

COLLEGE OF MASSAGE THERAPISTS OF NEW BRUNSWICK

HEARING COMMITTEE DECISION ON REMEDY

MARCH 11, 2026

**IN THE MATTER OF A COMPLAINT BY
DR DIDIER DUPAS AND DR NIKIE DUPAS (the “Complainants”)**

**RESPECTING
RICKI PORTER (the “Member”)
dated February 17, 2025 (the “Complaint”)**

Background

1. Following a meeting on December 5, 2025, the Hearing Committee (the “Committee”) issued a decision of the same date respecting the merits of the Complaint (“Decision on Merit”).
2. The Complaint relates to the Member practising outside the scope of massage therapy while performing actions that are unsafe, misleading and encroaching on chiropractic practice, compromising public safety.
3. The Committee found that the Complaint had been substantiated and that the Member’s practices and techniques are outside of the scope of practice of massage therapy, as defined in the *Massage Therapy Act*, SNB 2025, c 29 (the “Act”), as follows:
 - (a) The Member’s massage therapy treatments are 15-minute appointments, and, of those 15 minutes, he only spends approximately 9 to 10 minutes with the client providing treatment. The Member refers clients to other massage therapy clinics if they indicate they are seeking a more traditional massage lasting one (1) hour.
 - (b) The Member uses a variety of techniques and methods in his practice, some of which he admitted he learned from other health professionals, such as chiropractors and during his osteopathic studies. One of these techniques includes the Gonstead method, a chiropractic technique.
 - (c) The Member uses a variety of tools and devices, some of which require proper certification, and which do not fall within the scope of practice of a registered massage therapist, including a nervoscope and an activator, which are chiropractic tools generally used by chiropractors.
 - (d) Despite using a variety of techniques, methods and tools, some of which fall outside the scope of practice of massage therapy, the Member bills all services under massage therapy.
 - (e) The Member performed a spinal manipulation on a witness and former client, Janice Albert, when she attended his clinic for massage therapy, causing her to audibly hear a cracking noise following the pressure that was applied to her spine.

- (f) The Member requested X-ray images of common clients from chiropractic clinics and used the X-ray images within his practice as a registered massage therapist as a “tool” to aid in determining treatment. The Member has no official qualification to read X-ray imaging, and as such, any reliance on X-ray imaging to determine or alter treatment, even if minimal, is a risk to the public as the Member does not possess the skills necessary to properly interpret the X-rays.
- 4. A copy of the Decision on Merit is attached as Schedule “A” and forms part of this decision on remedy.
- 5. As per the Decision on Merit, the Committee reconvened via Microsoft Teams on February 10, 2026, to hear submissions on remedy with respect to the Complaint.
- 6. The Member and the Complainants attended the hearing and were not represented by legal counsel.

Submissions

- 7. In their oral submission, the Complainants submitted that:
 - (a) The Member’s registration with the College must be revoked, as the evidence has clearly established that the Member’s model of practice goes beyond the scope of practice of massage therapy, as he is using chiropractic techniques and chiropractic tools within his practice. The Member does not know his limits, and if he continues to practise, further patients will get injured.
 - (b) The other remedies available under the Act, other than revocation, are not adequate because:
 - (i) Imposing a fine will not aid in correcting the Member’s practices, as the evidence determined that the Member is financially secure and in a position to pay the amount of any fine up to the maximum prescribed by the Act;
 - (ii) Issuing a reprimand will also not have the effect of correcting the Member’s practices, as the Member will likely continue to practise outside of his scope of practice; and
 - (iii) Imposing restrictions or specified conditions upon the Member’s right to practise is only a temporary solution and the Member will likely return to his prior model of practice as soon as the restrictions or specified conditions cease to apply to his registration.
 - (c) In light of the above, a revocation of the Member’s registration is the most adequate remedy to protect the public.
- 8. In his oral submission, the Member stated that:
 - (a) The Member is practising in the best way and to the best of his abilities. His practice model is not mimicked after any specific profession, but rather is what works well for his clients.

- (b) The Member would accept an order to potentially lengthen his appointments to allow for more hands-on time, in order for his appointments to be classified as massage therapy.
- (c) Revocation is not appropriate and would be disproportionate when considering the findings against the Member. However, no alternative remedies were provided as the Member is not aware of other options for remedies.
- (d) The Member's ability to practise is "*his everything*" and he plans to continue his practice is some capacity, regardless of the outcome of this matter.
- (e) The Member is doing everything in his power to make sure people get safe, efficacious treatment.

Decision on Remedy and Order

9. The Committee considered the following factors in their determination of the appropriate remedy and order:
- (a) The Member has been a licensed and practising registered massage therapist since February 1, 2018. He has not previously been found guilty of any professional misconduct or incompetence.
 - (b) The Member, in using techniques that are outside the scope of practice of massage therapy as defined in the *Act*, such as spinal manipulation, created a risk of harm to clients.
 - (c) The Member acknowledged and admitted to engaging in practice techniques and tools that are outside the scope of practice of massage therapy, such as requesting X-ray images and using them as a "tool" to aid in determining treatment, but failed to understand or acknowledge that these techniques and tools fall outside his scope of practice.
 - (d) The Member failed to understand or acknowledge that he cannot continue to practise the techniques and use tools which fall outside the scope of practice of massage therapy.
 - (e) The Member provided the Committee with only limited information respecting steps he has taken to prevent harm to clients, specifically steps to prevent incidents similar to what occurred with Ms. Albert, and only limited information respecting steps taken to ensure continuity of care of his clients should a similar incident occur in the future.
 - (f) The Member demonstrated a lack of insight into the seriousness of the Complaint and the Committee's process, and did not demonstrate an understanding that his practice model is not compliant with the *Act*.
 - (g) The need for public protection to ensure the public's confidence in the integrity of the profession.

- (h) The impact of the possible sanctions or penalties on the Member and the Member's clients, the need for specific and general deterrence, and penalties imposed in similar cases.
10. After considering all of the foregoing, the Committee finds that the conduct of the Member is deserving of sanction.

Costs

11. The Committee considered the following factors in determining the appropriate costs to be awarded against the Member:
- (a) The Member's failure to admit any substantial allegations with respect to his practice model being outside the scope of practice of massage therapy, as defined in the *Act*.
 - (b) The allegations against the Member were substantiated.
 - (c) The hearing of this matter took one full day and required seven witnesses.
 - (d) The costs of this proceeding and costs awards in similar matters.

Order

12. After considering all of the foregoing factors and submissions, the Committee **HEREBY ORDERS THAT:**
- (a) The Member is reprimanded for his conduct, and the reprimand shall stay on his file with the College for two (2) years.
 - (b) The Member is prohibited from practising outside of his scope of practice while advertising, working, and providing services as a registered massage therapist, including but not limited to:
 - (i) using techniques and methods which he has learned from other health professionals, such as chiropractors, and during his osteopathic studies, including but not limited to the Gonstead method;
 - (ii) using any tool or device, for which he does not have the proper certification, and which do not fall within the scope of practice of a registered massage therapist, including but not limited to a nervoscope and an activator; and
 - (iii) requesting X-rays from patients and using these images as tools to aid in the determination of his clients' treatment.
 - (c) The Member shall develop and submit to the Registrar a plan to bring his practice in compliance with the *Act* which shall include, but may not be limited to:
 - (i) how his practice model will be modified to comply with the scope of practice of massage therapy as defined in the *Act*;
 - (ii) how he will ensure that his practice complies with the *Act*;

- (iii) a plan for continuity of care for the Member's clients; and
 - (iv) a declaration that the Member will comply with the plan and ensure his practice complies with the Act.
- (d) The Registrar shall review the Member's plan referred to in paragraph (c) and may require the Member to modify or revise the plan if required to ensure compliance with the Act. The Registrar may consult such persons as the Registrar deems necessary in reviewing the Member's plan referred to in paragraph (c).
- (e) The Member shall submit to a minimum of six (6) inspections of his practice at any clinic that he owns and at any clinic at which he provides massage therapy services, at his expense, and shall comply with the following conditions:
 - (i) The inspections shall be conducted by an inspector appointed by the Registrar within a period of eighteen (18) months;
 - (ii) The inspector appointed by the Registrar will have the discretion to conduct the inspections at such intervals and at such times as determined by the inspector and to conduct the inspections as the inspector deems necessary;
 - (iii) The inspector shall review such documents, records and aspects of the Member's practice as necessary to confirm that the Member is complying with the Act and this order, including but not limited to the Member's clinical notes, invoices, or other records; and
 - (iv) The inspector shall submit a report to the Registrar following each inspection and, should the Registrar find that any inspection is unsatisfactory, the matter shall be referred back to a panel of the Committee for further consideration.
- (f) The Member pay to the College within eighteen (18) months of the date of this order a fine in the amount of \$5,000.
- (g) The Member pay to the College within eighteen (18) months of the date of this order a portion of the costs of the College with respect to this Complaint, in the amount of \$20,000.
- (h) The Registrar shall cause notice of this decision to be published on the College website, including the Member's name.
- (i) It is the Member's responsibility to ensure that each of the conditions outlined above in paragraphs (a) to (g) are satisfied and the fine and costs referred to in paragraphs (f) and (g) are paid within the required period of time. If the Member fails to satisfy any of the conditions outlined on or before the dates required, the Member's registration may be suspended at the discretion of the Registrar until the conditions have been completed. The matter may then be referred back to a panel of the Committee.

- (j) Upon compliance with all of the above, and subject to the Member's continued compliance with all of the College's registration requirements, the conditions imposed under this order shall automatically be lifted.
13. This Decision on Remedy, together with the Committee's Decision on Merit, form the final Decision of the Committee.

DATED this 11th day of March, 2026

Signed by:

Anne-Marie Dupuis

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Anne-Marie Dupuis, Chairperson

Signed by:

Melissa Michaud

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Melissa Michaud, Public Member

SCHEDULE "A"

**COLLEGE OF MASSAGE THERAPISTS OF NEW BRUNSWICK
("COLLEGE")**

HEARING COMMITTEE DECISION ON MERIT

DECEMBER 5, 2025

**IN THE MATTER OF A COMPLAINT BY
DR DIDIER DUPAS AND DR NIKIE DUPAS (the "Complainants")**

**RESPECTING
RICKI PORTER (the "Member")
dated February 17, 2025 (the "Complaint")**

The Hearing Committee (the "Committee") met to consider the Complaint regarding Ricki Porter on December 5, 2025.

According to s. 10.01 of the College By-laws (the "By-laws"), the Committee shall be composed of at least two (2) members in good standing, as well as one (1) person who is not a member of the College. However, according to s. 10.11 of the By-laws, in the event that a member of the Hearing Committee who has participated in the consideration of the Complaint becomes unavailable for any reason to complete the process or participate in the decision before a decision or referral has been made, the remaining member or members of the panel may complete consideration of the complaint and issue a decision.

In this case, one of the members of the Committee became unavailable to complete the process before the decision was made, and as such, the remaining members of the Committee proceeded to consider the Complaint, in accordance with s. 10.11 of the By-laws.

Introduction

1. The Complaint concerns Ricki Porter, a registered massage therapist ("RMT"), who allegedly engaged in practices outside the scope of massage therapy and has alleged performed actions which are viewed as unsafe, misleading, and encroaching on chiropractic practice, compromising public safety. Over the past five years, patients have reported that he:
 - a. performs spinal manipulations resembling chiropractic techniques (e.g., supine cervical rotatory manipulation, cervico-thoracic distraction manipulation, prone thoracic manipulation, side posture manipulation), sometimes causing injuries;
 - b. provides radiological diagnoses of patients' X-rays despite lacking qualifications, often contradicting professional assessments and creating confusion for patients;
 - c. requests patients to obtain X-rays from clinics, claiming he cannot proceed without them, even though radiological analysis is not part of massage therapy practice.

Testimony and Evidence

2. With the consent of the Member and the Complainants, the Committee received as evidence, and carefully reviewed and considered documents consisting of books of bound

documents marked as Books 1, 2, 3 and 4, a list of which documents is attached to this Decision as Schedule "A";

3. The Committee received sworn testimony from the following witnesses:
 - a. Dr. Véronica Gobeil, Witness on behalf of the Complainant;
 - b. Janice Albert, Witness on behalf of the Complainant;
 - c. Joanne Richard, Witness on behalf of the Complainant;
 - d. Dr. Didier Dupas, Complainant;
 - e. Dr. Nikie Dupas, Complainant;
 - f. Janie Richard, Witness on behalf of the Member;
 - g. Ricki Porter, Member.
4. The Committee did not hear submissions from the Complainants, nor from the Member on the merits of the allegations. The Member chose to make submissions on remedy at a later date, following receipt of the decision on the merits of the allegations.

Evidence of Dr. Véronica Gobeil

5. Dr. Gobeil testified that she has been a licensed chiropractor practising in Dieppe for approximately three (3) years. She further testified that in her practice, she often has patients who are also clients of the Member and who attend his clinic for treatment. Dr. Gobeil testified that she often receives information from her common patients that the Member has some unusual techniques within his practice, more particularly "des techniques inhabituelles dans ses pratiques".
6. Dr. Gobeil testified that she has received information from a common patient who visited her clinic in May of 2025, who indicated that she had been treated by the Member three (3) weeks prior, and that she has experienced "funny symptoms" since that time, including numbing and tingling sensations in her neck, as well as a reduced range of motion in her neck towards the right side, which brought on an intense pain. According to Dr. Gobeil, this common patient stated that she "felt violated" by the Member's treatment.
7. Dr. Gobeil indicated that generally, her common patients have difficulty explaining the Member's techniques, but that common patients have previously expressed that their backs have "cracked" during treatments with the Member. The Committee recognizes that the above is hearsay.
8. When asked about the Graston technique, which is a technique to which the Member has admitted to using during his treatments, Dr. Gobeil testified that it requires the use of instruments and tools, which help to work the muscles, release tension and increase mobility. Dr. Gobeil stated that as a chiropractor, she uses this technique almost every day.
9. Dr. Gobeil also provided a written statement, dated April 11, 2025, outlining concerns regarding the Member's practices, as they have common patients. Her statement, which the Committee recognizes also contains hearsay evidence, indicates the following:

- a. Dr. Gobeil stated that she is quite concerned by the Member's above-noted actions, as he is not a chiropractor and spinal manipulation is a regulated act, and it is outside of the Member's scope of practice as an RMT. On this note, she further specifies that spinal manipulation requires significant clinical expertise, as its use depends on a thorough patient assessment and accurate diagnosis to determine an appropriate treatment plan. She also noted that the Council on Chiropractic Education of Canada mandates that accredited chiropractic programs include at least 4,200 hours of approved curriculum, which is a standard also endorsed by the World Health Organization for chiropractic education in countries with professional legislation.
 - b. Dr. Gobeil further stated that it is her understanding that no written consent has been made by the Member. She has advised her common patients that the Member should not be adjusting them during their massage therapy appointments, as this could be very dangerous without the proper qualifications. She indicated that she will not disclose the names of these common patients, as they wished to remain anonymous and to not be personally involved in the Complaint.
10. Dr. Gobeil further provided an anonymous statement from a common patient, which the Committee recognizes is hearsay. The anonymous statement was made by a 39-year-old woman, who alleges that she was treated for neck pain by Dr. Gobeil at her clinic following a visit to the Member's clinic, where he performed a manipulation to her neck.
 11. The Committee recognizes that most of the evidence provided by Dr. Gobeil was hearsay evidence and did not rely on this evidence for the truth of its content.

Evidence of Janice Albert

12. Janice Albert testified that she began seeing the Member in March of 2023 for massage therapy. She stated that on May 9, 2023, she saw the Member for a treatment when she indicated to him that she was experiencing pain around her mid-back area and that she was thinking to book a chiropractic treatment for a spinal adjustment. Ms. Albert testified that the Member indicated to her that he could perform the adjustment on her, as he had taken a course and was performing these types of adjustments on his family and friends. Ms. Albert agreed, and the Member instructed her to lie on the table in his clinic on her stomach and proceeded to apply pressure to her thoracic region.
13. Ms. Albert testified that she felt pain when he applied the pressure to her thoracic region, and that he attempted another manipulation afterwards where he placed himself behind her and performed a pulling motion. Ms. Albert stated that she immediately felt pain following this manipulation.
14. Ms. Albert provided a written statement dated November 11, 2025, with respect to her appointment with the Member on May 9, 2023, where she provided the following details:
 - a. The spinal and vertebral manipulations performed by the Member were to the thoracic/cervico-thoracic region. Ms. Albert described these manipulations as the same as her former chiropractor, Dr. Marc Leblanc.
 - b. During the first manipulation performed by the Member, Ms. Albert stated that she was on her stomach when the Member applied a "*rapid and strong force with his hands to the thoracic spine (HVLA manipulation of the "prone thoracic extension" type) [our translation]*".

- c. During the second manipulation performed by the Member, Ms. Albert stated that she was standing with her arms raised with the palms of her hands on the back of her head. The Member placed his hands on, or under, Ms. Albert's hands by placing his arms under her armpits, then applied a "*rapid and strong axial force with his body to the cervico-thoracic spine (HVLA manipulation of the "cervico-thoracic joint distraction" type) [our translation]*".
 - d. At the time, Ms. Albert felt stiffness in her thoracic region, the Member suggested that she do HVLA spinal manipulation and asked Ms. Albert for verbal consent prior to the manipulations. He advised her that he had the same training as a chiropractor and that he was comfortable to do so since he frequently performed it on his family and friends. Ms. Albert stated that she provided her consent without knowing any better, and due to being falsely informed.
 - e. Once the Member performed the spinal manipulation, Ms. Albert testified that she heard a "crack" from her thoracic region. Ms. Albert further indicated that Mrs. Janie Richard, the Member's clinical assistant, was in the room at the time the Member performed this spinal manipulation.
 - f. Following these manipulations, Ms. Albert experienced considerable pain, and after a period of two (2) months of pain, she ultimately had to go to the hospital for additional treatment.
15. Following her appointment with the Member, Ms. Albert communicated with the Member via text message to inform him that she was experiencing significant pain. Her text message conversation with the Member, dated May 11, 2023, indicates the following:

Ms. Albert: "Hey....so the last time I went to see you was tuesday afternoon...you tried to adjust my T4 vertebre and I am in so much pain since then...it's a sharp pain and it's even giving me a hard time to breath at some point...I'm crying in pain tonight and don't know what to do...any suggestion...thanks!! J"

Member: "Come in for laser [...] Its your t4 disc [...] We are available at 12:30 today [...] If you cant make it put ice on it 15min on 45min off. Well figure out something next week"

16. Throughout May and July 2023, Ms. Albert indicated that she continued to attend appointments with the Member and communicated with him via text message. Ms. Albert testified that despite the fact that she experienced pain in her back following the May 9, 2023, treatment, she stated that she "wanted to give him the benefit of the doubt" and give him a chance to essentially fix the problem. More particularly, she stated that: "*Mon intention c'était d'y donner la chance d'arranger le problème*". A text message exchange between Ms. Albert and the Member, dated May 15, 2023, indicates the following:

Ms. Albert: "Hey...just wondering comment longtemps avant que tu penses que sa va venir mieux pour mon dos...sa viens pas mieux trop vite...j'aimerais still aller au gym ben chepas si cer une bonne idee...jva ptete le mettre encore worst...right now j'ai encore bcp de mal...don't know what to do anymore"

Member: "It can take a week – avoid crunches as it van really make things worse [...] If you need another 2min of laser come on in anytime and tell my staff i told you to come for laser"

Ms. Albert: "Ok I might do that...the pain is now intense on my lower back..left side...not sure if it's connected...do I need to fix an app or just come in...you are always fully booked"

Member: "Well that's not the same pain- thats something else Take a tennis ball and roll your glute out"

17. On July 10, 2023, Ms. Albert had the following text message exchange with the Member:

Ms. Albert: "Hey... was in a lot of pain all week after your treatment from last tuesday...advils are not working as well and I can't sleep because of the pain...this morning was the worst I've seen..the pain is on the right starting from the back(t4-t5) and going in front of my chest..giving me sharp pain when I breath and move...I came to the hospital...will probly go for an extray and I hope MRI to see whats going on"

Member: "Hey Janice – any updates on this?"

Ms. Albert: "I will go to my app tomorrow and explain"

18. Ms. Albert testified that on July 10, 2023, she visited the Emergency Room at the Stella-Marie-de-Kent Hospital in Sainte-Anne-de-Kent, New Brunswick, to get an X-ray of her spine. She indicated that the physician whom she consulted indicated that "something wasn't right [our translation]", and that a vertebra was seemingly "crushed". Therefore, she was sent to the Dr. Georges-L.-Dumont Hospital in Moncton to undergo a CT scan, as well as an MRI.
19. Ms. Albert's medical records were provided as support to these allegations, namely, a tomography report, dated July 10, 2023, as well as an MRI report, dated August 2, 2023.
20. Ms. Albert also provided her pharmacy records, which indicates that she was prescribed various medications by Dr. Frederic Roy on July 10, 2023, namely (1) Cyclobenzaprine, 10 mg; (2) Celecoxib, 200 mg; (3) Gabapentin, 300 mg; (4) Apo-amitriptyline, 10 mg; and (5) Apo-amitriptyline, 25 mg.
21. Ms. Albert testified that she previously had pain in her mid-back area prior to the treatment by the Member, but that this pain was manageable. Following the Member's treatment, which she described as an "adjustment", the pain was far worse, and she felt as though he had triggered her pre-existing pain. She further testified that she now has to go for chiropractic adjustments and other types of treatments more often.
22. Ms. Albert further testified that had she been better informed, she would not have consented to the treatment she received from the Member on May 9, 2023, and that except for a few follow-up visits following the May 9, 2023, appointment, she has not since returned to the Member's clinic for treatment.

Evidence of Joanne Richard

23. Ms. Joanne Richard, the Complainants' secretary and assistant at their chiropractic clinic, testified that she witnessed several testimonies from common patients regarding the spinal manipulations performed by the Member during their treatment session, who wished to remain anonymous. She further indicated that the anonymous patients did not have difficulty explaining the manipulation performed by the Member. The Committee recognizes that the above is hearsay evidence and did not rely on this evidence for the truth of its content.
24. With respect to the allegations regarding the X-rays being requested by the Member from the Complainants' clinic, Ms. Richard testified that since 2021, the Complainants' clinic has been receiving requests from common patients to send their X-rays directly to the Member's clinic. Ms. Richard testified that they began receiving so many requests that they prepared consent forms for the common patients to sign prior to distributing their X-rays to the Member.
25. Ms. Richard further stated that at some point, the Complainants no longer felt comfortable sending the X-rays to the Member and explained that to the common patients. The common patients then began requesting that their X-rays be sent to their family doctors, and she believed the patients would retrieve the X-rays in that manner to then be provided to the Member.
26. Finally, Ms. Richard testified that since the Complainants filed their complaint with the College, they have stopped receiving requests for the X-rays from common patients.

Evidence of Dr. Didier Dupas

27. Dr. D. Dupas, one of the two Complainants, testified that his typical practice is to refer clients to massage therapy where he feels the patient would benefit from treatment from a variety of providers. In doing so, he encountered the Member through some common patients.
28. Dr. D. Dupas stated that he had seven (7) common patients with the Member, who wish to remain anonymous, and indicated that they have all received spinal adjustments by the Member, who occasionally used a series of tools designed for chiropractors, such as an activator and a nervoscope. According to him, a common patient even qualified the Member as being "more than a massage therapist". The Committee recognizes that the above is hearsay.
29. With respect to the instruments allegedly used by the Member in his practice, Dr. D. Dupas testified that he has only ever seen or had knowledge of other chiropractors using these instruments.
30. Dr. D. Dupas testified that the anonymous common patients indicated that the Member was requesting to obtain their X-rays from clinics and further provided radiological diagnoses of the common patients' X-rays during appointments. Dr. D. Dupas stated that this concerns him as the analysis and diagnosis of X-rays requires a specific qualification, which the Member does not have, being an RMT. He further stated that he underwent seven (7) years of post-graduate studies in university to become a chiropractor, during which he and his wife, Dr. Nikie Dupas, learned how to read and interpret X-rays, and even had to pass a national examination as part of their professional qualification.

31. Upon being made aware of these testimonies from common patients, Dr. D. Dupas testified that he contacted the Member via email on December 9, 2021, asking the Member to explain the reason for which he is requesting the common patients' X-rays. On December 10, 2021, the Member responded to Dr. D. Dupas' email indicating that he *"uses X-rays to confirm that [he is] not treating compensation [our translation]"*. Dr. D. Dupas indicated that he was shocked upon hearing the Member's response.
32. Following the above-mentioned email exchange, Dr. D. Dupas indicated that he met the Member at his office, on December 13, 2021, where he again asked the Member to explain the reason that he requests X-rays from their common patients. Dr. D. Dupas stated that the Member responded that he analyzes the X-rays to identify where the common patients' issues lie, and to see the compensations. Dr. D. Dupas testified that the Member indicated that he has been trained by an American chiropractor, who showed him how to do a Gonstead X-ray analysis, which Dr. D. Dupas explained was a popular method for making a chiropractic listing with X-rays. More particularly, Dr. D. Dupas indicated that the Gonstead technique was *"l'une des méthodes populaires afin d'établir un listing chiropratique avec radiographies"*.
33. Dr. D. Dupas further testified that during this visit to the Member's clinic, the Member provided him with an explanation of his techniques and even provided him with a treatment, as to better explain his techniques. During this treatment, Dr. D. Dupas testified that the Member did not use any instruments.
34. Dr. D. Dupas provided a series of emails from their office to the Member attaching numerous X-rays of eleven (11) common patients, at the request of the Member, as support to his allegations against the Member. Five (5) consent forms signed by five (5) common patients were also provided by the Complainants, as they stated they required the signed consent forms prior to releasing the common patients' X-rays to the Member.
35. Dr. D. Dupas testified that eventually, he and his wife became uncomfortable with respect to the requests to provide X-rays to the Member, and they stopped providing these to their common patients. He further testified that the common patients would then request that the X-rays be sent to their family physicians; however, Dr. D. Dupas stated that this type of request is typically quite rare, as is a request for X-rays directly from patients' family physicians.
36. Dr. D. Dupas testified that since he and his wife filed the complaint with the College, their office has not received any further requests for X-rays to be provided.
37. When asked regarding how long a typical chiropractic treatment takes, Dr. D. Dupas indicated that it could take anywhere from 10 to 20 minutes, depending on the specific treatment or adjustment.
38. Finally, Dr. D. Dupas stated that he believes the Member is practising outside his scope of practice and is encroaching on the chiropractic practice.

Evidence of Dr. Nikie Dupas

39. The second Complainant, Dr. Nikie Dupas ("Dr. N. Dupas"), testified in the French language.
40. Dr. N. Dupas testified that the first time she heard of the Member was from a common patient, who referred to him as "more than a massage therapist". Particularly, she stated

that the common patient said "*il est plus qu'un masso*". She alleged that this same common patient brought X-rays of their back to the Member who indicated that the issue was with their L3 vertebra. Dr. N. Dupas disagreed with the Member's opinion once she analyzed the common patient's X-ray.

41. Dr. N. Dupas testified that this same common patient indicated to her that the Member advised them that he could no longer treat the patient and that the patient would not see further results without obtaining additional X-rays.
42. Dr. N. Dupas testified that she began seeing an evolution in what the common patients were telling her with respect to the Member. Initially, the common patients indicated that the Member would tell them that he "wasn't allowed to adjust them", but that he knew how to do it. Eventually, the common patients started telling her that the Member would tell them that he was only missing one course in order to obtain his official certification to adjust them and the common patients began referring to the Member as "Dr. Ricki".
43. The Committee recognizes that the above is hearsay evidence and did not rely on this evidence for the truth of its content.
44. Finally, Dr. N. Dupas testified that she believes the Member is a danger to the practice, as it is not only a question of knowing how to adjust a patient, but also knowing when to make an adjustment or not, and that therefore, his licence should be revoked.

Evidence of Janie Richard

45. Ms. Janie Richard testified that she began working with the Member as his assistant approximately three (3) years ago. She indicated that she used to be one of the Member's patients and she has a background in graphic design. She further confirmed that she has no experience or expertise in the area of massage therapy nor any other healthcare profession, other than the three (3) years she has spent working with the Member.
46. Ms. Richard testified that her main responsibilities as an assistant consist of completing the initial intake process with the Member's clients, taking notes, filling out various charts for the Member's clients, and booking appointments. As such, she stated that she often directly interacts with the Member's clients and that she has witnessed many client appointments as she is often in the room with the Member and the client during sessions. She stated that she does not believe that the Member is operating outside his scope of practice as an RMT.
47. Ms. Richard indicated that the charts she fills out on behalf of the Member for their clients mainly consist of various tests, such as range testing. She gave the following example: when a client complains of sciatica pain, the testing involves range testing before and after treatment in order to determine whether there has been any improvement.
48. She further indicated that, at the Member's clinic, there are two treatment rooms, and that she will take a client in one of the rooms for the initial intake process, where clients will explain their symptoms to her, and she will take as many notes as possible to add to the clients' charts, after which the Member will take a look at the chart in order to determine the treatment. Afterwards, Ms. Richard stated that she will head to the second treatment room, and repeat the process with another client, while the Member finishes the first client's treatment, and that it is normal for herself and the Member to work in tandem.

49. Ms. Richard testified that her understanding of the purpose of requesting X-rays from the patients is in order to use these images as additional tools in the treatment, and not for the purpose of diagnosing. She further stated that when the X-ray report does not match the symptoms identified by the Member, he does not attempt to indicate that the X-ray is incorrect but will continue to work with the client in order to identify a possible solution to alleviate their pain.
50. Ms. Richard stated that the Member does not always use the X-ray reports when treating clients, and that she has seen clients have positive results without the use of X-rays as an additional tool. She further stated that on occasion, after multiple different types of treatments, if a client is not seeing any improvement, the Member will refer them to their treating physician. She further stated that they have stopped requesting clients' X-ray reports at one point, but that this was not due to the complaint by the Complainants.
51. With respect to the treatment Ms. Albert received from the Member, Ms. Richard stated that Ms. Albert initially attended the Member's clinic with complaints of lower back pain. Ms. Richard was often present in the room during the treatments Ms. Albert received from the Member. On one occasion, Ms. Albert indicated that she felt restricted in her thoracic area and that no treatment had ever relieved it. Ms. Richard testified that she saw the Member perform a "recoil" technique on Ms. Albert, which she described as putting pressure on the affected area with his hands, and then removing the pressure, so that there is a "recoil". She further indicated that she understands how some people may think that this technique is similar to a chiropractic adjustment, but that it is her understanding that the two techniques are quite different.
52. Ms. Richard testified that Ms. Albert indicated she felt relief following this specific treatment, and that she did not hear any "crack" or "pop" when the Member performed this treatment on Ms. Albert. Ms. Richard further testified that:
- "Some people will say that things pop. It is common – very common that that happens, but over the years, if someone has had a negative experience, Ricki always takes the time to fix the specific flare-up and takes extra precaution to make sure the patient leaves feeling better".*
53. With respect to the Member's other visits with Ms. Albert, Ms. Richard testified that when she was present, she always observed the Member taking extra time with her to deal with her flare-ups and provide laser treatment, which typically lasts about five (5) minutes. When asked about the "extra time" that the Member took with Ms. Albert, Ms. Richard ultimately indicated that the laser treatments performed on Ms. Albert were typically done after hours, i.e., past 5:00 p.m., once the clinic was closed, and that she was no longer present for these visits. She further testified that approximately three (3) months prior to the hearing, another patient indicated that Ms. Albert had referred her to the Member.
54. With respect to the laser treatments, Ms. Richard indicated that her understanding was that this is mainly for anti-inflammatory purposes, but that she has no education on this topic and that she is not in a position to provide further information on this.
55. With respect to the other tools used by the Member, Ms. Richard testified that she has seen the Member use an inclinometer, a device used in range of motion testing, for example when performing a straight leg raise. She further indicated that she has seen the Member use a dermatome device and a sclerotome device, which she believes are used for nerve pain, but again, could not provide further information. She reiterated that she has

no education on these devices. Finally, when asked if she has seen the Member use a "nervoscope" device, she indicated that she believes she has seen him use this device, as well as an "activator", but again could not explain the purpose of these devices and indicated that the Member would be better placed to provide an explanation.

56. When asked if she has ever seen the Member perform chiropractic adjustments on patients, Ms. Richard indicated that she has not. When asked if the Member has ever asked her to remove or omit adding certain information from a client's chart, Ms. Richard testified that the Member has never instructed her to do so.
57. With respect to the Member's billing practices, Ms. Richard indicated that all appointments are for a duration of 15 minutes and that the Member only provides massage therapy services. This is the only type of service provided by the Member, and regardless of what the Member does with the client, "they always bill the same", i.e., as massage therapy. Ms. Richard testified that she prepares the invoice, which is always given directly to the client, and that the clinic does not bill through an insurance provider. Ms. Richard indicated that for a new patient, an appointment is \$172.50, and for a recurring or follow-up visit, the cost is \$115.00. She reiterated that all appointments are done in 15-minute increments.
58. Ms. Richard indicated that many clients are happy with the Member's treatment, and that for some, it is their "only hope", as they have indicated to her that they have tried other health professionals, such as chiropractors and physiotherapists to treat their symptoms, but that the Member's treatment has provided them with the best results. She further indicated that clients have said that the Member's techniques are "different" from other providers, which they enjoy, and that generally clients enjoy the range of motion testing that is performed to determine progress.

Ricki Porter

59. The Member, Ricki Porter, testified that with respect to the allegation that he is performing spinal manipulations resembling chiropractic techniques, sometimes injuring patients, the Member testified as follows that he understands how what he does can be confusing, as his approach is unique in the region and "non-orthodox".
60. He testified that he only "bills under massage therapy", as "that is the only service he is allowed to bill under".
61. The Member testified that except for new patient exams that are scheduled for 30 minutes, he sees patients every 15 minutes. Previously, and at the time he saw Janie Albert, he saw patients every 10 minutes.
62. With respect to the Member's qualifications, he stated that he obtained his RMT certification in 2017, and that over the years, he has added certain other techniques in his practice, such as shockwave therapy, laser therapy and radiopressure therapy.
63. The Member explained his process, which begins with an interview with the client to obtain their "first order history", which consists of a few crucial pieces of data:
 - i. First, the client will identify their chief complaint, including a specific location, which tissue is involved, and whether it seems to be a nerve issue or tissue issue. This includes collecting symptoms and performing a range of motion testing.

- ii. Second, he will discuss the client's lifestyle, in order to get an idea of their recreational activities and other potentially relevant information.
 - iii. Then he will discuss the region on which the treatment will be performed.
- b. The Member stated that he has developed a reputation of "finding the root mechanical cause" of his clients' presenting issues, regardless of "whether a referral is needed or not", and that he markets himself as such, as he has a "great success rate with clients with non-complicated musculoskeletal symptoms". He testified that he makes all his clinical decision based on objective information.
- c. The Member stated that his intervention and/or treatment is "quite simple, straightforward and is 100% backed by objective findings, none of which involve manipulating joints or the High-Velocity Low-Amplitude ("HVLA") technique for a specific therapeutic effect". The Member lists the techniques he uses in the scope of his practice as follows:
- i. Manual Myofascial Release, using specific depth and tension to manually reduce fibrous muscle adhesions in the spine and extremities, and peripheral nerve entrapments.
 - ii. Extracorporeal radial pressure wave therapy - Joint capsules and soft tissue adhesions, tendinosis.
 - iii. Low-Level Laser therapy (for acute, inflammatory pain).
 - iv. Functional Neurological Applications (Carrick Institute model, P-DTR model. Involves the use of specific manual muscle testing challenges, eye movements, and body positions to gather diagnostic information in support of range of motion/provocative motion exam findings.
 - v. Instrument-assisted soft tissue mobilization (for superficial fascial adhesions).
 - vi. Remedial Exercise (general recommendations - mostly for tendinosis).
- d. The Member indicated that he agrees that his techniques are "unusual", but that he is operating within his scope of practice, and is *"not taking joint past their physiological ranges"* for the following three (3) reasons:
- i. The Member claims that there *"essentially is no necessity in [his] office for the use of HVLA techniques in order to gain outcomes with patients, grow [his] business, etc."*, as he has "every which way to get around having to use the HVLA technique".
 - ii. The Member states that *"the boundaries of scope of practice, which does not allow for grade 5 manipulation, which implies a thrust on a joint, forcing it past its physiological range for an intended therapeutic effect."*
 - iii. The vast majority of the Member's clientele are also seeing other various providers, which, for the most part, includes a chiropractor for HVLA treatment. As such, the Member states that it *"would not make sense to*

offer the same care that did not provide the desired subjective/objective outcome in the first place".

- e. The Member further explained that his "recoil" technique "really shines when a client comes in with a complaint that everything is locked up in a region, he will load up the tissue in the three-dimensional position where it does not want to go, and that it is sometimes the exact opposite three-directional vector of where it wants to go". He continued by explaining that he tries to identify the client's problem by categorizing the particular issue per region, and that there are often multiple layers to that problem. As the symptoms may change or evolve throughout the process, he will adapt his techniques as well, to attempt to provide the client with the best possible outcome.
 - f. When asked how he ensures that his recoil technique does not go beyond the physiological range of the joint, the Member stated that there is a hard-end point that he cannot cross and he stays within that set. When asked where he learned the recoil technique, he stated that it was based from a group of osteopaths in France, which he adapted to fit his own practice. He stated that he uses his "own set of rules", through vibrating stimulus, based on other techniques he has learned throughout his training.
 - g. The Member stated that he does not have any training in HVLA, nor does he make these claims to his clients. However, he has completed two (2) years of osteopathy studies at *Collège d'études Ostéopathiques*, but discontinued and did not complete these studies and does not have an osteopathic degree, a detail which he states could be "misconstrued into thinking [he] perhaps [has] dual licensure or the training to manipulate". He further stated that he does not advertise, nor promote that he has more than a massage therapy license, nor does he perform outside of his scope of practice. He added that a reason for not pursuing these studies was that he "lost courage" and decided to go an alternate route into massage therapy, but that he learned the recoil technique, which has been an added bonus in his practice.
 - h. When asked by Dr. D. Dupas if he was aware that the "toggle and recoil" technique is a chiropractic technique, the Member stated that he was not aware of this, and that he learned this technique at the osteopathy college. The Member confirmed that he currently uses some techniques learned at osteopathy college in his everyday practice as an RMT, but that these techniques are within his scope of practice.
 - i. Finally, the Member indicated that he has the documentation related to each patient that visits his clinic, which indicates what was performed, the objective data of range of motion, as well as positive responses to treatment.
 - j. Generally, the Member also states that as the sole provider for his family, he would "never compromise [his] main revenue source".
64. With respect to the allegation that the Member is requesting patients to obtain X-rays from clinics:
- a. The Member admitted that he has previously asked clients to retrieve their files including X-rays, but only if the "explanation of the therapies that were done were

unclear", and that it is for the purpose of remaining "objective in knowing what was done with a particular case". He further indicated that he is of the opinion that collaboration in healthcare should be encouraged and that it is ideal for outcomes.

- b. The Member denied diagnosing X-ray findings, as he agrees he does not have the qualifications to do so. He indicated that if there was an X-ray taken, giving way to an interpretation, followed by an intervention, that it *"is not [his] business to handle"*.
 - c. With respect to clinical decision-making, the Member indicated that he relies on objective and measurable information, including range of motion (metrics), to give context to a patient's history and symptoms, which is then combined with the rest of his assessment process and ultimately allow him to identify the issue. The Member testified that he uses the X-rays as an additional tool or piece of information to allow him to identify the root cause of a client's symptoms, but that he does not have the required training to comment on the image itself.
 - d. He further testified that the report is the most useful piece of information, and not the image itself. However, when asked why he never requested the X-ray reports from the Complainants' office after receiving 11 images without a report, he indicated that he was "intimidated" by Dr. D Dupas, but that he would have liked to work with him, he did not feel as though Dr. D Dupas "liked him".
 - e. The Member admitted to being *"honest"* with his clients if he opines that such information will be useful to the client moving forward, but that there is no encroachment on another profession, as he is within his scope of practice to provide objective findings in his *"hands-on assessment that is based on something entirely different than imaging"*.
 - f. The Member stated that if a client receives a trial treatment, and either does not have any objective changes, or regresses objectively, then he will request to gather medical reports for more information or advise them to discuss with their medical doctor if they recommend any advanced imaging, test or referrals. However, he stated that *"it does not make sense to blindly discharge a patient if they can't provide information, let alone something [he] cannot use to their betterment anyway"*.
65. When asked about the variety of tools that he uses in his practice, the Member stated that he uses a nervoscope, a tool which was introduced to him in his osteopathic college. He admitted that this was initially a chiropractic tool, but that he uses this tool as "an added confluence" to his other techniques. He indicated that this device looks like a compass, which has heat filaments that can detect and assess the heat level on the skin. He testified that he interprets the heat reading when he passes the device over a client's back, and if there is a sudden spike, that therefore indicates to him that there is "something abnormal in the temperature of the spine", which could indicate an issue in that specific region.
66. When asked how the nervoscope readings are useful in his practice, the Member indicated that "it doesn't specifically tell us anything", but that "it lets [him] know that there is something afoot in that general area", and therefore that it helps pinpoint an area of interest. He further indicated that heat changes on the surface of the skin in the spinal region indicate that there is "something going on that the body is not able to maintain a

certain temperature". However, he added that the nervoscope tool is only 1% of his entire practice, and that he has many other techniques he uses.

67. When asked about the laser therapy he uses on clients, the Member stated that this is yet another tool he likes to have at his disposal as it "has longer-lasting changes" for the client. He stated that he was introduced to the laser therapy from the physiotherapist who was selling the tool, and that this was not a tool he learned of in his massage therapy program, nor in his two (2) years at the osteopathic college.
68. When asked which techniques and devices he has the proper certification to use and perform on clients, the Member stated as follows:
- a. He has completed the required certification for an RMT, as well as his massage therapy diploma;
 - b. He has the certification to employ the Graston technique, however, this was not a part of his curriculum for his massage therapy diploma;
 - c. He has the certification for NeuroKinetic Therapy, however, this was not a part of his curriculum for his massage therapy diploma.
69. When asked if he has the proper certification to employ the Gonstead technique, the Member stated that he does not. When asked if he has the proper certification to employ the recoil technique, the Member stated that he does not. When asked if he has the proper certification to use the nervoscope and activator devices, the Member stated that he does not.
70. The Member was asked how much time he spends with clients during appointments since they are done at 15-minute increments (previously 10-minute increments) and that the patient first spend time with his assistant, Ms. Richard, while she gathers information from them. The Member indicated that he spends approximately nine (9) minutes with each client, which he described as "hands-on" and "manual". He further confirmed that the price of a session is \$172.50 for new clients, and \$115.00 for follow-up visits.
71. When asked how he is able to see clients in such short increments, especially as a traditional massage typically involves lying face down on a sheeted table with an exposed back, the Member stated that he advises his clients to arrive to their appointments in fitted workout gear, and that he will perform the massages and treatments on fully clothed clients, and that this is his standard practice.
72. When asked about the American chiropractors whom the Member indicated acted as mentors for him, and whether he feels as though his practice was inspired by these professionals, he stated that they only showed him how to perform soft-tissue-based techniques, which he can perform on clients as an RMT. But otherwise, the Member agreed that his practice may look similar to theirs, as he only books appointments in 15-minute increments, similar to his American chiropractic mentors, and that he did base his own model on their practice.
73. The Member testified that he works approximately 32 hours per week, and that he typically receives 20 new clients each week, with returning clients coming for follow-up exams. As such, he agreed that he makes great revenue in his business and that is partially a motivation for him to continue, but that he feels he can provide value to many clients, and that this reinforces the price points of his sessions. He further testified that he does not

follow any particular billing guideline with respect to the prices set for appointments, but that the importance for him is to ensure that "the clients are getting good value".

74. When asked if he ever refers clients elsewhere, the Member stated that he will refer clients to other professionals, such as chiropractors, osteopaths, or physiotherapists, if he feels he does not have the expertise to help the clients with their specific issue.
75. He further stated that he will typically refer clients who are seeking a more traditional massage therapy appointment lasting one hour to other massage clinics, as wellness treatments are not part of his practice and he "does not have many wellness clients".
76. With respect to the allegations made by Ms. Janice Albert, one of the Complainants' witnesses, the Member stated that on May 9, 2023, during the appointment where she claims to have received a chiropractic adjustment from the Member, where she heard a "crack" in her spine, the Member denied using chiropractic techniques, specifying that he used the recoil technique on her and that he did not hear any "crack" from Ms. Albert's spine on this occasion. Finally, he stated that on this occasion, Mr. Albert seemed to have a positive reaction to the treatment he provided.
77. The Member further testified that when Ms. Albert reached out to him via text message in 2023, he indicated that he wanted to help her, and that in the limited time of their appointments, he did not have sufficient time to give her issues the required attention. He further indicated that he wanted to ensure that he gave her value, especially as she was indicating that she was experiencing flare-ups, therefore he suggested that she come to the clinic after hours for some laser therapy. However, when asked why he did not correct Ms. Albert in her text message dated May 11, 2023, where she stated that he "*tried to adjust [her] T4 vertebrae*", the Member did not provide an answer as to the reason that no correction was made, other than stating that he "*didn't correct her at all*".
78. The Member further provided his chart notes from various appointments with Ms. Albert, which reveal the following information:
 - a. Ms. Albert's primary reason to the visit to the Member was to relieve pain. She rated the pain at a 7/10 and explained that it was a stiff, tender, sharp and aching pain, the onset of which was brought on March 10, 2021, following a "sports/exercise injury". The Member's questionnaire includes the following question: "*Do you have any X-ray/MRI/CT Reports?*", to which Ms. Albert responded in the affirmative and that she would bring those reports to her appointment with the Member.
 - b. On March 1, 2023, it was noted that she had headaches located in the left temporal region (side of the head near the temples) along with neck pain, hip pain and lower back pain. The intervention given to the client on this date was described in notes as "*Mini treatment. SWT: L1-L4 ES BL*".
 - c. On March 9, 2023, Ms. Albert's first visit since the initial appointment, it is noted that the lower back pain has continued, and that the client's neck "*flared up after the last treatment*". The intervention given to Ms. Albert on this date was described in notes as "*MFR: L1-L2 Facet Capsule L **produced low back symptom. Median Nn @ Brachialis. LF & FDS L*".
 - d. On March 22, 2023, Ms. Albert returned for another appointment with the Member and reported pain in left lower back and neck, as well as on the right side, with a

lesser intensity. The intervention given to Ms. Albert on this date was described in notes as "MFR: BL MCE. SWT: T12-L2 BL ES".

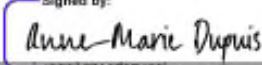
- e. On April 13, 2023, Ms. Albert returned for another appointment with the Member and reported the same symptoms but indicated that her neck was "worse" and that she *"feels unbalanced through her head"*. The intervention given to Ms. Albert on this date was described in notes as "SWT: L2-L4 ES L, MFR: T10-12 ES R, T1-T4 ES L, sacral multifidi BL, IASTM: T-10-T12 SS ligament".
 - f. On April 19, 2023, Ms. Albert returned for another appointment with the Member and reported that she felt *"maybe 20% better"* but indicated that she has *"good days and bad days [...] depending on what [she does]"*. She further indicated that she has not experienced any headache since the previous treatment. The intervention given to Ms. Albert on this date was described in notes as "IAMFR: T9-T12 SS Lig. Extensor ret R ankle. SWT: T9-T12 Thoracic Erectors BL. MFR: L4/L5 capsules BL. Interlink - CC with left stomach. CC with left GB. Positive Response".
 - g. On April 27, 2023, Ms. Albert returned for another appointment with the Member and reported that she felt *"40% better since initial"* and indicated that the stiffness is less severe in her neck and upper trapezoid muscle. She further indicated that she has not experienced any headaches since the previous treatment. The intervention given to Ms. Albert on this date was described in notes as "IAMFR: T12-L3 SS Lig. Anterior Compartment BL. SWT: L2-L4 Iliocostalis & Longissimus BL. SI Joint BL. MFR: L5/S1 Facet capsules BL. C3-T1 Erector spinae. SPS R. Positive Response".
 - h. Ms. Albert's final visit was on May 9, 2023, where she indicated a 60% improvement since her initial treatment. The intervention given to the client on this date was described in notes as "SWT: T3-T5 erector spinae BL. MFR: R Serratus anterior. L Iliacus. BL RF. Positive Response".
79. When asked why the laser therapy treatments performed on Ms. Albert were not included in her chart notes, the Member could not provide a reason. When asked why it is not indicated in the chart notes that he used the recoil technique on Ms. Albert, the Member could not provide a reason and simply stated that sometimes it is a "diagnostic thing, to see whether a certain region could be an area of interest". When asked if there is anything else he may have omitted to include in his notes, he indicated that everything else should be included.
80. The Member was also asked to clarify his statement in his December 10, 2021 email to Dr. D. Dupas, where he stated that he uses a myriad of disciplines and approaches, more specifically:
- "Pour moi c'est plus facile d'expliquer mon approche soit en personne avec une démonstration car c'est unique et combine une myriade de disciplines et d'approches. J'utilise les radiographies pour confirmer que je ne traite pas une compensation"*
81. With respect to the above, the Member stated that *"it is not so much combining different disciplines. It is more of a philosophical approach or different paradigm. Once you've seen*

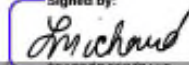
what info you can get out of manual muscle testing, there is a paradigm shift once you see it. I combine different influences of my life and apply those to my practice."

Findings

82. Based on the evidence received, the Committee finds that the practices described by the Member are not methods that are generally accepted as part of the scope of practice of massage therapy, as defined in the *Massage Therapy Act*, SNB 2025, c 29 (the "Act"). More particularly:
- a. The Member's massage therapy treatments are 15-minute appointments, and, of those 15 minutes, he only spends approximately 9 to 10 minutes with the client providing treatment. The Member refers clients to other massage therapy clinics if they indicate they are seeking a more traditional massage lasting one hour.
 - b. The Member uses a variety of techniques and methods in his practice, some of which he admitted he learned from other health professionals, such as chiropractors, and during his osteopathic studies. One of these techniques includes the Gonstead method, a chiropractic technique.
 - c. The Member uses a variety of tools and devices, some of which require proper certification, and do not fall within the scope of practice of a massage therapist, including a nervoscope and an activator, which are chiropractic tools generally used by chiropractors.
 - d. Despite using a variety of techniques, methods and tools, some of which fall outside the scope of practice of massage therapy, the Member bills all services under massage therapy.
 - e. The Member performed a spinal manipulation on witness and former client, Janice Albert, when she attended his clinic for massage therapy, causing her to audibly hear a cracking noise following the pressure that was applied to her spine.
 - f. The Member requested X-ray images of common clients from chiropractic clinics and used the X-ray images within his practice as an RMT as a "tool" to aid in determining treatment. The Member has no official qualification to read X-ray imaging, and as such, any reliance on X-ray imaging to determine or alter treatment, even if minimal, is a risk to the public as the Member does not possess the skills necessary to properly interpret the X-rays.
83. As such, in light of the evidence, the Committee finds that the Member's description of his practices and techniques is outside of the scope of practice of massage therapy, as defined in the Act.
84. The Committee will reconvene to hear submissions on remedy.

DATED this 5th day of December 2025.

Signed by:

43C9257AB9E436
Anne-Marie Dupuis, Chairperson

Signed by:

D6A7BCBC800741C
Melissa Michaud, Public Member

SCHEDULE "A"
COLLEGE OF MASSAGE THERAPISTS OF NEW BRUNSWICK
IN THE MATTER OF THE COMPLAINT RESPECTING RICKI PORTER
DOCUMENTS CONSIDERED BY THE HEARING COMMITTEE
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B.	April 7, 2025	Statement by Janice Albert
C.	April 11, 2025	Statement by Veronica Gobeil
D.	May 5, 2025	Notice of Complaint to the Member and CMTNB Complaint Process
E.	May 5, 2025	Member's Response to Complaint
F.	Undated	Further Submission Received from the Complainants, attaching: 1. Appendix 1 – Janice Albert Medical Records 2. Appendix 2 – Text Messages between the Member and Janice Albert 3. Appendix 3 – Janice Albert Pharmacy Records 4. Appendix 4 – Email exchange between the Complainant and the Member 5. Appendix 5 – Article entitled "Overviews of Gonstead Technique" 6. Appendix 6 – Article entitled "Gonstead Chiropractic Technique (GCT)"
G.	June 5, 2025	Emails between the Registrar and the Member
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Book 2		
K.	November 14, 2025	Email from Complainant, d. Dupas, attaching: 1. Hearing Questionnaire 2. Témoignage Anonyme #1 : Homme, 60 ans 3. Témoignage Anonyme #2 : Homme, 70 ans 4. Témoignage Anonyme #3 : Homme, 47 ans 5. Témoignage Anonyme #4 : Femme, 51 ans 6. Email entitled "Radiographies" 7. November 11, 2025 – Additional submission on behalf of Janice Albert
L.	November 14, 2025	Email from Member, attaching: 1. Hearing Questionnaire 2. Appointment Notes
M.	November 14, 2025	Email from Member, attaching: 1. February 22, 2025 – Various information respecting Janice Albert

Tab	Date	Description
N.	November 14, 2025	Email from Member, attaching: 1. February 27, 2023 – COVID-19 Screening 2. Various Dates – List of Appointments
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O.	November 25, 2025	Email from Complainant, attaching: 1. Introductory Note 2. Various emails from Complainant to Member forwarding X-rays
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P.	November 28, 2025	Email from Complainant, attaching: 1. Various Dates – Consent forms signed by patients 2. November 28, 2025 – Anonymous patient statement 3. (Annex 1) Various Dates – Patient charts