In Good Hands

The Newsletter of the Association of Massage Therapists (NSW) Ltd

December 2001

PRESIDENT'S MESSAGE

By Geof Naughton

Firstly, I would like to thank all the volunteers who put such an effort into making the 12th Annual AMT Conference a great success. I am sure that all those who attended this year will agree that it was indeed a success - proceedings ran smoothly, the workshops were informative, there was plenty of good food and I think everyone enjoyed themselves. Thanks go to Charles Zammit, Steve Nagy, Diana Glazer, Sue Ewing and Melanie Elsey, all of whom gave their time to get the conference up and running. A special mention also goes to Mark in Head Office for work above and beyond.

Many members have commented that their clients' claims for rebates from health funds are being rejected. This is usually because those particular funds only pay benefits for treatment by **Senior Level Members**. Have a look at the schedule published in this Newsletter on page 16 for a full rundown on the requirements of all the health funds.

This problem has led to many members asking the following question:

What do I need to upgrade my membership from General to Senior Level 1?

The answer to this question will vary with each individual member but AMT requires the following formal educational criteria for eligibility to Senior Level 1 membership:

Group subjects to encompass 500 hours.

Science
- A minimum of 100 hours of Anatomy and Physiology, plus
- A further 50 hours made up of biological and behavioural sciences e.g. nutrition, exercise physiology, psychology etc

Massage
- A minimum of 150 hours to include:
  - principles and practice of massage
  - a module on Swedish massage, plus
  - a module on Sports, or Remedial or Oriental

Massage does not include Yoga or Reiki

Clinic
- A minimum of 50 hours of supervised clinic:
- 30 hours must be in a professional clinic setting
- 20 hours may be at field days and work experience events

Business Administration
- 15 hours business management lectures at College, or
- work experience in a commercial organisation or clinic

A Senior First Aid Certificate (Level 2).

If you think you may be eligible for an upgrade, you need to list your achievements under the above headings, clearly showing the subject, the course it was part of, the college/school/workshop **and the number of hours involved**. An appropriate form can be requested from Head Office. Please also provide documentary evidence in support of your claims.

Do not just send in a pile of photocopies and ask Head Office to sort out how many hours each one entitles you to.

If you are lacking in a particular area, then you will need to consider how you can go about meeting that requirement. Many members are finding that they do not have any training in the 'other sciences'. AMT has a home study module in Pathology which can be purchased for $55.00. Successful completion of this course (100 percent correct answers) will credit you with 25 hours of study towards your other sciences component. I also suggest you contact the schools/colleges accredited by AMT (see our website) and ask them what courses they can offer to meet your needs.

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NEWS FROM THE STATE COUNCILLORS

BLUE MOUNTAINS Tamsin Rossiter

Our last regional meeting on September 3rd was well attended by both student and practitioner members. Our guest speaker was Carla Farrar who discussed her multi-disciplinary approach to massage therapy. Carla is currently completing a Diploma in Health Science at Blue Mountains College of TAFE. She is also a trained Occupational Therapist, Herbalist and Iridologist. She gave us an informative description of these modalities and how she blends these skills within her practice.

The theme for our next meeting is 'Reflective Practices'. Our aim is to provide a forum for members to share their working experiences including case studies, referral networks, professional supervision and support for massage therapists.

During Massage Therapy Awareness week we gave free massages to staff and residents of Bodington, an aged care facility and assisted living hostel in Wentworth Falls. A team of enthusiastic volunteers provided the massage over two days under the supervision of Leonie Dale. A big thank you to Leonie for co-ordinating the event to coincide with Bodington staff stress management week.

MACKAY Val Jenkins

The last twelve months have been very busy and successful. Mackay Branch held six general meetings and five Executive committee meetings. Ten students graduated from the school and, once again, I thank Joel Morrell and Lou Paget for their tireless efforts in teaching the students. Their time and effort shows in the high marks achieved by the students.

We have had some wonderful and fascinating guest speakers over the last twelve months including Joel Morrell, Rod Legge, Linda Danvers, Steve Mason and Clinton McCauley.

At our AGM the following members were elected:

Val Jenkins - President
Rod Legge - Vice President
Linda Danvers - Secretary
Brendan Byrne - Asst Secretary/Treasurer

My thanks go to the boys in the Sydney office. Several members have commented on their prompt and efficient handling of enquiries. Thanks also to Rebecca Barnett and her helpers for producing such an excellent Newsletter.

ACT Malcolm Coulter

Massage Therapy Awareness Week activities were held in Canberra during September. Displays in the shopping centres and at Canberra Hospital were very successful. Free seated massage mini-treatments were offered at all venues and were greatly appreciated by the recipients. The aim of increasing public awareness of massage therapy was definitely achieved. I would like to thank all the therapists who contributed their time and/or gift vouchers for this event.

Kay Fredericks and I turned up at one of our local radio stations to do some promotional interviews only to discover the importance of timing in the world of advertising. Our scheduled activities were overshadowed by the 'September 11 New York Incident' which happened only hours before. We were deleted from the program schedule and unfortunately not re-allocated to another time slot.

Our most recent local members meeting was held on August 23rd. The guest presenter was Pip McCahon whose presentation on Medical Imaging was extremely interesting. Anyone wanting to know more about the subject may contact Pip on 02 6262 5252.

In the last Newsletter I asked members to contact me with ideas for a local Members Day. I received no responses. In the absence of suggestions, I have organised a Members 'Treatment Swap' Day on November 18th. This will be an opportunity for therapists to network and exchange treatments.

I wish all members an enjoyable festive season and look forward to a positive and prosperous year ahead for our industry.

HUNTER John Cavanagh

The Hunter continues to be a hive of activity. The committee has formalised guidelines for the mentoring program and Elizabeth Matsen has taken on the task of co-ordinator. The initial term of the program will be a learning experience for all and no doubt the guidelines will be modified along the way.

A very good turnout of 30 members and guests were delighted with Peter Muir's 'Massage with Movement' workshop. All were amazed by the simplicity of the technique and many have reported excellent results from employing the principles in their practice.

We are continuing our program of voluntary massage at Ronald McDonald House in John Hunter Hospital. The roster organiser, Patricia Bolsover, is trying to recruit new volunteers to take the place of a number of active members who have moved on.

Two other groups have been the beneficiaries of our generous volunteers. The Branch Sports Team is proud to have been on hand recently to massage at the Starlight Children's Foundation 24-Hour Marathon Relay Swim. The swim was organised by staff of the Westpac Rescue Helicopter Service, with almost fifty participants (Helicopter service staff, family and friends). The target figure of $10,000 was well surpassed with over $20,000 raised through sponsorship and donations.

The second event was a pampering day organised by Life Without Barriers. The idea behind this event is to acknowledge and care for the carers of handicapped children. Kevin Stokes reported that the massages were well received by some very needy and appreciative people. Kevin is having talks with LWB about an ongoing relationship involving regular massage.

The 8th Masters Games in Newcastle provided ample opportunities for the demonstration of the benefits of massage. The overall organisation of the Games was remarkable. However, the same cannot be said of the massage, leaving some volunteers a little disappointed. Massage services were provided on a user-pays basis and, by the end of the event, many a weary limb had been touched. One therapist reported having to keep an appointment book to cope with the requests but could still only attend to about seventeen clients on the day.

A small contingent of Hunter members attended the Annual Conference in Sydney. Various comments on the standard of the proceedings were made and these will be passed on to Head Office. Joel Morrell's request for each member to encourage a person to join the Association stands out as a very simple pro-active approach to increasing membership. The Branch already has a policy of encouraging members to bring a guest to our meetings and ultimately, we hope, to the Association. Merry Christmas to all.

LETTERS

A Letter to the AMT executive

I am writing to express my thanks for the AMT Award of Excellence for 2001. I am sorry I was not present at the Conference to accept it in person but I was pleased that one of our graduates from Peridor Health Schools could accept it on my behalf. It is extremely gratifying to have my contributions to the AMT recognised in this way.

I would like to see the AMT become the foremost representative association for massage therapists. I have been proud to assist wherever I can towards achieving this goal. As a chiropractor, my earliest teachers were Massage Therapists first and foremost, and I recognise their talents. I also recognise that I would never have achieved such great results in my practice without my background in Massage Therapy.

I would encourage all Massage Therapists to provide assistance to the Association, particularly through these trying times. AMT has been most devout in representing its members in all aspects of the profession, often with little help and great financial demands.

The continuing education program of the Association has been of most interest to me and I will still offer my time and knowledge to devise home study modules and workshops which will make it easier for members to achieve their quota of CEUs. It should be interesting (learning new stuff) and it should be fun. If you have any ideas please let me know.

Mark Philip Deal

Letter to VP remunerations

I refer to your correspondence to the Secretary of the Department of Veteran's Affairs (DVA) advising of the willingness of AMT (NSW) to provide further information for the Repatriation Commission's review of allied health services. I regret to advise that massage therapy is not being considered for inclusion as an accepted health care therapy under DVA allied health care arrangements at this time.

The Repatriation Commission has confirmed its current policy not to accept financial responsibility for the provision of alternative and complementary health therapies at this time. The Commission is concerned about the lack of a national regulatory framework requirement for these practitioners. The Commission also noted that it would need to be satisfied that these therapies are safe and effective through evidence-based practice before it would consider accepting financial responsibility for these treatment modalities.

In its deliberations the Repatriation Commission noted that the introduction of the GST legislation is expected to result in some practitioners of complementary health therapy meeting the requirements of 'recognised professional' status for GST purposes by 2003. When this occurs, further consideration will be given to include these services under the Repatriation Commission's health care arrangements for veterans.

Narelle Hohnke
Branch Head, Department of Veterans' Affairs

Treasurer's Corner

By Joel Morrell

During the AGM, the bunny (formerly known as Joel Morrell) stuck his neck out and landed another job. I undertook to analyse the degree to which Membership Fee increases alone have contributed to the upward trend in AMT revenue in recent years. However, study has taken priority so I will kick off this promised series of financial reports with a restatement of the Financial Policy Issues we examined at the annual meeting between the Executive and Regional leaders in June.

Virtually all of the AMT's most consistent activists were present at this meeting. Because they are all working hard for Association projects, they all influence AMT spending in some way. I wanted them all to realise that AMT has two distinctly different types of income and that this must be kept in mind when money is going out.

Our basic income, to cover what I call the cost of being, is from Membership Fees. This income should only be spent on what Members expect to be part of basic essential activities. The simplest phrase to encapsulate what I mean by this is 'to represent the members' interests'.

The other form of income is what I call 'activity income'. Over and above the basics of representation AMT's main activities are educational. These are administered on a 'user pays' basis and the best example is our Annual Conference. It costs money to run and the attending delegates foot the bill. Our workshops are self-funding on a similar basis.

At the AGM I attempted (somewhat unsuccessfully it would seem) to give an overview of how our finances are made up of the separation of basic income and activity income. I will polish this attempt over summer and report on the results in the March Newsletter. But I will close with a strong reminder that we left the AGM with an incomplete committee. This means bluntly 'low on volunteers' which in turn means that if membership continues to increase and volunteers don't, fee increases are the only way to cover the 'cost of being'.

FIBROMYALGIA SYNDROME AND ASSOCIATED PROBLEMS

Part 4 – What can a Massage Therapist do to help?

By Joel Morrell

First we will address the initial consultation. Though it may sound somewhat heretical, your first task is to validate the diagnosis. Unfortunately, some medical practitioners are still sceptical about the nature of this problem. But if the client is a medical referral you can usually expect that the doctor has taken the trouble to become familiar with current teaching. Beware of the client who wants you to decide if they have Fibromyalgia.

Some people are tempted to adopt illnesses they have encountered and you are heading for trouble if you are attempting to treat someone who is just suffering a dose of 'I'll have what she's having'. If I am contacted by a potential client who thinks they may have this condition or they have been told that they probably have it by someone other than their primary care practitioner, I strongly counsel them to seek a medical consultation first.

In doing so, I encourage them to tell the doctor that they have spoken to me and I have recommended the contact. I want to be assured that they are able to safely have massage whatever the doctor may diagnose. This will keep you on side with both client and doctor - the doctor must recognise and appreciate your caution. Sometimes clients are referred by the local Fibromyalgia self-help group. If you have a local group, get in touch with them and make yourself known.

Let's assume that the client has come to your clinic. How do you validate a diagnosis? This is a clearly defined medical syndrome with Diagnostic Criteria so let us revisit the definition. For long term problems the **American College of Rheumatology** has adopted a detailed definition for **Fibromyalgia Syndrome.** Key factors include:

1. Duration in excess of three months
2. Pain persisting in all four quadrants (both sides of the body and above and below the waist) and
3. elicitation of a minimum number of specified **Tender Points.**

Other key factors are:

4. Sleep disruption especially non R.E.M. sleep
5. A related reactive depression.

So key questions will be how long has this been going on and do you have pain in all four quadrants of your body? Remember, short-term, single quadrant problems are more likely to be Myofascial Pain Syndrome (MPS), which is activity or trauma related and highly responsive to massage. So if the history indicates MPS, get them up on the table and get on with giving them some relief. But if the problem is chronic (remember that means a period of three months without significant improvement) and multi-quadrant, then the initial consultation starts to follow the same guidelines as follow up visits.

There is no set technique which you can trot out on every visit for these clients because it is a highly variable, labile condition. On each consultation, you must ask about pain, you must ask about tender points, (and they are not the same as trigger points) and you must ask about sleep. Often the active pain is associated with trigger points. If the client is not very familiar with the problem, they may not be aware of tender points so I ask if they have spots that are only painful when touched. Incidentally, I tend to avoid questions about the reactive depression.

Questions on pain and sleep will guide your treatment plan. If sleep disruption is predominant and fatigue is to the fore, then relaxation therapy is indicated. But if, for example, their shoulders are both screaming with pain or their lower back is all they can think about, your client will not be capable of relaxing until you have done some remedial therapy to ease that pain.

I want to stress making the distinction between tender points and trigger points. The latter has been the subject of many varied ideas and methods for treatment. I will not try to add ideas on treating trigger points. But I have found almost by accident a method of alleviating acute tender points. When you pass your hand over a silent tender point, often your client will almost yelp and jump off the table. Our instinct is to move away from what caused the pain. But remember the human capacity for neural adaptation - when we get dressed in the morning we feel our clothes as we put them on but, provided they fit well and suit the weather, we soon forget we are wearing them. So, when I encounter an acute tender point, I do not remove my hand. I decrease the pressure of touch, but leave my hand, ever so lightly in contact with the tender point area. I apologise to the client then ask them a question and encourage them to talk. While they are answering, I start very slow and light circular effleurage over and around the zone. Soon you will find the tenderness has been alleviated and the treatment can continue.

Professor Littlejohn tells us the best prognosis comes with education and client self-management In other words, you will be most help to Chronic Fibromyalgia Syndrome subjects if you get them involved in their own treatment plan on each and every visit.

Next issue we will finish with some aligned conditions that mimic many of the symptoms of Fibromyalgia and how these things can overlap.

MAGNETIC THERAPY

Magnetic Therapy is one of the hotly-debated practices amongst the proliferation of alternative and complementary therapies. Here, we publish an article by Senior Level member ***Hugo Van Staden*** *extolling the theory behind Magnetic Therapy.*

Are you positively or negatively attracted to this theory? Letters to the Editor on this issue are welcome.

Two hundred years ago Dr Frans Mesmer, a renowned healer, wrote that

> I*n nature a universal principle exists that operates independently of ourselves.*

This is what we refer to as magnetism but which we can't in actuality define for two reasons:

1. limited research in this area
2. limitations in our knowledge of the forces circulating in the universe.

We are however aware that it is a force or power likened to electricity. Some link it to the life of divinity in us. Others say that it is the power of suggestion (whatever that is). Most people have no idea what it could be except that it is a universal vibration affecting the most alive and vital organism to the most inert like stone, metal and the smallest speck of dust.

Everything has a magnetic vibration. From Egyptian tablets we know magnetism was used for healing the sick and maimed. Among the ancients Aesculapius was considered the founder of this healing art. The Hippocratic Oath is based on his work. Yet going by ancient writing he healed predominantly through the application of magnetism.

The philosopher Schopenhauer said

> *Whoever doubts the fact of healing with magnetism is not only unbelieving but ignorant*.

and the German philosopher Goethe believed that magnetism was something we all have. He said

> *This magnetism reaches out universally to all life and is a life activator and energiser for vital forces*.

In India it is called Prana (vital force), having positive and negative aspects of energy. This vital force or magnetism underlies all physical actions of the human body including the circulation of blood, movement of cells and all other life-dependant motion. Without this vital force there can be no life and no action.

We absorb our supply of vital forces from the food we eat, the water we drink and the air we breathe. This force is stored in the brain and nerve centres, and used to supply the demands of the body. This energy or magnetism not only keeps the body healthy but surrounds it like an aura that can be felt as one comes within close proximity of another person. It is the fuel that is required to keep the body healthy. A person depleted of this vital force or magnetism will suffer ill health, lack of vitality and will only regain vitality when the magnetic flow is restored or replenished.

Unobstructed flow of magnetism results in harmonious health and its cessation or reduction can result in death (where matter changes but not the spirit) just like a short in an electric current, or when light or heat is absent. Illness is therefore nothing more than the disturbance of the progression of the movement of the vital force or magnetism. Just as we know that God or the universal spirit causes life in all matter, so the individual spirit causes the microcosm of the body to live and function in the greater universe. The proof that anything is alive is that it is magnetic.

There is nothing in existence that does not have two magnetic poles – positive and negative. Animals, trees and insects all have strong magnetic poles. Our bodies are very powerful magnets. Our hands are the major poles with magnetism affecting everything we touch (Psychometry). Projecting an intense type of magnetism through our hands or head (through the eyes) is known as Psychokinetic force. Psychics bend spoons and stop watches from working by using Psychokinetic force.

Our own body is the perfect therapeutic healing machine. Of all bodies

> *the one which acts most effectively upon man is his fellow man* (Mesmer).

Each person's body is a healer. The natural magnetism that flows through the therapist's body will facilitate healing. There is no other healer of medicine - it only facilitates the body's repairing capacity.

Magnetic therapy is the most basic and direct way of maintaining this life force. It has the following advantages:

- It can increase the life force in the body for general health. Sickness need not be the motivation for treatment. The body must not only have free circulation of this life force but also continuous in-flow of it from the earth and world around us. It enters the body through the feet, hands and head. If the body is weakened and starved of magnetic power, an influx of magnetic energy immediately re-energises the body.

- It immediately stimulates the flow of this life force into troubled areas that have no vitality. Obstructions are removed with therapy to clear these areas.

- Leakages of magnetic flow in the body are restored to normal channels with magnetic treatment.

- Even if the flow of magnetism is unobstructed problems can arise if it is not flowing in the right channels, that is, if the polarities are confused or if magnetism is not flowing from negative to positive. Poles in opposition create conflict. Blockages, leaks and deficiencies develop resulting in ill health or disease. Once the polarities are balanced, healing occurs and normal functions are restored.

Magnetic Therapy is not a cure, it simply aids the body by supplying it with a curative force. Other modes of treatment should not be abandoned either, as our bodies require whatever assistance they can, in the radioactive and polluted environment we live in. Magnetism appears to go directly to the root cause of disease. It requires magnetic activation through the use of our hands. As massage therapists we need to become conscious of the magnetic force within us. Its power is universal. With proper understanding and sensitivity everybody could potentially perform magnetic therapy and likewise it could be potentially beneficial for everyone.

SPECIAL FEATURE

THE MISSING LINK:
AMT Annual Conference 2001

Were you the missing link from the 12th Annual Conference …? If so, you missed another great opportunity to update your skills, network and socialise with fellow therapists.

The second year at the same venue enabled us to streamline our activities and thus enjoy the Conference more. Members were able to participate in quality workshops, have lots of networking time, an inspiring address by Sandra Grace, a noisy AGM, good food and a scrumptious dinner. Many members took advantage of special Conference prices to purchase the many and varied items on display and took the opportunity to have their opinions heard by Geof and the other members of the Executive Committee.

For those of you who were unable to attend, we publish here extracts from three of the workshops presented at the Conference.

TEN THINGS ARTICULAR THERAPY HAS TAUGHT ME

By John Pollard, D.C.

During my early years as a Chiropractor I used a large repertoire of both classic and "outside-the-box" methods (Applied Kineseology for example). Given the clients I was treating and the format of the "chiropractic practice" I was reasonably satisfied with the results I was getting. As a generic bodyworker seeking to find the "ideal" healing treatment, I also studied bodywork systems outside of Chiropractic when they made sense to me, such as Rolfing, Alexander, and Feldenkrais.

In 1981 I began to study a system of Chiropractic called Motion Palpation. This system was not so much a different way of treating but a different approach to WHERE to treat and WHY. Motion Palpation was developed by a Belgian chiropractor, Henri Gillet, in response to the fact that European Chiropractors were not allowed to take x-rays. Gillet developed a system for manually palpating the vertebra of the spine **IN MOTION** to determine if there was a fixation in the normal movement. By teaching Chiropractors how to motion palpate the six primary motions of the vertebrae, we learned that the spine should be adjusted where it was actually fixated (the Cause), not where the client most often complained (the Symptom) which was often a hypermobile section. Motion Palpation as a bodywork system was extremely holistic in that all joints of the body were evaluated and treated based on need.

I was deeply impressed by Motion Palpation and, through my extensive studies of the technique, I began to think that there might be even easier ways to evaluate joints with even more specific understanding. I started looking for the easiest ways to palpate the most important fixations with the greatest amount of specificity for each joint in the body. As I applied information and background concepts gleaned from many bodywork disciplines, I eventually created a new approach to treating every major joint in the skeleton. I have termed this approach Articular Therapy (AT).

AT is not just a series of cleverly designed procedures for testing and treating the body. It also defines a new standard for investigating articular problems. The treatment itself is nothing new - it is massage - transverse frictional massage to be exact. What is new, however, is how quickly, easily and efficiently one can assess and treat the core conditions that cause myofascial problems. Once you learn how to assess the most probable cause of a symptom you get a bit addicted to using AT.

Here are some of the things Articular Therapy has taught me in the last ten years that I'd like to share with you so you can experience them in your massage practice.

1. THE **SYMPTOM** SIDE IS **NOT** THE *SIDE* **CAUSING** THE PROBLEM

When you grasp this principle as an Articular Therapist you will never look back. For example, your client presents with a sore right shoulder, which has been bad for a while and is now getting worse. At least 60 percent of the time the sore side ... the symptoms side ... the side that hurts ... is not the **CAUSE** of your client's symptoms but the **EFFECT**. About ten to twenty percent of the time, even when

the tighter side does seem to be on the same side as the pain, it often reverts to the classic pattern within 4 to 5 treatments.

Perhaps you have experienced this as a client. If you take your sore right shoulder to a Chiro, Osteo, Physio, Doctor, Specialist, Orthopedic Surgeon, Neurologist, for an adjustment, massage, ultrasound, X-ray, MRI, operation etc, your right shoulder will get all the adjusting, prodding, poking, sticking, zapping and cutting. The other side - the one that is potentially causing all the trouble in the first place - will be blissfully ignored by all. Sometimes treating the sore side helps the pain a bit but it can also make the already hypermobile side symptomatically worse.

Once you grasp this principle and start looking, you will find all kinds of interesting ways that the opposite (or possibly lower) joint fixations are causing your clients' recurring round of troubles. I put this principle to the test at the AMT Conference by using a 30 second Articular Therapy test on each practitioner who had a definite sore shoulder. In the morning session there were 8 definite opposite side fixations creating the sore shoulder to 3 possible same side shoulders The afternoon session was about a fifty fifty split. The third session revealed a very high ratio of opposite fixation to client symptoms. And this is considering that the average AMT Practitioner does not provide a truly representative sample - many of those present at the conference would have undergone many different forms of bodywork. The results are much more consistent for "average" clients with "average" problems.

2. Tensegrity Is The Basis Of Articular Health

Tensegrity or tensional integrity is a construction principle used in nature by which tensional stresses are distributed continuously throughout all parts of the structure. This word was coined by Buckminster Fuller (American architect and inventor of the Geodesic Dome among other things) to explain the way way that nature builds structures. We are not made up of stacks of blocks resting securely one on top of another, but rather a system of interlocking poles and guy wires. Tensegrity is one of nature's favourite devices for achieving maximum stability with a minimum of material. I give information about tensegrity to every committed client so they can understand and think about its profound significance in relation to their physical body.

The kite is a simple, graphic example of a structure utilizing tensegrity. A kite is made up of sticks, elastic bands (or string), and a tensed sheet of plastic or paper. If these individual pieces are just piled together on the ground then nothing fancy happens. However, if you place the sticks inside the strings creating a tensional force and wrap this structure with tensed paper, it becomes light enough yet strong enough to fly in a strong wind and not break apart. It is the tension between the sticks pulling on the guy wires of the string that holds the kite together.

In the body, there is an exact relationship of tensegrity between the skeleton, the muscles and the connective tissues (also called fascia). The bones in the body act as spacer bars. The muscles and ligaments act as the tensional forces. The fascia is the broad sheets of binding material that hold the organs, nerves and muscles in place. It is through the dynamics of tensegrity that our body is able to move, bend and withstand the amount of stress and strain that it does.

Each person's body holds an accumulated total of tensegrity tension that has developed in response to the amount and type of tensional stress their body has incurred. The degree to which tensegrity tensions are distributed unevenly will determine the degree to which a client feels "out of place". The approach of AT is to seek the area of greatest tension and loosen this first. Then the body's natural ability to redistribute tensegrity tension will bring back the ease and comfort to articular movement that every client seeks.

Part of the joy of being an Articular Therapy practitioner is to witness the magical workings of tensegrity as genuinely fixated and dysfunctional limbs begin to restore themselves right beneath your fingers,

3. Too Loose Is Much More Difficult To Treat Than Too Tight

If a client has an articulation that is extremely tight you can usually loosen it with enough work and co-operation. However if a client is too LOOSE it is very difficult to tighten their tensegrity. The only approach I know of is to maintain an active aerobics schedule with lightweight training to back it up. Plenty of people are on this schedule and that is what keeps them healthy. This is the gym junkie or even just the person who DOES go to the gym routinely and doesn't get injured. Everyone is envious of this person. However, when they quit the gym for a while their joint pains come back.

The "too loose" person is typically the Yoga practitioner who can achieve any position or the Mum who was a gymnast as a child and now plays netball or tennis once a week. As a client they might seem quite healthy and fit. They might not have any real areas of tension so you could be forgiven for thinking that they should respond quickly to your healing hands ... except they don't!

Probably more women are hypermobile than men, but males can be hypermobile as well. This kind of client can move their body in any direction quite easily but probably experiences a few snaps, crackles and pops along the way. When the "too loose" person gets sore their hypermobile areas are double hypermobile and their fixated side actually feels normal compared to the typical client. I have had good results treating these clients with the same type of nutritional program that repairs damaged fascia. By providing them with all the raw materials for ongoing fascia repair, they seem to cope a lot better with their constant hypermobility. Recognizing why these clients are so difficult to heal is a tool of Articular Therapy and takes a lot of pressure off the practitioner.

4. Bodies Can Be Rated On An Articular Scale Of 1 To 10

I am not talking "looks" or even a "health" scale, but more of an "Articular Toughness" scale. The more bodies you treat with articular awareness, the more it becomes a reality that some people simply have a better articular frame than others. The condition of your given "frame" will determine how well your body responds to the shocking things that you do to it.

Let's imagine a kite could be made out of three different materials: wood, aluminum and titanium. If you were the kid with the wood frame kite, you might feel a bit left out when the aluminum kite soared higher and in a stronger wind without breaking. Obviously, the titanium frame would be the strongest and therefore able to withstand the most pressure and stress. Your first instinct might be to conclude that the more titanium a frame, the better the kite is. This is true, but the equation is more complex when it is applied to the human body.

A titanium frame person can withstand MUCH more physical abuse and still cope well with this. As a result, they can go a lot further towards ultimate damage before symptoms show up. Plus, they often respond so much quicker when they finally do seek treatment that they don't want to stick around long enough to get as well as they should. This presents unique circumstances when it comes to client management.

Also, because a titanium frame person can get well so quickly they skew the averages and make you think that everyone should get well that quickly. They typically have heaps of energy all the time. They are the ones who get up early to go surfing before work, even though they were partying late the night before. They smoke 2 packs a day and still live to be 100. Their bodies may be smashed, bent or broken but it's still standing and it's still strong. So the potential for the titanium frame person to abuse their body with work, drugs, sports etc. and get away with it puts them in a different class of client.

When the titanium frame client does get bad, their outer signs are not as obvious or typical. Probably the hardest client to diagnose is a titanium frame with a visceral reflex cause of pain into the neck or back. As far as the therapist is concerned, treatment is not going to vary all that much but it is a completely different experience for the therapist/client relation and being aware of it is helpful for both parties.

5. People From Different Countries Have Different Articular Patterns

When you perform the same shoulder test on 20 people, you will become good at it. When you do this same test on 200 people, you will get even better. When you have done 20,000 client exams you get a certificate and you will probably notice that some cultures have different body tensegrities.

When I practised in Los Angeles I occasionally treated Australians. I noticed right away that their shoulders and hips were a lot easier to treat than the typical American. This was also true of clients from Eastern European countries. I would say there was about a 3 to 2 tension ratio between them. And now, when I treat the occasional American it is a scary body I feel, especially if they are from LA. Since I have been treating in Australia, I have also noticed the same ratio working for the New Zealand and South Africans clients as opposed to the typical Aussie.

Why is this important? The fact that different nationalities could have different body frames might seem self-evident on a superficial level. The important part for the Articular Therapist is that by standardizing and honing your testing procedures you will be able to read bodies on a much more individual basis. Because you can see differences and appreciate similarities, your client management skills become much more conscious and satisfying for both parties involved in the healing.

TOXICITY MYTHS – THE ACTUAL RISKS OF ESSENTIAL OIL USE

Review taken from www.fragrant.demon.co.uk/toxicitymyths.html
With permission from Ron Guba who presented a workshop at the Conference

By Diana Glazer

Ron specialises in Aromatherapy and completed his Diploma in 'phyto-aromatherapie" in France in 1988. He began Essential Therapeutics, a company devoted to providing therapeutic-grade essential oils to health practitioners, and the Centre for Aromatic Medicine to provide training in the practice of Aromatherapy.

Over the past 12 years Ron Guba, through his involvement with various government and industry bodies, has specifically focused on essential oil toxicity as one area of study.

Ron notes that a wide variety of books and periodicals available today give recommendations regarding the safe, therapeutic use of essential oils. These recommendations are mostly passed on from book to book without further research or actual clinical experience.

Ron attributes toxicity myths to three sources:

- **Philosophical differences** between two broad groups of practitioners. The first are 'medical' and have an in-depth understanding of essential oils from their full history of use in traditional medicine as well as a good knowledge of the chemical/pharmacological make-up of the oils. The second are 'holistic' users who focus on beauty therapy, massage and other application methods.

- **The lack of knowledge amongst practitioners and authors** has led to recommendations to avoid the use of a particular essential oil or to use it in extremely low dosages. Incomplete or limited understanding of the issues involved have led to a common perception that the therapeutic use of essential oils can be an extremely risky proposition, even amongst those who are purported to be highly qualified practitioners.

- **Fear of public misuse** has led to recommendations that any essential oil that might be construed to have any possible negative effect, such as during pregnancy, is routinely advised to be best left alone.

Some controversial comments by Ron:

- **Avoiding some Essential Oils in Pregnancy** – This appears to be due to the 'when in any doubt, don't use it' philosophy, the misuse of toxicity values and the fear of public misuse and subsequent lawsuits. As well, there appears to be a general misunderstanding of the hormonal and physiological processes that occur during pregnancy. According to Ron, **no oil is specifically contraindicated during pregnancy due to its toxic effect**

- **Some Essential oils not to be used on the skin**: Such essential oils can be used safely on the skin, if one respects the dose, sensitive skin areas and avoids the use of such oils on those with skin reactions such as eczema, or on young children.

- **Some essential oils should not be used with high blood pressure**: There is no evidence in the available literature to support this statement.

- **Essential oils are kidney irritants:** Recent studies using laboratory rats have found no kidney damage even when high oral doses of Juniper oil were given.

Ron concludes by saying that "the present Aromatherapy recommendations commonly given are more than cautious. I sense they are creating more a mood of fear amongst both practitioners and public. For those who would use essential oils as a form of complementary therapy, I suggest that training should take into account all aspects of the safe use of essential oils. The common 'myths' should be excluded and the real potential for negative effects should be fully understood".

Please read the full detailed article for further information.
NOTE: Members of AMT can purchase therapeutic-grade essential oils from Ron on production of the AMT ID card.

THE UNSEEN HAZARDS OF MASSAGE THERAPY: AN INSIGHT INTO THE THERAPIST/CLIENT RELATIONSHIP

By Keith Harrison, Registered Psychologist

Many elements are involved when a massage treatment takes place. These include the physical, emotional, mental and spiritual aspects of the client and therapist; the techniques used by the therapist; the environment in which the massage takes place; the nature and purpose of the massage; the expectations of therapist and client; and the 'baggage' that both bring to the situation.

Many massage therapists have been (and continue to be) trained through various training providers, yet very few practice full time. Some therapists may only see one or two clients a week while others will see as many as ten or fifteen a day. Some may specialise in a specific clientele or type of massage, for example, sports injury, remedial and relaxation massage or industrial accident cases etc. Therapists may also specialise in treating post–operative or terminally ill clients, or trauma and torture clients.

In all of these areas the most significant factor is the establishment of the client/therapist relationship. But why is this so?

A massage treatment requires the therapist to enter into the client's personal space. This is true whether the massage is performed over clothes or not. Simultaneously, the client also enters into the therapist's personal space. This 'invasion' may be more obvious at some times than others, and may depend upon the client's or therapist's sensitivity, the procedure to be performed or obtaining informed consent. Clearly, it is imperative that appropriate boundaries be established and maintained. Although neither the boundaries nor the personal space are visible to the human eye, they are detectable to the people involved through their emotional intelligence.

To become aware of levels of input other than seeing, hearing, smell and touch we need to acknowledge and pay attention to our emotional responses.

The content of the communication in a massage treatment is rarely paid much attention. This content is conveyed verbally in history taking, in feedback from clients and also in clients' anecdotes of joy and pleasant experiences. Conversely, clients may share their whispered tales of woe, angry outbursts about traumatic events, or grievances about the immoral and social injustices perpetrated against them. This is especially significant when the 'injustices' are particularly 'obvious' to the therapist. It is also the possible beginning of vicarious traumatisation of the therapist.

Vicarious trauma is an adaptive transformation within the inner experience of the therapist which comes from the empathic engagement with the client and their trauma material. It includes the graphic descriptions of the events and the intentional cruelty by these people to each other. Often it is the similarity of repeated stories from a number of clients which becomes the cause of the **therapist's** trauma.

Vicarious traumatisation now has a precedent in the field of massage therapy. In last September's issue of In Good Hands we published the case of a massage therapist who worked at a women's health centre in the Blue Mountains. The therapist's clientele included people suffering grief, abuse, neglect and forms of injustice. She found herself unable to continue practising. In fact, she herself began to suffer psychological trauma brought about by the repeated stories her clients told her during massage treatments which she responded to empathically.

THAT WHICH IS HIDDEN OR COVERT

The workshop I presented at the Annual Conference focused on aspects of the massage process which may be studied as a part of a course or 'mentioned' in passing by an experienced teacher. Rarely are we asked to acknowledge our own attitudes towards such issues as nudity, sex, touch, intimacy, anger, grief, loss, pain, homosexuality, having fun, the implication of being in a relationship, giving and receiving pleasure, and being happy.

This has implications for setting our boundaries, protecting us from being drawn into the emotional climate of the client, and assisting us to separate and consider the immediate issues involved. A number of conference participants spoke of their own fatigue and of clients experiencing emotional reactions during massages. Others' experiences related to episodes of grieving and loss issues. It is at these moments that the therapist needs to be compassionate, professional, warm (and nurturing), and clear of their own intruding emotional stress. This is necessary for the therapist to minimise harm to the client while maintaining a sense of balance and harmony within themselves.

To minimise harm and establish a quality relationship with a client (or anyone else!) therapists must come to terms with those layers within themselves which are concerned with self-centredness. In other words, we must accept that we can be distrustful, vindictive, blaming, greedy, envious, arrogant, aggressive and self-serving. By acknowledging these qualities within ourselves we have the opportunity to render them passive … to take another conscious option when they suddenly appear and potentially harm ourselves and the client.

➢

Obviously, there is no simple, magic answer.

ADDRESSING THE PROBLEM

The therapist begins by encountering themselves in a serious way. When starting along this path, it is best to have some notions about such personal reference points as:

- A sense of my identity as a human being, as a man or woman, and as an individual who has relationships with others
- A sense of my body awareness and my recognisable emotional states
- A recognition of my 'view of the world's humanity'
- An ability to articulate my personal philosophy of life
- An analysis of how I view world events and their causality
- A recognition of moral principles
- An awareness of my sense of spirituality, the meaning of my life, my sense of hope, of being connected to nature and the universe as I understand it, and my sense of things non-material.

It is also helpful to seek out a mentor who has qualities of patience and tolerance, and is able to manage strong emotions while maintaining a positive sense of themselves and us. This person would have the ability to have an inner sense of connection with us as we explore and process our needs and dilemmas. Hence s/he would have strong psychological and interpersonal resources**.**

A Helpful Hint

If you are a practising massage therapist seek out other therapists in your area and discuss your difficulties (networking). This is very necessary if you have difficult clients or work with anxious, depressed, bereaved, disabled (recent), traumatised or recently divorced/separated people etc.

To be continued in the next Newsletter …

➢ *HEALTH FUND STATUS*

Health Funds and Societies	Status
ACA Health Benefits Fund (SDA Church)	1
AXA Australia Health Insurance	2
Commonwealth Bank Health Society	1
Gay and Lesbian Health Fund	2
Geelong Medical Benefits Fund	2
Government Employees Health Fund	2
Grand United Friendly Society	2
HCF	2
Independent Order of Oddfellows	1
Independent Order of Rechabites (IOR) Health Benefits	1
Manchester Unity	1A
MBF	3
National Mutual Health Fund	2
NIB	2
NRMA Health	2
NSW Teachers Federation Health Society	1
Queensland Country Health	1
Railway and Transport Hospital Fund	1
Reserve Bank Health Society	1
Victorian Workcover Authority	2
Westfund Health Fund	1

- **Status 1:** All financial practitioner levels.
- **Status 1A**: All financial practitioner levels with:
- One million dollars current insurance
- Current First Aid
- **Status 2:** Senior Level 1, 2 and 3 members with:
- One million dollars current insurance
- Current First Aid
- **Status 3:** As above. Must have sent a copy of a receipt to Head Office for verification.
- Members must be **financial** and have a commitment to ongoing education (average of 100 CEUs per year).
- Clients must be provided with a formal receipt clearly indicating the practitioner's name, AMT member number, practice address (no PO boxes), phone number, client's name, date of treatment and nature of treatment (i.e. remedial massage treatment).
- All health funds require our members' practice address. When you receive your next renewal form you will be asked to provide your practice or business address (no PO boxes). Failure to do so will result in your name being removed from the health fund listing.
- Please send a copy of one of your receipts to Head Office with your renewal form.
- Professional receipt books with the AMT logo are available from head Office for $15.00.

AMT CEU SURVEY REPORT

Compiled by Sonny McNamara

The AMT CEU survey was included in the June 2001 edition of *In Good Hands* and was intended to elicit ideas from members about their perception of the effectiveness of the CEU system.

The response rate was quite low (2%), which adversely affects the statistical validity of the results of the survey. In layman's terms this means that it is unclear whether the results truly reflect the opinions of the greater membership of the AMT.

However, in analysing individual respondent's answers, some common themes were evident:

- All respondents liked the idea of a CEU system to maintain professional and educational standards.
- There is a wide range of opinions on what activities should attract CEUs. This ranged from hands on work to formal education to purchasing professional materials.
- Members in regional areas feel disadvantaged in accessing activities to gain CEUs due to geographical distance.
- A perception that part-time or lower level members should have lower CEU requirements.
- The cost and limited range of AMT accredited courses is a barrier to gaining CEUs.
- In general, about half of the respondents felt disadvantaged in obtaining CEUs.

Some very good suggestions to improve the CEU system were made. These include:

- A mentoring system to assist both experienced and less experienced therapists to gain skills and therefore obtain CEUs.
- Increased clarity on how a member can inform the AMT that they have completed a course or activity and be recognised with CEUs.
- A greater range of professional activities need to be rewarded with CEUs.

RESULTS OF THE SURVEY

Number of Surveys Distributed: 1100
Number of Reponses: 24
Response Rate: 2%

Number of Respondents to survey by level of membership
General: 11
Senior Level 1: 8
Senior Level 2: 4
Senior Level 3: 1

Do you believe that the CEU system is a good thing?

Yes: 21
No: 1
Yes/No (both marked): 2

Do you believe the CEU system serves the purpose of encouraging members to increase their skills and knowledge?

Yes: 23
No: 1

Is the CEU system fair and equitable for your current situation?

Yes: 12
No: 11
Yes/No: 1

How do you accumulate the majoriy of your CEUs?

Certificate courses: 7
Workshops & seminars: 9
Annual Conference and AGM: 8
Volunteer work / Sporting events: 6
AMT Committee & local meetings: 4
Currently don't have points/still completing studies: 2
Home study module & self assessment questionnaire: 4
Delivering lectures: 1
Exchange Massage with professional peers: 2
Contribute Article to AMT newsletter: 1
Journal subscription:1
Opted not to accumulate CEUs: 1

Additional comments or challenges reported by respondents when attempting to accumulate CEUs:

- "Workshops advertised in the Newsletter cover areas that I already have expertise in."
- "I've done study in a course which I believe is relevant but the CEUs don't adequately recognise this course"
- "The only way I can get enough points is by going to the AGM + Conference" "(and this is unfair)".
- Competing demands due to family responsibilities
- Difficulty for members in remote/regional areas to access courses

Continued overleaf …

CEU SURVEY RESULTS

WHAT CHANGES WOULD YOU MAKE TO THE CURRENT SYSTEM?

- Include years of service as a Massage Therapist or length of membership with the AMT.
- Include study in Allied Health Disciplines ***(Three respondents)***
- Use a wider range of teachers with a wider range of skills to offer
- Progression to higher levels of membership by accumulating CEUs.
- Clarity about how to submit a certificate for a completed course to the AMT to gain CEUs - perhaps a form could be included in each newsletter. ***(Two Respondents)***
- Greater recognition for a wider range of courses. Too few AMT accredited courses ***(Three respondents)***
- No changes to the CEU system ***(Two respondents)***
- Award points for buying equipment such as books / CDs / Meditation tapes / oils & creams which increase professionalism.
- Lower level members or part-timers should be expected to accumulate fewer CEUs than higher level members as general level members generally practice part-time. ***(Two respondents)***
- Higher level members should need to accumulate fewer points.
- Increase the CEUs gained for hands-on activities such as voluntary work, sporting events, delivering lectures and working in a clinic, and exchange of massage as these are "hands on" activities which are very important. ***(Two respondents)***
- Higher CEUs for educational courses. Need more one day workshops.
- Decrease the number of CEUs required.
- A mentoring system could be implemented and both parties could gain CEUs in the process ***(Three respondents)***
- Provide a bonus number of CEUs for members who live in regional areas to compensate for difficulty in accessing courses.
- Increase the number of courses in regional areas to assist with gaining CEUs.
- "A complete overhaul is needed" (No recommendation).

AMT Calendar Of Events

JANUARY TO JUNE 2002

- The letter V indicates that the number of CEUs is Variable - depending on the number of hours attended.
- Courses accredited by AMT attract 5 CEUs per hour.
- Courses not accredited by AMT attract 4 CEUs per 3 hours.
- Please check dates and venues with the contact person before you attend.

JANUARY 18-21st	Myofascial Release 1 – Fundamentals (32 hours). Presented by Paul Doney Peridor Health Schools, Bondi Junction. Ph/Fax: 93880699	160
FEBRUARY 16, 17, 23, 24th	Myofascial Release 1 – Fundamentals (32 hours). Presented by Peter Wells Green Point Community Centre, Greenpoint (Gosford) Ph: (02) 43844263	160
22-24th	Myofascial Release 2 - Unwinding (20 hours) Presented by Patricia Farnsworth The Centre, Cnr Cook and Francis Street, Randwick. PH/Fax 93880699	100
MARCH 23rd	Articular Therapy - Lower Extremities (Please see insert) Presented by John Pollard The Centre, Cnr Cook and Francis Street, Randwick Ph: 95179925	25
APRIL 5-8th	Myofascial Release 1 – Fundamentals (32 hours). Presented by Paul Doney Peridor Health Schools, Bondi Junction. Ph/Fax: 93880699	160
MAY 20-24th	Myofascial Release 3 – Advanced (60 hours). Presented by Patricia Farnsworth Peridor Health Schools, Bondi Junction. Ph/Fax: 93880699	300
JUNE 18, 19, 25, 26th	Myofascial Release 1 – Fundamentals (32 hours). Presented by Peter Wells Green Point Community Centre, Greenpoint (Gosford) Ph: (02) 43844263	160

AMT Annual Conference will be held on September 21st and 22nd in the Blue Mountains
Stay tuned for more details

PHOTO COMPETITION

AMT is in the process of reprinting our very popular "What is Massage Therapy" brochure and we invite all members to participate in our competition to find a new, exciting, and relevant photo for the cover.

To enter, simply send us a copy of your photo and clearly mark the back with your name a OR email it to us (as a .TIFF file), and include your name and contact number.

The competition closes on 15th January 2002.

The judges decision will be final and no correspondence will be entered into.

AMT (NSW) Ltd will retain ownership and copyright of any photos used.

If you would like your photo returned, please send a stamped self-addressed envelope.