the body that we can't see. Any new skin manifestations need to be completely resolved because remember, they're on that symptoms page rashes are a symptom. So we cannot be working with people that have symptoms that are possible symptoms, right. any signs of cardiovascular or pulmonary strain heart or lung strain, anything going on with the system of breathing or pumping blood? If people are having trouble with that, we want to have them get checked out and wait to massage them and anyone who has been positive and has have been prescribed an anticoagulant for fun it is to be done with that regimen they can't receive massage, either. So we're considering as we're thinking, again about doing massage or considering the more points than we used to about massage. We're considering how we're taking care not to spread the virus we're considering the circulatory system concerns, skin concerns, lung concerns and Oregon concerns.



39:33

So we've talked about contraindications, a positive test within the last 14 days. If someone was hospitalized, you know, we're not going to massage them until we have a doctor's note not just any doctor's note not like so and so is fine and can do whatever they want. But a doctor's note that actually says they can do massage because that's a different

thing from just like going back to the grocery store right? massage actually puts stress on the body, it gets our blood flowing more Our bodies circulating lymph more, we want to make sure that the doctor understood that that person was going to engage in the facts before they wrote the note. Under current symptoms, any current symptoms lingering cough, shortness of breath, feeling not quite back to normal. Oh, I'm great. I'm great. As long as I take two naps a day, everything's totally fine. Did you use to take two naps a day? No, I never took naps before. But now I kind of have to but then otherwise, other than that, I'm great. Right? Like That sounds like a symptom. So and then anything that resolves for three consecutive days. So



40:37

okay,



40:39

then if we've already met all of those things, it's been way more than that long ago. Everything's resolved. I'm not on any blood thinners. I don't have any rashes. I'm totally fine. And I brought a doctor's note and it says that I can do massage. Then we're still going to observe some cautions. circulatory massage in foundations. Once you go through the preliminary stuff, you'll be doing massage, you'll be doing compression. And then you'll be doing massage. Swedish massage is a very circulatory massage, we do long strokes, from the extremities towards the heart and it helps to circulate the blood we call that circulatory massage because it's moving everything towards the heart and encouraging the flow of everything. And we don't want to get in and put our maximum pressure and like push all that up there. If somebody circulatory system has just been through fighting a virus, right, we want to be more gentle. Maybe we use our hands and maybe we don't go as deep with our pressure, right. Same thing with deep tissue massage. You don't want to like work on somebody's muscles with your elbow like way down to the bone or like really deeply. If maybe that might put some strain on that person. You want to start again really gradually maybe using a different tool to work with your hands or work with Something more gentle so that you can gradually help ease into that. Hot hydrotherapy. Again, when we put warmth on the skin, it brings circulation there it stimulates circulation. And sometimes we leave it eight to 10 minutes, right? But that's a lot of like circulation and respiratory rates freeze up heart rate speeds up to move that heat through the body, right? So we don't want to be putting that kind of demand on the body. If somebody is postcode, so we want to either take a very short time, or cooler temperature, whatever we adjust, we want to start gradually with folks crowning position with thoracic pressure in the hospital. They're putting people face down to be on the

ventilators when they're in their really acute respiratory distress situation. Being face down makes it easier for the body to breathe when it's having trouble. So it's not the composition itself. But after someone has recovered, compressing the ribcage makes those lungs have to work harder to expand against that pressure. And so we want to be careful about pressure with somebody who's had COVID-19 and recovered, so that we're not asking their lungs to do that Herculean task of, you know, overcoming our pressure in addition to the work they're already doing. So again, it's not that you can't touch the person, but starting out with really gentle pressure, and then having the conversation with people to specifically name I'm gonna need more communication. For me, what we know about the virus is that these things can put strain on the body and I'll need you to tell me, what is going on for you. Massage Therapy is a really interesting profession, because we do have a power differential, right? Just like I in front of the room here. could say, Oh, can you come up here and you'd be like, okay, right. Like, maybe you don't want to but you'll kind of do it because the person standing here asked you to right. Same thing for massage. If we're like, oh, We're doing massage. Now the person on the table kind of goes, Okay, well, I guess she knows what she's doing right. And so there's that hesitancy to speak up and say like, that kind of is making me feel a little pressure in my chest, or that's kind of making me feel a little dizzy. So we need to really communicate and open the door of communication more and more and more than we think we need to, to help people feel like they can share these things with us. So,



44:28

yeah, well, that it sounds like that might open an opportunity to explore, you know, things that the sellotape



44:37

a ability to breathe diaphragmatic breathing and open up Pentecostals and things




44:41


like that.





44:43


Without something, post coven


 44:45
that we might


 44:47
explore, right?

 44:49
Yeah, like you're working on those muscles.

 44:53
Yeah, the same as like with the flu and stuff. Yeah, yeah. So there's two slides of resources specifically for this packet. And then in your handbook, there's two full pages of really small point resources that we also use to develop the whole procedure manual for the school. So there's lots of resources available in these two resource in these two packets for you about facts about the virus. So the reason again, we give you this information isn't to scare you like, Oh my gosh, what did I just signed up for? But it's really to empower you and help you feel really clear. And you can use this as a reference. So you can know like, wait, what was that again? What am I supposed to do when this happens? What questions

 45:39
do I ask someone

 45:40
when should I not see someone? And now you know, and now you can not only know for yourself, but know what to ask, you know what to talk to your teachers about if you're having a question about what to do. Okay, any quick questions before I head out and let Erica take over?

 45:57
Do you know anything about risk factors for blood type



46:00

No, but that is interesting. I've heard some stories about that. So it is definitely something they're starting to work on. So Jamie fields is our like a better anatomy and physiology teacher and if you do have specific questions more about details about this, she would be the person to talk to you. You can email her



46:27

Oh, I started too far over. So if you have



46:43

specific questions about the presentation or more technical questions or something or



46:50

anything like that,



46:50

you're welcome to email her about that. But the procedures that we have and that we're going to be going over with you are using Remember more in foundations as you're setting up tables and doing things like that, but the masks and the distance and all of those things do address things to the research.



47:12

All right, thank you all. I will be back