

IN THE MATTER OF

LAWRENCE LEWIS

Respondent

Registration Number: R02723

BEFORE THE

MARYLAND STATE BOARD OF

MASSAGE THERAPY EXAMINERS

Case Numbers: 25-32M; 26-36M

FINAL ORDER OF REVOCATION

Procedural Background

On or about February 4, 2025, the Maryland State Board of Massage Therapy Examiners (the “Board”) received a complaint from an individual alleging that Lawrence Lewis (the “Respondent”) inappropriately touched her during two separate massage therapy sessions. Based on that complaint, the Board initiated an investigation and assigned the matter a case number, 25-32M. As a result of that investigation, on or about December 10, 2025, the Board issued a “Notice of Intent to Revoke Massage Therapy Registration” in Case No. 25-32M, which notified the Respondent that the Board was charging his registration to practice as a registered massage practitioner (“RMP”) with several violations of the Maryland Massage Therapy Act, Md. Code Ann., Health Occ. (“HO”) §§ 6-101 *et seq.* The Respondent, through counsel, promptly requested a hearing on that notice.

On or about March 25, 2026, the Board became aware that the Respondent may have engaged in sexual misconduct with a second client. Indeed, on or about April 8, 2026, the second client formally submitted a complaint to the Board alleging inappropriate conduct by the Respondent during a massage therapy session. The Board initiated another investigation and assigned the matter a case number, 26-36M. As a result of that second investigation into the Respondent’s conduct, on or about April 22, 2026, the Board issued (1) an “Order for Summary Suspension of Massage Therapy Registration,” which summarily suspended the Respondent’s RMP registration pending a post-deprivation hearing pursuant to Md. Code Ann., State Gov’t §

10-226(c)(2); and (2) an “Amended Notice of Intent to Revoke Massage Therapy Registration,” which included allegations involving Case No. 26-36M. Specifically, the Amended Notice alleged that the Respondent violated HO § 6-308(a):

(8) Does an act that is inconsistent with generally accepted professional standards in the practice of massage therapy;

...

(19) Fails to cooperate with a lawful investigation conducted by the Board;

(20) Engages in conduct that violates the professional code of ethics; [or]

(21) Knowingly does an act that has been determined by the Board to be a violation of the Board's regulations[.]

With regard to the alleged violations of HO § 6-308(20) and (21), the Amended Notice set forth the following regulatory violations:

COMAR 10.65.03 Code of Ethics.

.04 Relationship with Client.

A. A license holder or registration holder shall:

...

(4) Maintain legible, organized written records of treatment of any client under the care of the license holder or registration holder for at least 5 years after termination of treatment and as provided by applicable provisions of Health-General Article, Title 4, Subtitle 3, Annotated Code of Maryland;

.05 Professional Boundaries.

- A. A license holder or registration holder shall:
 - (1) Maintain professional boundaries, even when the client, staff member, or student initiates crossing the professional boundaries of the professional relationship; and
 - (2) Respect and maintain professional boundaries and respect the client's, staff member's, or student's reasonable expectation of professional conduct.
- B. A license holder or registration holder may not:
 - (1) Exploit a relationship with a client, staff member, or student for the license holder's or registration holder's personal advantage, including, but not limited to, a personal, sexual, romantic, or financial relationship;
 - (2) Engage in a sexually intimate act with a client; or
 - (3) Engage in sexual misconduct that includes, but is not limited to:
 - (a) Therapeutic deception;
 - (b) Non bona fide treatment; or
 - (c) A sexually exploitative relationship.

COMAR 10.65.06 Record Keeping

.01 General Requirements

- A. The license or registration holder shall maintain accurate, legible, and organized client records for every client, regardless of the procedure or modality employed.
- B. Sufficient information to be obtained and recorded shall include, at a minimum:
 - (1) Name, address, and other appropriate contact information;

- (2) Summarized client history;
- (3) Summarized reason for appointment or referral, including referral documentation, including forwarded reports and correspondence, if applicable;
- (4) Billing and insurance documentation, if applicable; and
- (5) Massage session summary in standard SOAP format, or its equivalent, which includes, at a minimum:
 - (a) Initial client assessment, including contraindications noted;
 - (b) Summarized therapy plan; and
 - (d) Progress notes, reflecting: summary of techniques used and response to techniques.

On May 27, 2026, the Board held a non-evidentiary hearing to provide the Respondent with an opportunity to demonstrate why the Board should not continue the summary suspension pending a full evidentiary hearing. The Respondent made argument; however, by letter dated May 28, 2026, the Board notified the Respondent that it was continuing the suspension of his registration pending a full evidentiary hearing on July 22, 2026. The Board's notice also informed the Respondent that he faced potential sanctions upon his registration and that an evidentiary hearing would be held regarding the merits of the charges set forth in the Board's Amended Charges as well as the summary suspension.

On July 22, 2026, a quorum of the Board was present, and an evidentiary hearing was held at the Board's offices. Aaron Kelly, the Administrative Prosecutor, was present and presented the State's case against the Respondent. The Respondent appeared and was represented by Cory Silkman, Esq.

Evidentiary Exhibits and Witnesses

State's Exhibits

1. Complaint from Client 1, received by the Board on February 4, 2025 (5 pages).
2. Board Subpoena Duces Tecum to the Respondent for Client 1's Treatment Records, dated February 28, 2025 (1 page).
3. Client 1's Treatment Records (8 pages).
4. Board Investigative Interview of Client 1 on March 3, 2025 (16 pages).
5. Board Investigative Interview of the Respondent on March 13, 2025 (10 pages).
6. Board Report of Investigation for Case No. 25-32M, dated April 15, 2025 (5 pages).
7. Board Investigative Interview of Client 2 on April 2, 2026 (2 pages).
8. Complaint from Client 2, received by the Board on April 8, 2026 (6 pages).
9. Screenshot of a Text Message from the Respondent to Client 2, dated January 30, 2025 (1 page).
10. Board Report of Investigation for Case No. 26-36M, dated April 13, 2026 (4 pages).
11. Board Licensing Information for the Respondent (1 page).
12. Board Order of Summary Suspension; Board Notice of Charges; and Cover Letters, dated May 28, 2026 (22 pages).

State's Witnesses

1. Client 1
2. Client 2
3. The Board's Investigator

The Respondent's Exhibits

None submitted.

The Respondent's Witnesses

1. The Respondent testified on his own behalf

The Board's Exhibit

1. Transcript of the May 27, 2026 Post-Deprivation Show Cause Hearing (14 pages).

FINDINGS OF FACT

Based on the totality of the record before it, the Board finds that:

1. At all times relevant to this Order, the Respondent was registered to practice as an RMP, registration number R02723. (*See State's Exhibit 11.*)

2. On or about February 4, 2025, the Board received a complaint from an individual ("Client 1"). (*See State's Exhibit 1.*) According to the narrative submitted along with the complaint, Client 1 stated that the Respondent had been her therapist since 2021, as she has dealt with chronic pain and stiffness. (*Id.* at p. 004.) Client 1 alleged that, on December 23, 2023, during a massage session, the Respondent "began massaging" Client 1's breast. (*Id.*) Further, Client 1 alleged that the Respondent kissed her on the lips and alleged that the Respondent's "mouth was also on my breast amidst the massage." (*Id.*) In her narrative, Client 1 stated:

It was so gentle and quick that it took my mind a while to register what was happening. I was laying on my back in my underwear on his massage table. I did not say anything, I kept my eyes closed. The entire time, my mind kept asking itself if this is real. I waited for it to end though my body was responding. I think this gave [the Respondent] momentum to continue because he removed his penis from his pants and it was placed in my outstretched hand, since it was by my head and I did not want it near my mouth, I held it. However, at this point, [the Respondent] immediately stopped and told me the session was over.

(*Id.*) According to Client 1, as she was leaving, the Respondent "apologized and said he did not know what happened." (*Id.*)

3. In that same complaint, Client 1 alleged another incident involving the Respondent. (*See generally State's Exhibit 1, p. 005.*) Specifically, Client 1 alleged that, despite "trying to avoid returning" to the Respondent, she booked another session with the Respondent on May 20, 2024. (*Id.*) Client 1 alleged:

[The Respondent] was professional. He focused on the pained area. He moved to other parts of my body and got to my breast again, this time, I told him, I have to go, I have to pee. [The Respondent] stopped and I threw my clothes on and ran to the bathroom. After washing my face and breathing, I went back and told him that this needed to stop. I am in a lot of pain and did not ask for this. He apologized of course. He insisted that I did not have to pay.

(*Id.*) Based on Client 1's complaint, the Board opened an investigation.

4. As part of the Board's investigation, on or about February 28, 2025, the Board subpoenaed Client 1's treatment records from the Respondent. (*See* State's Exhibit 2, p. 006.) Specifically, the Board subpoenaed:

ALL WRITTEN AND COMPUTER-GENERATED CLIENT TREATMENT RECORDS, FILES, INVOICES, LETTERS, BILLS, INSURANCE DOCUMENTATION, MEMORANDA, S.O.A.P. NOTES, OFFICE APPOINTMENT AND CALENDAR NOTATIONS AND ANY OTHER RELATED DATA OR RECORDS PERTAINING TO . . . [Client 1].

(*Id.*) In response, the Respondent provided the Board with eight pages of printouts, including Client 1's personal information, issues to address, existing conditions, a client waiver form signed by Client 1 on May 11, 2022, and a page listing Client 1's appointment and a brief description. (*See* State's Exhibit 3.)

5. On or about March 3, 2025, Client 1 was interviewed under oath by the Board's Investigator. (*See generally* State's Exhibit 4.) In her interview, Client 1 affirmed that she began receiving massage therapy from the Respondent in 2021. (State's Exhibit 4, p. 018.) Client 1 further detailed the two incidents that formed the basis for her complaint to the Board. In recounting the first incident, Client recounted:

And – and yeah, he just started – like it was blending in, like was massaging – he – normally, he massaged my stomach. He massaged the – he was at the – my head where he's massaging that area, and then went through – down through the breast to the stomach. And then, at one point, he was like massaging my breast, but then his mouth grazed my lips and – and just – when he went down, like from your head down, and you know things, kept going.

[. . .]

Like everything happened very quickly, and then when it was over, I guess, or he – he realized it after his fingers went to – near my vagina, he – he just stopped...

(State's Exhibit 4, p. 017.) Regarding the second incident, which Client 1 stated occurred several months later, Client 1 stated that she had visited other massage therapists and was avoiding the Respondent; she returned because she was having pain that was not resolving. (*Id.*) Client 1 stated:

We talked about the pain and where it was, and then he went into doing his regular massage. And like I said, it – towards the ending of the massage, that's when his hands went to my breasts. I was like, oh my God, not this again. I just thought that from the last time, there was an understanding that it wouldn't happen again.

So – and this time, I actually opened my mouth and was like, stop, stop, stop, and I got to go.

(*Id.*) On specific questioning by the Board's investigator, Client 1 affirmed that the Respondent massaged her breasts and kissed her during the massage sessions. (*Id.* at p. 020.) Moreover, Client 1 stated that the Respondent took his penis out during a massage session. (*Id.* at pp. 020; 028.)

6. On or about March 13, 2025, the Board's Investigator interviewed the Respondent under oath. (*See generally* State's Exhibit 5.) The Respondent acknowledged that he knew Client 1 and that he had seen her "four or five times" to provide her with massage therapy. (State's Exhibit 5, p. 034.) The Board's Investigator asked the Respondent if he recalled the first "incident" on December 23, 2023 with Client 1, when she alleged that the Respondent massaged her breasts; kissed her on the lips; and put his mouth on her breasts. (*Id.*) The Respondent stated that he did not recall that incident. (*Id.*) The Board's Investigator then asked the Respondent if he recalled Client 1's May 20, 2024 appointment when Client 1 alleged that the Respondent massaged her breasts again and told him to stop. (*Id.*) The Respondent stated that it did not happen the "way that [Client 1] is saying it happened." (*Id.*) Specifically, the Respondent stated that he was massaging her legs, but it was Client 1 who asked him to massage her breasts: "That's it, all I can remember. There wasn't no kiss on the lips. There was no kissing on the nipples. None of that happened." (*Id.*)

7. On or about December 10, 2025, based on its investigation, the Board charged the Respondent's RMP registration with violations of the Massage Therapy Act. In its charging document, the Board notified the Respondent of its intent to revoke that registration. The Respondent made a timely request for an evidentiary hearing.

8. On or about March 25, 2026, the Board, through its investigator, became aware of a second individual, Client 2, who attempted to file a complaint¹ with the Montgomery County Police Department regarding an alleged assault by the Respondent. (*See State's Exhibit 10, p. 064.*) On or about April 2, 2026, the Board's Investigator interviewed Client 2 under oath. (*See generally State's Exhibit 7.*) Client 2 stated that she booked a 90-minute appointment with the Respondent on the evening of January 30, 2025. (*See State's Exhibit 7, p. 047.*) Client 2 said that she had received massage therapy from the Respondent "about four or five times" prior and that on this occasion she requested that the Respondent focus on her neck and shoulders. (*Id.*) Client 2 described the massage:

So I started laying on my stomach. He pulled the sheet up as normal and started to massage my neck and my shoulders. He started working his way down my back to my legs, and he, I had noticed, stayed on my feet for a particularly long period of time, and he positioned himself in a way that I could feel his facial hair and breathing on my feet, which it happened on both sides, and it felt as though he spent a lot of time there. That's when I had noticed, like, some – some uncomfortable feelings kicking in.

But he then instructed me, after some time, to flip over to my back, so that way my stomach is facing up. And usually what he does, you know, to – for my privacy, is to hold the sheet and avert his head and gently lay down the sheet, so then that way, you know, I'm not exposed. However, this night, he just kind of haphazardly laid the sheet on me and didn't avert his eyes when I rolled over.

He then began massaging my stomach underneath the sheet and then worked his way up to my breasts and started assaulting me.

¹ According to the Board's Investigator, the criminal complaint never went through "the proper channels" and ultimately could not be filed "due to the amount of time that had passed." (*State's Exhibit 10, p. 064.*)

(*Id.* at p. 48.) Client 2 stated that the Respondent proceeded to massage her abdomen and “tried to stick his hand in [her] underwear.” (*Id.*) Client 2 recalled feeling “dissociated” and “froze.” (*Id.*) At the conclusion of the massage, Client 2 stated that the Respondent told her that she had “beautiful feet” and that she was a “beautiful woman with a beautiful body.” (*Id.*) According to Client 2, she reported the incident to the Montgomery County Police upon arriving home. (*Id.*) Client stated that the next day the Respondent attempted to call her and that she did not answer. Client 2 texted him not to contact her. (*Id.*; *see also* State’s Exhibit 9.)

9. On or about April 8, 2026, Client 2 submitted a formal complaint detailing the incident that she had discussed with the Board’s Investigator several days before. (*See* State’s Exhibit 8.)

10. As a result of Client 2’s account, on April 22, 2026, the Board amended its charges and summarily suspended the Respondent’s RMP registration, pending a non-evidentiary hearing on May 27, 2026. (*See generally* State’s Exhibit 12.) On May 27, 2026, a non-evidentiary hearing was held, and the Respondent presented argument as to why his registration should not remain suspended pending resolution of the Board’s charges. (*See* Board’s Exhibit 1.) On May 28, 2026, the Board notified the Respondent that it was continuing the suspension and scheduling a full evidentiary hearing on July 22, 2026. (*See* State’s Exhibit 12, pp. 068-69.)

11. On July 22, 2026, the Board held the evidentiary hearing in this matter. (*See generally* Evidentiary Hearing Transcript (“Tr.”).) An administrative prosecutor represented the State, and the Respondent appeared represented by counsel. (*See* Tr., p. 2.)

12. At the evidentiary hearing, Client 1 testified under oath. (*See* Tr., pp. 14-48.) Client 1 testified that she first began receiving massage therapy from the Respondent in 2021. (*Id.* at p. 15.) She testified that on December 23, 2023, she went to the Respondent for a tissue massage. (*Id.* at pp. 16, 18.) On that date, Client 1 testified that she undressed to her underwear and positioned herself face down on the massage table. (*Id.* at pp. 18-19.) According to Client 1, the

Respondent began his massage and later asked her to turn over. (*Id.* at pp. 19-20.) When asked by the administrative prosecutor how the Respondent handled her turning over vis-à-vis her draping:

Well, this time, he kind of – like he held the sheet up. So when I was turning, he would have – he was able to, like, see my breasts. But normally, we held it lower, so you don’t see anything and I’m just, like, twisting over under the sheet. But this time he held it up more.

(*Id.* at p. 20.) The Respondent, according to Client 1’s testimony, started massaging her shoulders, neck, upper breastbone, and then her stomach. (*Id.* at p. 20.) According to Client 1, the Respondent’s hands were underneath her draping. (*Id.* at p. 21.) At that point, according to Client 1, the Respondent positioned himself at Client 1’s head area and was massaging her full body “downward” and “as [the Respondent] was doing that, the sheet just kept going down and down and down and down.” (*Id.* at p. 21.) Further, Client 1 testified that, in maintaining this positioning and continuing with the downward massaging, the Respondent’s “mouth would graze” hers. (*Id.* at p. 22.) On this testimony, the administrative prosecutor and Client 1 had this exchange:

[Administrative Prosecutor:] Where on your body was he massaging at this point?

[Client 1:] So he’s at my head. So he’s above my head, and he’s leaning over to massage my shoulders and down between my breasts towards my stomach and up. So he keeps going back and forth. He kept doing that for a while.

Q. All right. Did, at any point, [the Respondent] massage your breasts while he was doing this?

A. After he did that, he then went to a different part of my body, probably lower body, and he came back. And then -- oh, he was on my side. He went to the side where he usually massaged my hand. And then he was, like, I guess [*sic*] started massaging my breasts at one point. I think it was the right breast. And then I was like, oh.

And then he moved. Like, he went to my left side leg. And then he came back, was on my -- massaging my breast again, a different one, I think. Anyway, he was moving around.

So when my mind registered something is -- oh, did he just touch there, he was gone to another body part that was, like, safe. And he just kept doing that. And his breathing just kept increasing.

And then, like, towards -- at some point he came back over there, and his mouth was on my breasts. And it was off again, and then he was gone to a different part of my body that was far away from my breasts. And then he just kept doing that, like a circle, just going back and forth, back and forth.

[. . .]

And then he came back towards my head. He was above my head again doing that same stretching. His penis was out, and I stretched my hand back. And I kind of grabbed it, like pushed it. And I was just, like, just there, okay, I hope this guy doesn't put this in my mouth. I really hope -- so anyway, I was laying there, and then he moved again.

[. . .]

And then he went back to my leg at one point. I knew it ended because he went to my leg. And then he, like, inserted his finger in my vagina. And then he stopped completely and said that's the end of your session.

(*Id.* at pp. 22-24.) After the massage therapy session, Client 1 testified that she and the Respondent exchanged holiday greetings, whereupon the Respondent “started like grabbing my butt and kissing on me.” (*Id.* at p. 26.)

13. Client 1 returned to the Respondent for massage therapy in May 2024. (*See* Tr., p. 27.) Client 1 justified her return by stating that she was in “bad” pain and other healthcare providers “weren’t able to resolve it.” (*Id.* at pp. 27-28.) Client 1 testified that she visited the Respondent on May 20, 2024. (*Id.* at p. 28.) According to Client 1, after the Respondent had alleviated some of her pain, he turned her over so that she was on her back and proceeded to massage Client 1’s stomach:

And he massaged my stomach, and I told him to stop the stomach at one point. And he went back to my upper shoulder area. He’s massaging. And at some point, I don’t know when, he just, like, took the sheet off and started like sucking on my breasts. And I told him to stop, I really have to pee.

(*Id.* at p. 30.) According to Client 1, she exited the massage room and went to the bathroom; on returning, she told the Respondent that she did not want him “doing that.” (*Id.* at p. 31.) The next

day, the Respondent attempted to text Client 1 several times. (*Id.* at p. 32.) Client 1 testified that, after these attempts, she called him:

I started asking him why did he do it. And I asked him if I did something to make him want to do that to me and if this is something he does normally with his clients. And he told me he's normally with his clients. He told me he's very sorry; it was unprofessional, and there's nothing I did to make him do that. He said that he did it because he liked me. And I was like, well, I like you, too, but not like that.

(*Id.* at p. 33.)

14. At the evidentiary hearing, Client 2 testified under oath. (*See* Tr., pp. 48-64.) She testified that on January 30, 2025, she scheduled a deep tissue massage with the Respondent. (*Id.* at p. 50.) She stated on arrival:

[The Repsondent] had then had me go into the room and close the door while I undressed. I had left my underwear on. And at this time, I went underneath the sheet, as per usual, and put my body underneath of the sheet laying down on my stomach with the sheet on top of my shoulders.

[The Respondent] then knocked and asked if it was okay to come in, and I had instructed him yes.

And when he came in, he began massaging my neck and my shoulders. And the massage was pretty standard. That's usually the area I tell him to focus on, as I have a chronic pain condition that targets these areas.

And as some time went on, he had tucked the sheet and went down the back of my leg, as per usual. I was still laying on my stomach. And when he got down to my feet, that was when I had noticed he had massaged my foot, and I could feel his breath and beard on my foot. And that's when I knew something strange was going on. That had never happened before.

Shortly after that time, he had instructed me to flip over -- which was not unusual - - to lay on my back. He had held the sheet up. And, historically, he has averted his eyes when this is going on, but from what I remember, he did not avert his eyes. And it was at this time when I flipped over that I had noticed the door in the room was slightly ajar. I was not able to see outside of the room.

[. . .]

When I was laying on my back, he was massaging my neck and my shoulders, and I noticed the sheet had been kind of haphazardly laid on me, not tucked under, which is usually what occurs, would tuck over my chest to ensure that, you know,

I was very certain that there was nothing going on, and then it would be tucked underneath between my thighs and underneath my buttocks.

It was during this time when he was massaging my neck and my shoulders that his hands had gone underneath the sheet.

And at this point, I completely froze, and I had no idea what to do. He was on top of me. His body standing at my head and bearing down on my chest and was massaging my breasts for I don't know how long.

After some time, he had then worked his way down my stomach and my abdomen, which I had not consented to any of this area being touched. And I noticed his hand go in my underwear. He had tried to put his hand in my underwear. I noticed the elastic from my underwear stretching out, and that's when I instructed him to stop.

(*Id.* at pp. 51-53.) Client 2 confirmed that the Respondent had massaged her under the draping.

(*Id.* at p. 53.) Client 2 went on:

He stopped, and...proceeded to work his way down the rest of my leg. And, again, getting very, very close to my feet, where I could feel his breath and beard on my feet. It was shortly after that that the massage concluded. And he had told me that I made his night and that I was a beautiful woman with a beautiful body and proceeded to exit the room to let me change.

(*Id.*) Client 2 testified that after going home she called the Montgomery County Police Department and provided them with her statement. (*Id.* at p. 54.) Client 2 testified that after the massage, the Respondent had texted her, stating that she had left her earring, to which Client 2 instructed him not to text her again. (*Id.* at pp. 56-57; State's Exhibit 9.)

15. At the evidentiary hearing, the Respondent testified in his own defense. (*See Tr.*, pp. 68-121.) The Respondent testified that he has practiced for ten years and has certifications in lymphatic drainage, sports massage, and orthopedics. (*Id.* at p. 68.) The Respondent testified that he knew Client 1, as she first came to him for massage therapy in 2021; he further testified that he had no "social, personal, or nontherapeutic" contact with her before she sought massage therapy from him. (*Id.* at pp. 69-70.) The Respondent testified that on December 23, 2023:

That first session [with Client 1] went just like any other session. She was happy. I was already out the room after I got finished with the massage. And when she came

out, [Client 1] jumped in my arms and kissed me on my neck and said thank you, I feel great.

And [Client 1] will give me a hug after every session. And it always felt awkward to me, but I never told her to stop, even though I should. But it just feel kind of – but she would always do that after every session and just give me a hug and kiss me on the cheek or neck.

(*Id.* at pp. 71-72.) The Respondent specifically denied grabbing Client 1’s buttocks and kissing her after and during the massage session. (*Id.* at p. 72.) With regard to massaging Client 1’s breasts, the Respondent testified that he was massaging her pectoral [muscle] tissue rather than breast tissue. (*Id.* at p. 73.) The Respondent stated:

So the pecs and the breasts are two different things. You have breast tissue is more softer. When you talk about pecs, you have the small pec and the big pec. So I massage the pecs. I go into the sternum. That’s the connection site. So I loosen that up. And I also use a tool, a fossa tool that I will take and I will – that get into the fibers [...]. So as far as, like, just going there and touching her breasts, I would consider her breasts, that’s soft tissue and her nipple, which I never went in. But here from the bottom of the sternum up into this shoulder here, that’s where the pecs connect.

(*Id.* at pp. 73-74.) The Respondent denied putting his mouth on Client 1’s breast and denied unbuckling his pants during the massage therapy session, stating that Client 1 grabbed him. According to the Respondent, he told Client 1, “[L]ook, you can’t do that up in here.” (*Id.* at p. 74.) The Respondent denied removing his penis from his pants and positioning his clothed genital area onto her hand. (*Id.* at 75.)

16. With respect to Client 1’s subsequent May 20, 2024 visit to the Respondent, the Respondent stated that “it proceeded just like any other massage” and that there was no “sexual or nontherapeutic touching.” (Tr., p. 76.) The Respondent acknowledged that he positioned himself above Client 1’s head in order to perform stretch exercises. (*Id.* at p. 77.) Moreover, the Respondent denied inserting his finger into Client 1’s vagina.

17. Regarding Client 2, the Respondent acknowledged her as a client of his. (Tr., p. 78.) The Respondent denied Client 2’s allegation that he touched her breast. (*Id.* at p. 79.) Specific

to Client 2's allegation that he put his hand in her underwear, the Respondent denied that allegation, testifying:

So when I look at clients, again, I look. I observe. A lot of times, neck pain come from the hips. If the hips ain't moving, that means the upper back has to do most of the work. A lot of times, the psoas muscles are tighter. So during that time, when I went to do her stomach, I was actually targeting the psoas muscle.

Her underwear were up here [motioning to above his stomach], so I just moved them down I could get right there. So I do a stretch with my fist, and then I would go in and I would do the iliacus muscle, the hip muscles, and that's it. I did not go down to her panties because her panties was way up here. I just pulled them down.

And that wasn't the first time that I could have done that with [Client 2].

(*Id.* at pp. 79-80.) Later, when asked during Board examination whether he advised Client 2 that he was going to pull her panties down, the Respondent stated, "You know what, before, during our earlier massages, yeah. You know, that's not the first time I've done that." (*Id.* at p. 120.) With regard to Client 2's allegation that she felt his breath and his facial hair on her feet, the Respondent testified:

Well, I'm Muslim, so my beard can grow really long. It's just coming out -- I just had my full face shaved, so it's coming back now.

So normally, when I do calves and feet, I sit on the table; they are laying on their stomach. I grab the calves like this, and I do strokes with my arms. So it's possible that she may be able to feel my beard or feel my breath because I'm that close to her feet.

So, I mean, she [*sic*] not turned over where I'm just doing this to her feet. So it's possible she could have felt my beard because it be long sometimes, you know. But I ain't -- this just takes me by surprise that possibly it could happen.

(*Id.* at p. 82.) With respect to Client 2's allegation that the Respondent made comments about her body, the Respondent testified that all he did was state that he liked her "fingernail polish." (*Id.* at pp. 82-83.)

18. Addressing both Client 1 and Client 2's allegations that he lifted up their draping and looked at them under the drape, the Respondent testified:

So this is the table, and this is the sheet. I lift the sheet up like this, just like we was taught. They turn over. I put the sheet back down. Because most of the time, if I don't lift the sheet up, what happens is they get all tangled up in the sheet. So I lift it up, and I let it down. I'm not lifting it up to look at them. I'm lifting it up so they can turn over, so they take – so the sheet don't get tangled up, and I puts it back down.

(Tr., p. 83.) The Respondent denied looking at their bodies while they were turning over. (*Id.*)

19. On cross-examination, the Respondent was asked to explain the statements he made during his May 27, 2026 show cause hearing before the Board. Specifically, on May 27, 2026, the Respondent stated to the Board:

I understand the power of differential. It's one of the things that I do practice and its one of the things that's in my curriculum. I understand it between the therapist and the client. I've understood it my whole career. But in this instance, I allowed the energy of the session to pull me in a direction. I should redirected it immediately. I did not maintain the professional boundary that my client deserved and that this license requires. That's on me, not her, not on them.

In this last session, in this last complaint, I ended that session and afterwards I explained to the client that should never have happened in that room and that I am a professional.

(Board's Exhibit 1, p. 7.) The Respondent acknowledged that, in this statement, he was referring to Client 2 (Tr., p. 84), but when asked specifically "what session or complaint" he was referring to, the Respondent stated, "I don't know what you're talking about, in this last session, in this last complaint. I don't know." (*Id.* at p. 85.) Ultimately, the Respondent repeated that he "never touched" Client 2's breast; "never touched her in any sexual way;" but testified "yea, she acted different that day." (*Id.* at p. 86.) When asked about which professional boundaries that he said that he didn't maintain, the Respondent testified:

You know what, I said that. I said that because I'm giving these ladies – I didn't even say nothing about – about [Client 1] grabbing me. I never said – I never said any of that. I was going to leave that out. I mean, I'm a man. I ain't snitching. I ain't doing none of that.

But if that's what you say, fine. I'm not worried about it because I know I didn't do what you said I would do. I know God got me. That's just how I feel. That's the truth about that. I ain't going to say nothing.

(*Id.* at p. 87.) Finally, the Respondent was questioned on the client records that the Board obtained pursuant to its investigation into Client 1's initial complaint:

[Administrative Prosecutor:] Okay. First, those are [Client 1's] records that you had?

[The Respondent:] Uh-huh.

Q. And those are the only records that you have for her?

A. Yeah. You know, I mean, during that time, I'm just getting started. Business is just getting started. I'm working with MassageBook. And MassageBook, a lot of those records, a lot of things that I write on, they have a skeleton, a whole thing. But you can't print that out. This is what you can get, but you can't print that -- not the skeleton, but the muscular thing. It has a man, just muscles. And that's normally what I write on.

But, yeah, I'm just -- I was just getting -- I was just getting with this stuff, man, MassageBook. That was the first software I was working with. You know, so just getting in the swing of things, writing documents, and remembering to write them. Yeah. So -- but this taught me because now, I make sure that I get all of that stuff. Because I was kind of mad at myself that I didn't have all of the documents here. So, yeah. But I got them now, though.

(*Id.* at pp. 98-99.)

20. at the conclusion of his counsel's presentation before the Board, the Respondent stated:

Excuse me. I know I ain't supposed to say nothing. My attorney told me not to say nothing but I have to defend myself on this one, all right. I'm not saying that these clients are wrong in anything. I accept full responsibility.

But I will say that when two adults, I'm not no sexual predator and I don't do nothing to no -- I have a daughter. I have three daughters. I have two grandbabies, two daughters, and I have sisters, and I protect each and last one of them. And just like my clients coming in, they're women, and I protect everybody that's in that room, okay?

There's been people -- I've been doing this for 10 years and I've been practicing this. And there's been people I had to put out the room in 10 years. And if you're a therapist, you know this is true, okay? So I did not do anything. I didn't touch

nobody inappropriately, and I didn't do anything that wasn't consensual between two adults. That's my case.

I'm sorry I broke that, but I just had to put that out there, man. Because I don't want to make it seem like I'm this person, this bad person that just do things to women, man. That's not me. I'm sorry.

(Board Exhibit 1, pp. 12-13.)

Discussion

A. THE SUMMARY SUSPENSION

As a preliminary matter, the Board will address the Respondent's summary suspension, which was issued on April 22, 2026. The Board imposed the summary suspension because it made a preliminary finding that, pursuant to Md. Code Ann., State Gov't § 10-226(c)(2), the public health, safety, or welfare imperatively required emergency action. The summary suspension was based on the allegations set forth in Client 2's investigative interview under oath with the Board as well as her formal complaint taken in conjunction with the allegations set forth by Client 1. Client 1's allegations had already been administratively charged on December 10, 2025. The investigation into those allegations included an under-oath interview with Client 1. Furthermore, the Board considered that the Respondent functioned as a solo practitioner with little to no apparent supervision.

On May 27, 2026, the Board provided the Respondent a hearing to argue why the summary suspension should not be continued pending a full evidentiary hearing. On May 28, 2026, the Board notified the Respondent that it continued to find that the public health, safety, or welfare imperatively required emergency action and that it was continuing the suspension of his RMP registration pending the evidentiary hearing. After reviewing the evidence from the July 22, 2026 evidentiary hearing, the Board continues to believe that the summary suspension of the Respondent's RMP registration was reasonable and appropriate based on the information before it at that time. Thus, the Board affirms its April 22, 2026 summary suspension of his registration.

B. THE DISCIPLINARY CHARGES

Turning to the disciplinary charges against the Respondent, the Board may reprimand any registrant, place any registrant on probation, or suspend or revoke the registration of a registrant for any violation of HO § 6-308. *See* HO § 6-308(a). This provision provided the underlying authority for, and the necessary legal elements of, the issuance of the Board’s “Notice of Intent to Revoke Massage Therapy Registration,” dated December 10, 2025, as well as the “Amended Notice of Intent to Revoke Massage Therapy Registration” on April 22, 2026. Indeed, while the Respondent was charged with four separate statutory violations, the Board need only find that the Respondent violated one of those provisions to sanction his RMP registration. HO § 6-308 provides the authority for this Order.

The question before the Board is whether any of the Respondent’s care for either Client 1 or Client 2 conflicts with the laws and regulations governing massage therapy. Under the Administrative Procedure Act, the standard of proof for administrative cases like this one is the preponderance of the evidence; that is, the Board must, based on the administrative record, find it more likely than not that a particular violation occurred. *See* Md. Code Ann., State Gov’t § 10-217. In evaluating the evidence and testimony presented at the evidentiary hearing, the Board may rely on “its experience, technical competence, and specialized knowledge in the evaluation of evidence.” Md. Code Ann., State Gov’t § 10-213(i). Moreover, the Board may use that specialized knowledge and clinical expertise to make reasonable inferences from conflicting evidence in the record. *Board of Physician Quality Assurance v. Banks*, 354 Md. 59, 68 (1999).

1. Massaging Under the Draping

In this case, the similarities between the testimonies of Client 1 and Client 2 with regard to their experiences with the Respondent are striking and cannot be ignored. Both Client 1 and Client testified that the Respondent reached under their draping to massage their breasts. Client 1 testified regarding her December 23, 2023 massage, “[the Respondent’s] hands were under the sheet” (Tr.,

p. 21); and that he “started massaging my breasts.” (Tr., p. 22.) Client 2 separately testified regarding her massage with the Respondent on January 30, 2025, “It was during this time when [the Respondent] was massaging my neck and shoulders that his hands had gone underneath the sheet” (Tr., p. 52); and “[the Respondent’s] body standing at my head and bearing down on my chest and was massaging my breasts for I don’t know how long.” (*Id.*)

For his part, the Respondent denied both massaging Client 1 and Client 2’s breasts. Regarding Client 1, he explained that he was massaging her pectoral muscles, not her soft breast tissue. (*See* Tr., pp. 72-74.) This is consistent with what he stated during his investigative interview when he stated that it was Client 1 that he was not “grabbing her breasts,” but massaging her pectoral muscles around the breast tissue (*See* State’s Exhibit 5, p. 034.) In the case of Client 2, he flatly denied massaging her breasts. (*See* Tr., p. 79.) However, focusing on whether a breast massage was provided misses the actual issue. A breast massage, unlike a genital massage, is not in and of itself off limits, either by Board regulation or by generally accepted standards in the practice of massage therapy. A breast massage can have clinical and therapeutic value if done within professional standards with informed consent and with proper draping. Here, the issue is that both Client 1 and Client 2 were consistent in their testimony that the Respondent went *underneath the draping* to massage their breasts, and neither testified that they provided the Respondent the consent to do so. Moreover, the Respondent provided no evidence or testimony, either at the hearing or during the Board’s investigation, to controvert the Clients’ testimony in this regard or that he received their consent to massage underneath their draping.

Draping protects client privacy and dignity and is a core professional standard. The Maryland Massage Therapy Practice Act generally obligates massage practitioners to practice within professional standards. Appropriate draping is a primary way practitioners meet these obligations by limiting exposure of private areas and ensuring the client controls what is uncovered and when. Drawing on its expertise in massage therapy, the Board also finds that obtaining and

documenting client consent before massaging or placing a hand under a client's draping is a generally accepted professional practice. This practice, consistent with the principle that the client/patient has autonomy over their own body, also functions as a risk-management tool by creating a predictable, respectful treatment environment, reducing ambiguity that can lead to discomfort or trauma, and minimizing the likelihood of misunderstandings or allegations of sexual misconduct, while supporting practitioner safety through transparent, communicated protocols for positioning, coverage, and practitioner-client touch boundaries. As such, in its expertise, the Board finds that the Respondent more likely than not acted in a manner inconsistent with generally accepted professional standards in the practice of massage therapy in violation of HO § 6-308(a)(8) by not seeking consent to massage under Client 1 or Client 2's draping.

2. Transition Draping

The Board heard testimony from Client 1 and Client 2 about how the Respondent handled the transition from each client lying on their stomach to lying on their back with respect to draping. Client 1 testified that, when transitioning from lying on her stomach to lying on her back, the Respondent held the draping up high enough that he could see Client 1's naked body. (*See* Tr., p. 20.) Similarly, Client 2, in her testimony, stated that when it came time for her to flip over, the Respondent "held the sheet up. And, historically, he has averted his eyes when this is going on, but from what I remember, he did not avert his eyes." (Tr., pp. 51-52; *see also* Tr., p. 63.) Further, Client 2 noted, "when I was laying on my back, he was massaging my neck and my shoulders, and I noticed the sheet had been kind of haphazardly laid on me, not tucked under..." (Tr., p. 52.) For the Respondent's part, he denied these allegations. (Tr., p. 83.) Again, the Board does not find this denial credible, given that two separate women presented nearly identical testimony about the Respondent's transition draping techniques and that he looked under the draping as they turned over.

As stated above, draping, as a concept and as a practice, exists primarily to protect a client's privacy. When a massage practitioner deliberately or errantly drapes in a manner where the practitioner can see underneath, that practitioner is squarely not respecting the client's privacy. As such, in its expertise, the Board finds that the Respondent's transition draping techniques on December 23, 2023 with Client 1 and on January 30, 2025 with Client 2 were more likely than not inconsistent with generally accepted professional standards in the practice of massage therapy in violation of HO § 6-308(a)(8) by holding the draping in such a manner that he could view the clients' bodies underneath.

3. Manipulation of Client 2's Underwear

Client 2 testified that the Respondent "put his hand in [her] underwear," stating further that she "noticed the elastic from [her] underwear stretching out, and that's when I instructed him to stop." (Tr., p. 53.) The Respondent's characterization of that allegation was that he was attempting to massage Client 2's psoas muscle², but her underwear was, according to him, above her navel. (Tr., pp. 79-80.) Because, according to him, the underwear was in the way of "targeting" the psoas muscle, the Respondent admitted to "just pull[ing] them down." (Tr., p. 80.) On examination by the Board, the Respondent was asked whether he sought Client 2's consent to manipulate her underwear in any way or otherwise communicated to her what he was doing and why; the Respondent responded, "You know what, before, during our earlier massages, yes. You know, that's not the first time I've done that." (Tr., p. 120.) While not a direct answer to the question, the Board interpreted that response to mean that he did not ask for consent or otherwise communicate his actions to Client 2. The Board, in its clinical expertise, finds this response unacceptable. A prudent massage practitioner acting consistently with generally accepted principles in the practice of massage therapy would never take it upon themselves to manipulate

² The Board is aware in its clinical expertise that the psoas muscle is a muscle that connects the lower spine and pelvis to the thigh bone.

or move a client's underwear. Indeed, like massaging underneath draping, manipulation of a client's underwear by a practitioner should be accompanied by consent. Here, the Respondent claims that he asked for consent in previous massages and that, in essence, consent was implied. That is wholly insufficient. A client consenting to a procedure or technique in a previous appointment does not constitute consent for future appointments, particularly with manipulation of undergarments or draping. Moreover, consenting to a general bodywork session or psoas treatment does not give blanket consent to adjust clothing or draping. Accordingly, in its expertise, the Board finds that the Respondent more likely than not acted in a manner inconsistent with generally accepted professional standards in the practice of massage therapy in violation of HO § 6-308(a)(8) by manipulating Client 2's underwear without giving her notice or without obtaining her specific consent.

4. Recordkeeping

At the onset of the Board's investigation, the Board subpoenaed, among other things, all client treatment records and SOAP notes regarding Client 1. The Board's robust regulations require massage therapists to, among other things, maintain clinical records that include a "[m]assage session summary *in standard SOAP format, or its equivalent*, which includes, at a minimum: (a) Initial client assessment, including contraindications noted; (b) Summarized therapy plan; and (c) Progress notes, reflecting: summary of techniques used and response to techniques." COMAR 10.65.06.01.B(5) (Emphasis added). The SOAP format is a standard clinical recordkeeping format that exists across all health professions and is an acronym for "Subjective" observations, that is, what the patient/client told their provider themselves orally or through a written health history form; "Objective" observations, that is, what the provider observed themselves or the data that was collected by the provider; the provider's "Assessment," and the "Plan" for care. In sum, the Board's recordkeeping regulations, which incorporate best practices for healthcare recordkeeping, ensure that subsequent providers understand the patient/client's

issues while under the provider's care and understand the treatments provided and their efficacy. While not the primary reason for the Board's recordkeeping regulations, properly maintained records can also help providers defend themselves against allegations in court or before the Board. In this case, the documents produced by the Respondent in response to the Board's subpoena were inadequate and fail to meet the standards set forth by the Board's regulations. Specifically, the documents lack even the barest level of clinical specificity. While the documents include Client 1's name, address, and contact information, a generalized client waiver form last signed by Client 1 in 2022, and sections on "issues to address" and "existing conditions," they do not indicate that these are updated regularly. Further, and most concerning, the notes are not in SOAP format and do not include any of the information that would otherwise be included in a SOAP note. For instance, apparently Client 1 had an appointment with the Respondent on July 7, 2022. (*See* State's Exhibit 3, p. 014.) For that appointment, the only description of what occurred was "Swedish/Deep Tissue Massage." (*Id.*) There do not appear to be progress notes or any assessments as to Client 1's responsiveness to the therapy. Indeed, nothing of clinical value is included that a subsequent provider could discern. For the December 23, 2023 appointment, all that can be discerned is that Client 1 scheduled a 60-minute deep tissue massage and paid for it through Groupon. (*See* State's Exhibit 3, p. 07.) There is no indication that the Respondent performed an initial assessment or noted any contraindications. There are no progress notes. As set forth in Respondent's testimony, he employs a variety of massage techniques during a single massage therapy appointment – none of which were documented. It would be here that the Respondent could have documented what transpired at that appointment, including any inappropriate or aggressive behavior exhibited by Client 1. Yet, there is nothing. Finally, the Respondent provided no information or notes regarding Client 1's May 20, 2024 appointment.

The Administrative Prosecutor asked the Respondent about the apparent paucity of his recordkeeping, to which the Respondent provided a meandering response about "MassageBook"

software and how he was “just getting started” at the time. (Tr., p. 98.) By the Respondent’s own testimony, he has practiced for 10 years. The Board’s licensing records indicate that he was initially licensed in August 2017. (State’s Exhibit 11.) If he was “just getting started,” as he suggested, his meager recordkeeping might be understandable, but he is an established therapist and should know better. If he was suggesting that he was just getting started with that particular software, that too is unconvincing. He has an affirmative duty under the Board’s regulations to maintain accurate and thorough client treatment records, software or not. The Board’s regulations do not require electronic recordkeeping. If he had difficulty taking treatment notes that were fully compliant with the Board’s regulations, he could have done so by hand. Moreover, he provided the Board with no documentation for the May 2024 appointment. Based on the scant and incomplete records he did provide, the Board finds it more likely than not that those records did not exist at the time of the subpoena, rather than a deliberate attempt not to cooperate with the Board’s investigation. Of course, knowing that the Board’s charges against him included an alleged violation of the Board’s recordkeeping regulations, he could have provided them at the time of the hearing. He did not. Accordingly, the Board finds, by a preponderance of the evidence, that the Respondent violated HO § 6-308(a)(21) by violating the Board’s recordkeeping regulations set forth at COMAR 10.65.06.01.

5. Remaining Allegations

Regarding any other remaining allegation of fact not specifically identified as a violation of the Maryland Massage Therapy Act in the Discussion section of this Order, the Board finds the State failed to satisfy its evidentiary burden.

C. SANCTION

Turning to the appropriate sanction, it is well-established that the health occupation boards, including the State Board of Massage Therapy Examiners, exist in order to protect the public. *See Unnamed Physician v. Commission on Medical Discipline*, 285 Md. 1, 8-9 (1979). Furthermore,

a healthcare professional's right to practice is conditional and subject to the Board's objective to protect and preserve public health. *Board of Physicians v. Felsenberg*, 351 Md. 288, 305-06 (1998).

The Board finds that the Respondent's misconduct does not adequately or neatly fall within any of the established conduct categories set forth in the Board's sanctioning guidelines, COMAR 10.65.09.06. That said, the Board's regulations state that, in these instances where a respondent's conduct is not described in COMAR 10.65.09.06, the Board "shall use its judgment to determine appropriate sanctions." Moreover, "[w]hen conduct results in multiple violations of the Maryland Massage Therapy Act and the regulations adopted by the Board, the Board shall consider sanctions that are greater than those imposed for a single violation." COMAR 10.65.09.03.C.

In the instant case, based on the magnitude and the nature of the Respondent's violations, the Board believes revocation is appropriate and consistent with the Board's statutory mission set forth in HO § 1-102(a) to "to protect the health, safety, and welfare of the public." In this case, the Board found four instances in which the Respondent more likely than not acted outside basic bedrock principles in the practice of massage therapy. The Respondent was also found to have violated the Board's recordkeeping violations. In sum, based on these compounded violations and the Respondent's apparent disregard for basic tenets of obtaining consent and proper draping, the Board does not believe that the Respondent is appropriate to practice massage therapy in an ethical manner at this time.

CONCLUSIONS OF LAW

In this case, based on the foregoing Findings of Fact, the Board concludes that the Respondent violated Md. Code Ann., Health Occ. § 6-308(a) as follows:

- (8) Does an act that is inconsistent with generally accepted professional standards in the practice of massage therapy; and

(21) Knowingly does an act that has been determined by the Board to be a violation of the Board's regulations; *specifically* COMAR 10.65.06.01.

The Board declines to find a violation of Md. Code Ann., Health Occ. § 6-308(a)(19) (“Fails to cooperate with a lawful investigation conducted by the Board”) as the State failed to meet its evidentiary burden. In addition, given the specific COMAR provisions cited, the Board declines to find a violation of Md. Code Ann., Health Occ. § 6-308(a)(20) (“Engages in conduct that violates the professional code of ethics”).

ORDER

Based upon the foregoing Findings of Fact and Conclusions of Law, it is hereby:

ORDERED that the “Order for Summary Suspension of Massage Therapy Registration” issued by the Board on April 22, 2026 is hereby **AFFIRMED**; and it is further

ORDERED that the suspension imposed by the “Order for Summary Suspension of Massage Therapy Registration” issued by the Board on April 22, 2026 is hereby **LIFTED** and **TERMINATED**; and it is further

ORDERED that the charges set forth in the “Amended Notice of Intent to Revoke Massage Therapy Registration,” issued on April 22, 2026, alleging a violation of Md. Code Ann., Health Occ. § 6-308(a)(19) is hereby **DISMISSED**; and it is further

ORDERED that the Respondent’s registration to practice as a registered massage practitioner in the State of Maryland, registration number R02723, shall be **REVOKED**; and it is further

ORDERED that for purposes of public disclosure and as permitted by Md. Code Ann., Gen. Prov. § 4-333(b)(6), this document consists of the foregoing Findings of Fact, Conclusions of Law, and Order, and is reportable to any entity to whom the Board is obligated to report; and it is further

ORDERED that this Order is a Final Order and as such is a **PUBLIC DOCUMENT** pursuant to Md. Code Ann., Gen. Prov. § 4-333(b)(6) and Md. Code Ann., Health Occ. § 1-607.

09/28/2026
Date

Signature on File
Sharon J. Oliver, MBA
Executive Director
Maryland State Board of Massage Therapy Examiners

NOTICE OF APPEAL RIGHTS

Any person aggrieved by a final decision of the Board under Md. Code Ann., Health Occ. § 6-308(a) may take a direct judicial appeal within thirty (30) days as provided by Md. Code Ann., Health Occ. § 6-310; Maryland Code Ann., State Gov't § 10-222; and Title 7, Chapter 200 of the Maryland Rules, including Md. Rule 7-203 ("Time for Filing Action").

NOTICE OF ASSESSMENT OF COSTS

Pursuant to Md. Code Ann., Health Occ. § 6-309(g) and its implementing regulation at COMAR 10.65.02.06.B, the Respondent shall be responsible for costs as specified in a separately issued verified invoice.