

# Draping Essentials

These Massage & Myotherapy Australia Draping and Positioning guidelines are designed to facilitate best draping practice to ensure greater protection for both clients/patients and clinicians.

## Glossary

- Must – denotes a high-level, non-negotiable and represents mandatory requirement.
- Should – denotes medium-level obligation, indicating recommended or best practice behaviour, but not a mandatory requirement. As such there may be valid reasons for exception.
- Therapists – Qualified Massage Therapists or Massage Practitioners

## Preamble

The issues surrounding the practice of draping and positioning are numerous. They include legal, moral, therapist training and practice and protection of the consumer. Massage & Myotherapy Australia (the Association) receives ethical complaints in relation to inadequate and/or inappropriate draping and positioning which at times are difficult to resolve based on inadequate information, inconsistent practice and poor therapist-client/patient communication.

This Position Statement is to serve as a context for therapists for best draping and positioning practice and a platform from where the National Ethics Committee can make an informed determination in relation to any complaints that arise. This Position Statement must be read in conjunction with the Association Code of Ethics, Standards of Practice and Draping and Positioning Practice Guidelines “Draping Essentials”.

The Association Board of Directors serves to protect both the membership and the public by adopting this position statement which is resolutely linked to the overall policy of the Association Code of Ethics and the Standards of Practice.

The Association Draping and Positioning Policy is designed to facilitate best practice for client/patient draping during treatment and to provide optimal client comfort and safety.

This policy does not replace formal training in positioning and draping, however it provides an outline of the principles of best draping practice to ensure greatest protection for both clients and clinicians.

The Board of Directors of the Association reserve the right to amend this policy as and when deemed necessary.

## Position statement

Every therapist has the right to make the decision as to the appropriateness of the draping and positioning of all clients/patients. However, decision-making and draping protocols should be consistent in context with the treatment, the pathology, within the scope of practice of the practitioner, and in consultation with the client/patient.

Professional therapists must never, under any circumstances, proceed with treatment of any area of the body without first obtaining written “informed consent” and providing the client/patient with information about how the treatment will be performed.

Therapists must recognise, accept and respect the right of every individual client/patient to choose whether they wish to decline treatment based on the draping and positioning methods used. Therapists must carefully ensure that clients/patients are never, in any way, subjected to any form of pressure whatsoever (either direct or implied) to accept the proposed draping and positioning.

Appropriate full draping is to be utilised during any treatment and unless modality specific, there is no requirement for any area other than that being treated, to be exposed. The Association recommends that to avoid discrimination it is suggested that any client’s/patient’s breasts and genitalia be covered at all times with towels or clothing such as a soft bra/bra top/singlet/undergarment.

Where treating outside the draping positioning guidelines, the practitioner must have clear clinical reasoning and seek permission from the client/patient and must note in the client/patient records.

## Principles of Draping

1. **Introduction and explanation to the client/patient**
2. **Create an environment of safety and security**
3. **Ensure comfort and temperature control**
4. **Setting and maintaining boundaries**
5. **Draping materials, transport, storage and laundry**
6. **Therapist Occupational Health and Safety.**

Comprehensive draping procedures are provided at the end of this document.

## Other documents

7. **Association Code of Ethics, Standards and National Code of Conduct**
8. **Association Practice Guidelines – Draping and Positioning**
9. **Association Member Information – Draping and Positioning Procedures**
10. **Association Position Statement – Informed Consent.**

## References & Further Reading

Fritz, S (2013) *Mosby's Fundamentals of Therapeutic Massage* 5th Ed, Mosby's, St Louis  
Casanelia, L., & Stelfox, D., (2009). *Foundations of Massage* 3rd Ed, Elesvier, Sydney  
Department of Human Services (2004). *Health guidelines for personal care and body art industries*, Victorian Government, Melbourne: [www.health.vic.gov.au/data/assets/pdf\\_file/0012/20019/health\\_guidelines.pdf](http://www.health.vic.gov.au/data/assets/pdf_file/0012/20019/health_guidelines.pdf)

# Introduction

## 1 Linen and table accessories

**A set of linen consists of:**

### Dressing the table

1. A fitted table cover
2. A fitted sheet or bath sheet (large towel) to cover the table cover
3. A fitted cover, hand towel or disposable cover for the face cradle (be careful of allergy to latex)
4. Pillow cases to cover any pillows
5. Hand towel to cover bolsters.

### For the client

6. A bath sheet (large towel)
7. A bath towel
8. A hand towel
9. A polar fleece, doona or blanket (in case client/patient gets cold).

If working in hot climates, sheets may be used instead of towels. Ensure sheets are not translucent.

**BOLSTERS:** use ready-made bolsters and/or pillows and/or rolled up towels. Have a mixture of sizes to accommodate clients'/patients' requirements.

**PURCHASING LINEN:** top of the range quality is not essential. Linen needs to be of varying sizes, not translucent, and of the colour that best suits the clinic and company branding.

Linen will need to be replaced every so often. It is time to replace linen when the heaviness of residue oil is felt or there is an unpleasant odour.

**WASHING LINEN WITH OIL:** be careful! Oil is a combustible substance. Use a clothes dryer on a low heat for a short period of time – and check on it. The best and safest method of drying linen is on a clothes line to dry naturally. If washing at a laundromat, tell them about the oil content/residue in your linen for necessary safety precautions.

## 2 Create the clinic environment

**SAFETY AND SECURITY:** a clinic should be, and feel, safe, secure, private and dry.

**ROOM TEMPERATURE:** a clinic room should be warm – appropriate to the seasons. Keep the room smelling fresh. Remember some people are allergic to sprays and flowers.

**BATHROOM FACILITIES:** should be close by for the clients/patients to use and for hand washing immediately before and after each treatment.

**MUSIC ... OR NOT?** ask your client/patient. If "yes" provide some options.

# Draping Essentials

## 3 The client/patient

10. Treat every client/patient with respect, with dignity, and with inclusiveness – they have a right to be included in their treatment plan discussion.
11. Practitioners must have written consent for each treatment but can rely on documented verbal consent if the treatment closely matches previously obtained written consent.
12. If the plan is modified during the treatment, verbal consent is necessary and should be included in the clinical notes for the session.
13. Practitioners must always adhere to the Association Code of Ethics and Standards of Practice – **ALWAYS**.
14. Drape all clients/patients exactly the same way regardless of gender – breasts and genitalia should be covered at all times.
15. Only ever uncover the area you are working on unless modality specific in context with the treatment, the pathology and within your scope of practice.

The therapist should leave the room before the client/patient undresses and before the client/patient gets up from the table at completion of the treatment.

If assistance is requested by the client/patient, only remain in the clinic room to assist the client/patient on and off the table.

## 4 Communication

16. Engage in active listening – listen, hear, paraphrase.
17. Use professional language – and use lay terms as they are not health professionals.
18. Ask open-ended questions.
19. Include your clients in their treatment plan.
20. Take extensive clinical notes.
21. Set up a pressure feedback system – check in with your clients during the treatment to ensure applied pressure is adequate and comfortable.

Follow up, especially if:

- they are first-time clients
- a deeper than usual treatment was applied
- the treatment plan was changed during the session.

Use a clean, dry set of linen for every client/patient.

Clients/patients must leave undergarment/s on.

Draping techniques must be proficient - minimise the amount of adjusting.

Only uncover the area you are working on.  
Only treat to the edge of the draping.

# Draping Guidelines

## Bolstering (pillows, bolsters, rolled towels)

### In prone



Always ask clients if they want support bolsters under the ankles.



Small pillow under the hips/abdomen – especially if the client suffers from low back pain (LBP).

### In supine – in side-lying



Bolster under the knees.



Pillow between the knees ... and pillow under the head ... and some clients like a pillow to "cuddle"

# Draping Essentials

## Draping for the back



With client approval, bolster under the ankles and/or the hips/abdomen.



Grasp the outer edges of the draping at the shoulders.



Fold draping back over itself to lie at PSIS level. Tuck draping into outer edges of the undergarment. Begin the back treatment.



Cover the entire back when you have completed the back treatment.

Offer to place a bolster under the ankles and hips/abdomen.

Fold draping back to lie in line with the PSIS.

Tuck the draping into the outer edges of the undergarment.

If concentrating on low back treatment, place a towel across the shoulders.

Cover the entire back when the back treatment is completed.

## Draping for the legs (prone)



Fold draping back to lie over the leg not being treated. Allow the draping to fall in the midline between the legs.



Support the knee with one hand and pull the draping through from the midline under the knee – to anchor the draping.



Tuck the draping into the outer edge of the undergarment at the hip.



Draping for a prone leg treatment should look like this.

Offer to place a bolster under the ankles.

Only uncover the leg you are working on.

Tuck the draping under the (same) knee to anchor the draping.

Cover the entire leg (and foot) when leg treatment is completed.

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## Draping for the gluteals (with a leg treatment)



Tuck the edge of the towel into the undergarment's legband.



At the same time, push the towel and undergarment upwards towards the sacrum to expose the gluteals to be worked on.

## Draping for the gluteals (with a back treatment)



Stand in line with client's thigh, facing the head. Tuck the draping into the undergarment at the side of the hip. Use your inside hand to hold (anchor) the draping at the sacrum while, with your outside hand, pulling the draping and the undergarment, together, downwards to expose the gluteals.

**BEFORE** treating the gluteals you must have client/patient consent.

Treating the gluteals must have relevance to the treatment plan.

You should stand facing the client's head while uncovering the gluteals.

Only uncover the gluteals you are treating. Note the bath towel across the shoulders – cover the shoulders for warmth and privacy when treating the low back and gluteals.

## Draping for the turn over



Grasp the draping at the mid neck and at the feet. Lift draping directly upwards to make a tent shape.



Ask clients to slowly turn away from you onto their sides ... then onto their backs.



Ask clients if they would like pillows under their heads. Gain consent from clients to use eye-coverings.



Ask if they would like a bolster under their knees.

Remove all bolsters before turning.

Form a tent shape with draping so the clients can move easily and comfortably.

Clients/patients should turn with their backs to you – this is a safety measure. Clients/patients with a shoulder or hip issue should not turn onto that side.

Ask elderly clients/patients to turn slowly – onto their side – then onto their back ... or the other way if turning from supine to prone.

# Draping Essentials

## Draping for the legs (supine)



Fold draping back to lie over the leg not being treated. Allow the edges of the draping to fall to the midline (between the legs).



Lift the undraped leg with the inside arm (supporting under the knee). With the outside hand, pull the edge of the draping through from the midline under the knee – to anchor the draping.

Offer to place a bolster under the knees.

Only uncover the leg being treated.

Tuck the draping under the (same) knee to anchor the draping.

Only treat to the edge of the draping.

Cover the entire leg (and foot) when leg treatment is completed.

## Draping for the abdominals



Place a bath towel across the chest on top of the existing draping.



Hold the bath towel firmly while pulling the underneath draping slowly out.



Tuck the top edge of the draping into the sides of the undergarment and in line with the ASIS.



Re-cover shoulders on completion of the abdominal treatment. Hold the edge of the top draping and gently pull the bath towel out from across the shoulders.

First – cover the chest with a second towel over the existing draping.

The underneath draping should be folded down to lay in line with the ASIS.

Tuck draping into sides of undergarment at the hip.

Re-cover to shoulders on completion of abdominal treatment.

# Draping Essentials

## Draping for the pectorals, arms, face and scalp



Grasp draping at either edge (by the shoulders).



Fold draping to lie in line with the underarm.



Ask clients to slowly bring one arm out (then the other) from underneath the draping to lie on top.



If the client is cold, cover the arms by folding the overhanging side of the drape back over the arm.

## Draping for side-lying (treatment of the back)



Ask if the client wants a pillow placed between the knees. Some clients also like a pillow to "cuddle". This adds further security to the draping as well as for comfort.



Place a bath towel across shoulders on top of existing draping. The client's arm should lie on top of that bath towel to anchor the towel.



Hold the bath towel firmly at the shoulder or neck line while slowly pulling the existing draping out from underneath and down to lay across the hip (as for next image).



Fold the bath towel across the shoulders over the client's arm to uncover the entire upper back. Re-cover completely once finished the treatment or follow the next steps for addressing the gluteals and legs.

## Draping for side-lying (treatment of the gluteals)



Tuck the top edge of the draping into the undergarment at the hip.



Slide the draping and the undergarment together downwards to uncover the gluteals. Ask the client to roll forward slightly. Tuck the draping under the client's hip (on the table). Ask the client to roll back.



Ask the client to straighten the leg on the table. The top leg should be flexed and rest on the pillow that is between the knees. Fold the draping back to the midline between the legs.



Tuck the draping into the leg of the undergarment. Lift the knee and pull the draping through from the midline to rest under the knee that is uncovered (to anchor the draping). Re-cover the entire leg and foot on completion of the leg treatment.

## Draping for side-lying (treatment of the legs)