In Good Hands

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

December 2002

PRESIDENT'S MESSAGE

By Geof Naughton

Firstly I would like to thank Tamsin Rossiter and her helpers for a very successful and enjoyable 2002 AMT Annual Conference at Wentworth Falls. Unfortunately, some members missed out because of the large number of people wanting to attend.

The dates for next year's Conference have tentatively been set for 20th and 21st September. Pencil those dates in your diary now and, when the booking form is sent out with the June Newsletter, **BOOK EARLY SO THAT YOU DO NOT MISS OUT**! The venue has not been finalised but it will be somewhere in the Sydney metropolitan area.

Membership fees: you will notice on page 17 that one important matter to come out of the AGM was the decision to raise our fees. The major reason behind this decision is to enable AMT to employ another person for one day a week to work on Health Fund and Insurance related matters.

Membership fees have not risen for the past three years and this increase represents a rise of approximately 5% for General Level members. You will also see that there is a difference in the percentage change between the various levels of membership - this is because the Executive has the long-term aim of 'flattening' the fee structure to decrease the discrepancy between levels.

Formation of the Alliance: meetings convened by ATMS were held for the purpose of forming an "alliance" to discuss issues of common interest amongst various associations representing the complementary and alternative therapy fields. The Alliance folded earlier this year due to a lack of interest from sufficient associations.

WorkCover NSW: have advised that remedial massage therapists will become listed with WorkCover if they meet minimum criteria. This will include participation in a WorkCover training program. Further details will be sent to members as they become available.

AMT Sports Team: – due to an apparent lack of interest from members, the Executive decided to disband the Team. Items of interest to members will continue to be advertised in our Newsletter and Bulletin Board.

Head Office Staffing: – from the 1st of October, AMT will employ one person for 37.5 hours per week and another for 19 hours per week.

Equine Massage: last November, Diana Glazer represented AMT at a meeting to discuss the accreditation of a Diploma of Equine Massage. Should this course start AMT will need to consider our attitude towards the concept of recognising Equine massage and the possibility of an appropriate section of membership.

Amalgamation: after members of the Association of Remedial Masseurs overwhelmingly rejected a proposal to amalgamate with the Society of Clinical Masseurs (SCM) in Victoria we were made aware of moves to amalgamate certain massage associations from other States. AMT was not initially invited to participate in these moves. Later AMT was invited to join with associations from Victoria (SCM and AMTA), South Australia (PMRTS and SAMTA), Western Australia (WAAMS) and Queensland (QAMT) in a move towards amalgamation. The AMT Executive decided that, in light of our previous dealings with some of the people involved in this proposal, the best course of action was to sit on the sidelines and watch. AMT has asked the participants to keep us informed of progress. If the amalgamation proves to be successful then we will reconsider our position.

Library: Head Office now has a small library of health and massage related books. Unfortunately, we don't have the facilities to make this into a lending library. If any member would like to come in to read the books they are welcome to do so by making an appointment. We would love a volunteer with librarian skills to catalogue the books and would also welcome book donations from members.

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NEWS FROM THE STATE COUNCILLORS

BLUE MOUNTAINS Tamsin Rossiter

It has been a hectic year and there is still no sign of slowing down!

I would like to thank everyone involved with the Conference (including Blue Mountains members and Head Office staff) for their assistance. I think it was a great success and we received lots of positive feedback.

Since the conference I have been laying low from AMT responsibilities. However, the tireless Leonie Dale has continued to coordinate volunteer massage events in the Mountains. On the 11th October Leonie took a group of massage therapy students to the Bodington Aged Care Facility in Wentworth Falls to provide massages for the staff and residents during their Stress Less/Mental Health Week.

Once again Leonie supervised massage for the annual Blue Mountains Grammar School sponsered walk at Bungawarra. The 45km walk raises money for charity. Students, staff, family and one dog were all lucky recipients of post-event massage. A very successful day was enjoyed by participants and massage therapists alike.

MACKAY Val Jenkins

The Mackay Branch had a very successful and active year. We held five meetings: two of the Executive Committee and three General.

In February, Brendan Byrne demonstrated the use of magnets in therapy and in July Gaye Ashman provided an overview of Kinesiology. This was new ground for most of us.

My School is active, albeit at a deliberately lower level. This year we are introducing a distance education module in Anatomy and Physiology which will be taught and assessed by Joel Morrell.
The public acceptance of Natural Therapy is thriving in Mackay and all practitioners are doing well. I now have three workers in my clinic. Further, it is pleasing to note that four members of the Branch attended the Annual Conference.

HUNTER Elizabeth Matsen

Pilates instructor Robert Duff gave an interesting talk and short demonstration at the Branch meeting in July. We learned that the primary aim of Pilates is to improve core strength and stability by improving the action of transversus abdominis. The exercises focus on the strength of muscles rather than stretch.

At the same meeting, Hunter member Robert Herd gave an informative report on the workshops he attended at the International Symposium on the Science of Touch in Montreal (Canada) in May. He was particularly impressed with the current research being conducted in Canada and the US on the effects of massage therapies and he is keen to set up similar studies and research programmes here. Anyone interested in participating in these can contact Robert at Hunter Branch.

At the September meeting, our guest speaker was Godfrey Fong, a traditionally trained acupuncturist. Godfrey gave a fascinating and entertaining talk about the theory and practice of acupuncture. He uses an acupuncture machine to apply an electric current through the needles, to stimulate the meridians. Godfrey demonstrated this technique on an adventurous member who had never had acupuncture (Bravo Gerry!).

Central Coast and Hunter members gave their time and skills to massage walkers participating in AB's Trek for Kids in October. All those who received a massage at the end of each day were most appreciative of the efforts of members - John Cassidy, Ian Eggleton, Terry Chitty, Pat Bolsover, Megan Matthieu, Chris Minto, Jean Pearce, Dan Gould, Robert Herd, Elizabeth Matsen, Bev Purdon and John Cavanagh.

A Breast Cancer support group pamper day was held at Lochinvar in the Hunter Valley on 3rd November. This is a regular event and members generously gave their time to the women who attended. John Cavanagh recruited Scott Kozary, Chris Minto and Jean Pearce to provide massage.

The fledgling mentoring programme (launched in May) is running on an informal basis at this stage. I hope more new members will take advantage of the benefits of being mentored.

ACT Malcolm Coulter

There has been a lot happening during Spring in the Canberra region. Massage Therapy Awareness Week was successfully held in the second week of September. Activities were on a smaller scale than in previous years but still achieved the aim of increasing public awareness of our profession.

The success story of the event was Pat McCudden. Pat took the opportunity to promote massage therapy and his own business in two shopping centres in Queanbeyan. The direct results of his initiative and effort have been quickly realised. By maximising his use of this promotional occasion, Pat has created a busy practice!

The ACT region was well represented at the annual conference in the Blue Mountains. Those of us who ventured 'into the hills' were richly rewarded with an interesting, inspiring and informative experience. Thank you Tamsin and team.

The inaugaral ACT Health and Fitness Expo took place at the end of September. AMT members were involved at one of the display booths. The event was organised by Fitness ACT and is expected to become an annual fixture on our calendars.

I would like to thank Rob Carew, Robert Brown, Paula Battersby and Alan Ford for their support over the last two years. I also greatly appreciate the members who have regularly attended meetings and other activities during this period.

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The Privacy Act and your client

To provide the best possible therapeutic results for your client and address individual needs, you will need to collect personal information. This information will include contact details, date of birth and medical history.

To fulfil the obligations of the Privacy Act provisions you should:

- recognise that the client's information is private and belongs to the client
- tell your client the specific purpose for which personal information is being collected
- allow your client to access their personal information to check for inaccurate, incomplete or out of date information and to amend the records if necessary
- take reasonable steps to ensure personal information is kept confidential, secure and protected from unauthorised access or use
- never discuss client information with anyone other than the client without their permission. Ask your client's permission before passing information on to third parties
- display the enclosed "Privacy Statement" in your practice

NOTE: your notes in a client file create a permanent record of an event that may be made public if the files are subpoenaed by a court. Take care to only include information necessary for your treatment.

LETTERS TO THE EDITOR

Rubber stamp riposte

I am writing in reply to the letter written by Graham Thomas and published in September 2002 issue of 'In Good Hands'.

Firstly, I did not have to fill out lots of forms and send multiple copies of all my documents to myriad health funds. My Association does this for me! Well, they endorse me for all the health funds on the list that is published in each Newsletter and on the website. What does this mean? Simply, when I first upgraded my membership from Student to General Level and provided AMT with a copy of my insurance and Senior First Aid certificate, I was eligible for a few health funds and was able to use my AMT number as a provider number with most of these. With my insurance, First Aid and CEU information up to date, AMT HO was able to give my name (on a list with other eligible members) to all the health funds listed as status A and B.

When I completed my studies at TAFE, I upgraded to Senior Level One membership and became eligible for provider status with more health funds. Some of these funds required me to use a provider number issued by them after I signed a form. However, some of them were happy to use my AMT member number.

After ascertaining which health fund a client belonged to, it was simply a matter of adding (by hand) the relevant provider number if required, as my receipts already had my name, ABN, practice address, phone number and AMT number printed on them. This alleviated the need to have multiple rubber stamps made!

As the current Office Administrator I get many enquiries from members who do not clearly understand the process of obtaining health fund provider status. AMT has a strong commitment to providing information to our members and to this end we provide an expansive list of health funds and information pertaining to eligibility for provider status in every Newsletter and on our website. We also provide information in the form of articles, such as 'Are Health Funds making you sick?' in our September 2001 newsletter.

My suggestion for an inexpensive way of putting all provider numbers and different addresses on receipts is to have small address-type labels printed (or do it yourself on your computer) and stick these to the relevant receipt. Cheaper and easier than rubber stamps and they don't smudge! Do it yourself labels mean that you can change them or add to them at any time, for example when you move or add another clinic address.

My suggestion to those members who are tired of wasting massage time filling in forms is to let your Association do it for you! That is, keep up to date with CEUs, Senior First Aid and insurance and inform Head Office of all of these. Also, let us know if you change your address etc. We send a comprehensive list of all eligible practitioner members to each health fund every month. If your details change and you do not let us know, you may be taken off the list.

My final suggestion – read your Newsletter, encourage your colleagues to read their Newsletter and check out our website!

Melanie Elsey

Rubber stamp riposte revisited

Graham Thomas' receipting system seems to have spun out of control. Who in their right mind would purchase 71 rubber stamps when there is no need to do so? (unless, of course, your next of kin owns a rubber stamp business and you are trying to keep their failing enterprise afloat!).

No medical specialist, GP, physiotherapist or other health care provider has a separate printed tax invoice/receipt for each practice address, so why does a humble massage therapist have such a stationery catastrophe?! The logical solution? … a combined tax invoice/receipt that services all your clinic locations.

The information required by health funds is:

At the top of your stationery
- Your registered practice name and ABN
- The street address of your **primary registered practice**
- Your postal address if it differs from your street address (e.g. PO Box number)
- Your phone number, fax number etc
- Your name and AMT membership number

In the body of your stationery
- The client's name and address
- Referred by (necessary for Worker's Comp or Third Party)
- Date of referral
- Health Fund
- Provider number

These details can be filled in by hand

If you are working from multiple locations you could have a series of boxes at the bottom of your invoice to indicate which location the receipt is being issued from by ticking the appropriate box,
e.g. ☐ Strathfield, ☐ Granville, ☐ Canberra

If you have notified the Health Funds of each location you work from and used the correct provider number for that location, you have fulfilled all the necessary requirements. No rubber stamps, no drama … just professional stationery which reflects the professional service you have provided. And with all the time you have saved you can ponder how your next of kin will stay in business without your patronage!

Penny Wardle

Take a deep breath

By Glen Wilton

Breathing - it is something that we do thousands of times every day. We take it for granted … it just happens. Or does it? Have you considered that faulty breathing may be the cause of neck and back pain?

The diaphragm is the primary muscle of inhalation. The efficiency of this muscle can be compromised by faulty breathing patterns, resulting in 'thoracic' or 'chest' breathing. This is quite easily identified when you observe the chest rising and falling on inspiration/exhalation rather than the abdomen and chest moving in and out.

Chronic chest breathing promotes the excessive elevation/depression of the clavicle and shoulder girdle. This results in hyperactivity of accessory breathing muscles such as the scalenes, upper trapezius and levator scapulae. Myofascial trigger points and fibrosis can develop in these muscles which then may refer as pain symptoms in the head and neck region.

Postural considerations such as excessive thoracic kyphosis (which can compress the diaphragm) and forward head posture (hypertonicity and shortening of scalenes) can also result in, and be aggravated by, faulty breathing techniques.

From this we can see that the way we breathe can significantly influence the health of our muscles in the thoracic and cervical spine. Faulty respiration can also weaken abdominal and pelvic floor muscles and increase tension through the erector spinae.

WHY DO WE BREATHE WITH OUR CHEST?

If you watch a baby breathe, their abdomen rises and falls with very little elevation of the shoulders. Perhaps we ***learn*** faulty respiration as we get older to combat stress and anxiety levels. Next time you have a stressful experience, notice how you tend to hold your breath for longer and take shorter, faster breaths. You may even sigh afterwards. This sigh allows you to relax your neck and upper back so you can take another breath in. This indicates that you have probably used your neck and shoulder muscles to hold your breath. Imagine the effect on those muscles if you were suffering from chronic stress or anxiety for extended periods!

TESTING FOR FAULTY RESPIRATION

You can assess the client for faulty respiration in three positions:

1. STANDING

- Client is asked to inhale whilst you observe the abdomen. It should protrude on inspiration.
- On inhalation observe or feel the rib cage. It should expand horizontally.
- On inhalation there should be no excessive elevation of the clavicle.

2. SEATED

- Observe client in a seated position. Watch for slight protrusion of abdomen. It may only be subtle but there should be some outward movement.
- On inhalation, there should be significant widening of the ribs laterally.
- On inhalation there should be no excessive elevation of the clavicle.

3. SUPINE (THIS TAKES AWAY ANY POSTURAL LOADING INFLUENCE)

- Place one hand on the abdomen and one hand on the upper chest. On inhalation, the abdominal movement should predominate. Faulty breathing can be observed if the chest movement predominates or there is a 50/50 relationship.

Note: The most severe dysfunction is seen when the abdomen actually moves inwards during inhalation and outwards during exhalation. This is known as **paradoxical respiration** or **reverse breathing.**

RE-EDUCATION OF FAULTY RESPIRATION

EXERCISE 1

Firstly, it is beneficial for the client to ***feel*** how they are breathing. Ask them to try the above supine test by placing one hand on their abdomen and one hand on their chest, monitoring how both hands move. If they notice that their chest moves more than their abdomen, then show them this retraining exercise:

- Whilst in the supine position slowly exhale through pursed lips, noticing how both the chest and abdomen move inwards.
- Breathe in through the nose filling the abdomen with air. The goal of the exercise is to make about 80% of the movement occur in the abdomen. Practice this method also in the sitting and standing position 3-5 times per day and each time do 3-5 repetitions.

Exercise 2

- Sit in a chair with arm rests for support.
- Slowly exhale through pursed lips.
- Whilst taking a deep breath in through the nose, press down onto the arm rests with the elbows. This action will help switch off upper trapezius and levator scapulae.
- Perform this exercise 3-5 times per day and each time do 3-5 repetitions.

So the next time a client comes to your clinic complaining of muscle tension and pain in their upper thoracic and cervical spine why not consider assessing and re-educating their breathing patterns … you may be surprised by what you find!

Allan Border's Trek for Kids

Around 60 AMT therapists put up their hands and volunteered to support Allan Border and his team of dedicated followers during their month long charity walk. Here are some massage-related highlights from the first week of their trek.

Day 1: Report from Diana Glazer - We must have appeared like angels from heaven! No one knew we were coming but as soon as they saw the massage tables, feet came out of ice buckets and people started to scurry around to showers. AB, Mrs AB and Dean Jones all had massage, as did a couple of corporate walkers. AB and 'Deano' both confessed to not having massage before because in their day it was thought to be somewhat sissy. After about half an hour with me I think they changed their mind!

Day 2: Report from Diana Glazer - I have been adopted by Dean Jones who is loud when he is enjoying the massage and even louder when he is not! I promised to bring some tape for his mouth on Day 3 so that the others could enjoy their massage in peace. Phil Kearns could still take a tough massage today but Dean was very tender and all had blisters due to the rain.

Day 3: Report from Ian Eggleton - Massage is now an integral part of the daily routine for the trekkers. "Where's the massagers?" is the first thing heard as they end their day, followed by "Massage now, shower later". Mr and Mrs AB are both handling the walk extremely well. They have both prepared their feet for the ordeal. Lower extremity was again the order of the day. DJ is suffering in the leg department, blisters and Achilles. Phil Kearns looks too fit, only a small blister on one foot to watch out for. We figure AB, who has received very little massage prior to this event, will be in tip top condition when he hits Brisbane, mainly due to our massaging each day.

Day 5: Report from Meagan Mathieu - Today there was some casualties - DJ, under medical advice, is not walking for about seven days due to Achilles problems and there are some mighty blisters for Phil Kearns (who may be making up for DJ in the noise department). AB is holding up well, no specific complaints or problems and no signs as yet of any blisters. However, everyone is still in fantastic spirits, knowing how much walking is still ahead of them.

Day 5: Report from John Cavanagh - Two AMT therapists and 8 sore feet with bodies still attached. AB is in very high spirits and said he was feeling better each day - obviously gaining in match fitness. He expressed deep appreciation for the work we therapists are doing for his effort. They are also impressed by the public support being given to the team as they proceed along.

Day 6: Report from Chris Minto- Four eager AMT therapists were on hand to provide 8 people with some very welcome relief after a long walk 38-40 KM. from Wyong to Swansea. Phil Kearns was first on the table, said he needed massage more than he needed to watch the football on TV. I have great admiration for these athletes walking with many blisters on their feet. All were very grateful for relief provided for their tired bodies.

The Ileocecal Valve Syndrome

By John Pollard, D.C.

The supreme art of a bodyworker includes the ability to distinguish between the circumstances in which a client's back pains are caused by: a) a mechanical strain/sprain injury as we might commonly expect or b) a visceral-somatic reflex, a problem that exists more often than you realise. The symptoms of both can occur in the back, hip or spine. There's no question about that. The question is what is the true cause of the back pain. The division I use when explaining this tricky concept to clients is whether their symptoms are caused by a structural/ biomechanical problem or for an 'organic' reason, typically one of the digestive organs.

So what is a visceral-somatic reflex anyway?

A visceral-somatic reflex is a neurological event created when a stressed or diseased organ begins to signal its major malfunction to the brain. This signalling takes the form of increased motor neural activity (which isn't perceived by the client), which increases to the point of spilling over into the sensory nerves at the level of the spine. This causes anywhere from a slight nagging ache in a joint up to moderate or extreme back, shoulder, rib, hip or knee pain. You name it, there's a visceral somatic reflex to a joint. The heart is famous for the pain down the arm. Gall bladder attacks are often only discovered when the shoulder pain drives the client to the hospital. The one all Massage Therapists will benefit by knowing about is called the Ileocecal Valve. We will explore this one in-depth in a moment.

The tricky element of the visceral-somatic reflex is that the client in your office will not even be thinking of any kind of digestive problem creating their pain. They will say they were lifting a box or stretching or doing anything mechanical when they became aware of their pain. Perhaps they were … thus, they think that this activity is what 'caused' their current complaint and that's why they have come to you. It takes an experienced practitioner to recognise when a case history might really be covering a stressed or diseased organ state. I might add that many massage therapists I have treated seem to have this problem more frequently than other professions. I have no idea why this might be though! *(I happened to by one of those statistical likelihoods! – Ed)*

I can't remember the last time a client with crippling low back pain came into my office and the Ileocecal Valve **wasn't** the underlying cause. I'm talking about the kind of client who makes you cringe when you see them trying to get out of the car with three people helping them into your clinic …the ones who take 10 minutes to turn over on the table. These people commonly say stuff like "I woke up this way", "I didn't do anything", "I was just brushing my hair or "I felt sore for 3-4 days and thought it would go away and then this". (My favourite example is the one of a shop assistant who was brought to her knees from the strain of swiping a customer's credit card.)

So, I hear you thinking, this has to be their back … it's a slipped disc, a pinched nerve or a muscle spasm. Right? Obvious? Well, not exactly!

The Ileocecal Valve Syndrome is the classic visceral-somatic reflex, which brings me to particular relevance of this syndrome to massage practitioners. This type of back pain is no respecter of gender. In fact, I would say women are more prone but then again men are less likely to get diagnosed properly when they have the problem. But let's face it – current medical practice is clueless about this situation so it is up to the informed bodyworker to be on the lookout for when the valve is implicated in their clients' back pain and help them deal effectively with the syndrome.

So what exactly is this Ileocecal Valve?

The Anatomy of the Ileocecal Valve

The digestive system is one long tube, from the opening at the mouth right through the centre of the body and out the back door (for fans of H.G. and Roy!). This tube is divided into various sections that perform the digestive functions most appropriate to each phase of the process. In simplified overview, the mouth begins by chewing (hopefully) to mix food with saliva, which begins partial digestion. The Stomach is a storage sack that digests proteins if given half a chance. Secretions from the Pancreas and then the Gall Bladder continue to process the food. The last two sections of this tube are called the ilium (small intestine), and the cecum (large intestine) and this is where our story gets specific.

THE ILIUM (SMALL INTESTINE)

The ilium is like the kitchen area of the digestive canal. By the time the 'chyme' or undigested matter gets to this section, the nutritional bits have been prepared and placed on plates. They are just about to be 'served' by absorption through the walls of the small intestine where these bits will be delivered to the liver via the portal vein for further processing. The by-products of digestion (waste materials) consist not only of non-nutritive bits of food but also chemicals like pesticide residue, food additives, and waxes and dyes which are hopefully kept from being absorbed. This toxic stew is gathered and bundled up in readiness to move into the Large Intestine for further processing. (I use the metaphor of the kitchen extensively when I am explaining this concept to my clients: once the food is chopped and diced it is ready to be put on the table. The residue of preparing the meal, say the carrot tops or the onion skins or the gristle on the meat, is placed in the garbage disposal, supposedly never to return.)

THE CAECUM (LARGE INTESTINE)

Once the waste enters the Large Intestine, there is still lots of natural processing to be done - water absorption, bacterial break down, immune this and immune that. In essence, the biological activity of the cecum is radically different from that of the ilium. The juices in these two sections should not mix. Let's revisit our kitchen metaphor briefly. What would happen if you turned on your garbage disposal but forgot to put the cap on the unit? You don't want the contents of your garbage spread all over your food.

THE ILEOCECAL VALVE (ICV)

To prevent the exact scenario described above, nature has provided our intestines with a sphincter type valve. It is called the Ileocecal Valve (ICV). When it functions properly the transport of digesting food is a one-way system. The ICV prevents the backwards movement of waste from the large intestine to the small intestine. If the juices mix from these two separate areas of digestion, then the body creates a toxic reaction and this is what brings on your client's symptoms. The ICV should function in a similar way to its big brother, the anal sphincter, which remains closed most of the time, opens to pass through intestinal contents and then closes again.

Symptomology

The ICV can cause many different symptoms and is known as the 'great mimicker'. Here are some classic symptoms caused by the ICV, all of which I consistently treat in my clinic:

- Sudden onset, sharp low back pain that feels just like a disc, especially when sitting or driving. No back strain incident/history.
- Stabbing, shooting low back pain or leg pain when turning left or right. Can be either side, but it usually goes down the front or side of thigh.
- Bending forward is always the most difficult to the gaseous ball in the gut.
- Sitting is comfortable, also standing, but after sitting for a while and then trying to get up it is almost impossible. Same for driving.
- Sciatica-like symptoms, especially when nerve tests have ruled out true sciatica
- Pain around the heart, especially after an "iffy" meal (fatty, sugary, spicy, seafood)
- Headaches which are
  -sharp pinpoint pain, especially left side at the back of the skull, behind the ear
  -dull and throbbing, forehead general
  -migraine type
- Chronic runny sinuses, infections
- Dark circles under the eyes *(Jon English must have the mother of all ICVs! - Ed)*
- History of diarrhoea on and off, especially alternating with constipation
- Any of the disease syndromes, social clubs and medical protectorates such as Crohn's Disease, spastic colon, irritable bowel syndrome, ulcerative colitis, diverticulosis etc.

Before I learned about the Ileocecal Valve Syndrome (ICVS), my attempts to treat these symptoms were feeble. Many practitioners I knew used physical therapy and ice until the symptoms died down a bit. Of course, most clients thought I should just be able to click something or rub their back and make it go away. Gladly, those days are behind me and the people who stagger through the door with crippling lower back pain are the lucky beneficiaries. It certainly pays to be savvy to the pernicious sphere of influence of the ICV.

How does a Massage Therapist determine Ileocecal Valve Syndrome (ICVS)?

As a chiropractor I learned about the ICVS from my esteemed teachers in Applied Kinesiology, a field of knowledge which many of you may have studied. As an Articular Therapist I have been thinking how to describe this syndrome to my fellow massage therapists as I am convinced we are dealing with exactly the same clients. Once you help one or two of your clients with this problem, you will get a quick education on what treating the ICV can do for your reputation.

START WITH THE CASE HISTORY

Once you know what to listen for, you can sometimes determine ICV syndrome from the client's description of their onset of pain. These are some of the easy indicators right out of your client's mouths:

- "I was fine when I went to bed but when I woke up I couldn't get out of bed… "

- "It wasn't too bad; it was sore for a few days… I thought it would go away, but then it just got worse"
- "It just seemed to start in the morning and then got worse during the day"

As you continue to listen you will get more clues:

- As they describe their pain, they aim their hand at a general area around the lower right quadratus lumborum area or run their hand down the front of their thigh.
- They describe a pain which abates when they are standing after a bit, but if they sit down for a while and then try to get up it's big trouble.
- They are okay typically, except when sitting in a car, and rotating, as in checking directions, or turning at their desk.

If you suspect ICVS always ask the client about the meal they had before the back pain started or, if it was breakfast, ask about last night's dinner. If they had prawns, oysters or any bottom feeding seafood carrying a viral payload this is a big signal. Also, listen for the word Indian, Chinese, Thai, "barbecue" or "two people got sick but I was okay" - all of this points directly to the ICVS. Some of the trickier things to listen for are side comments:

- I've been having a lot of gas lately… bit of diarrhoea bit of constipation… haven't been regular"
- I felt sick after I ate pizza, McDonald's, KFC"

You should also keep your ears tuned for the classic "lower back accidents' that don't quite add up. For example, a mechanic said to me "'I lifted an engine and my back went". I asked him how many engines he lifted a day. "10 to 20," he replied, "for the last 22 years." He had never had an episode of back pain before - why all of a sudden? In this case it was the barbecue he'd attended on the weekend!

When first treating a client you would generally take their assessment of cause at face value. But you could also start thinking ICVS when you are treating someone for a typical back pain but your magic touch just doesn't seem to be working. You may have achieved some good results initially but then they levelled off. In fact, you could even be stirring symptoms up for a while after treatment. Or perhaps, like the author of last newsletter's letter to the editor, you have traced the client's symptoms around to the lower right quadrant already.

Mechanical back pain clients have had their problems since they were 20-ish and it comes and goes with typical patterns of use. (They also have an obvious tight hip on one side or the other) The ICVS client may also have had this problem since being young with a diagnosis of irritable bowel but no usage pattern. And when you test this person's hips for fixation expecting an obvious cause, they turn out to be quite flexible and balanced at the hips, discounting the mechanical cause theory.

Check for ICV signs

This is where the investigative bodyworker goes looking with intention for some typical signs or patterns of ICVS. If you suspect ICVS you can pretty much tell right away by two major physical signs.

1. Palpate the ICV Area

- Client is supine, with knees bent at around 45 degrees. This is to relax the belly and the back.
- Standing on the right side of the client, facing headwords, cup your right fist into your left palm and lightly - and I mean lightly - press the back of the left hand into the client's lower right quadrant (where the appendix would typically be). Apply pressure cephalad and towards the client's left shoulder. (I typically wrap my hand in a towel, so that it is towel, fingers and then fist in order doing the pressing up towards the shoulder). If this causes any kind of pain, it will probably be quite noticeable and distinct for the client, plus you may feel swelling, gas, gurgles and all kinds of whacky things.
- As you press in, if the client's lower quadrant pushes back at you, this is an autonomic response caused by a defence mechanism in the valve. There will often be a 'puffy ball' feeling that will reduce with treatment.
- Check your client's face to see if they flinch, feel pain or are neurologically distressed by this contact. If you observe any of these signs then the ICVS is present. If you are lucky, pressing the valve will cause the client's back pain to exacerbate.
- If there is no ICV involvement, then your hand will encounter no resistance and sink deeply into the intestine and the client will easily tolerate the pressure up towards the left shoulder and you will feel nothing out of the ordinary.

2. Palpate the T-12 Area

If you are still not sure, assess the area of musculature around T-12 (the nerve classically associated with the ICV). The best way to go about this is with the client seated and straddling the table. Stand on their right side and use your left hand to palpate the spinous processes on the right side of T-12. You can also use your right hand on the client's shoulder to guide them in lateral flexion. As the client bends, palpate the spinal muscles and the vertebral movement (or lack thereof). Compare this with lateral flexion on the left. If most of the structural and muscular tension in the spine seems to emanate from the right side of T-12 then this completes the ICVS diagnosis.

The reason for this dramatic sign on the right of T-12 is that the ileocecal valve itself is 'on fire'. The open valve is allowing the juices from the two sections of the intestine to mix, which creates a lot of gas and it is the **stretch** nerve fibres that create all the pain. The ICV is acting like a cattle prod and sending extreme numbers of nerve messages to the

brain complaining about the situation. However, these nerves do not contain pain fibres: they are motor nerves. The overflow of nerve impulses spills out at the spine, which triggers sensory nerves that **do** register pain in the muscles next to the vertebra. These side spinal muscles then go into hypertonicity (which may or may not be felt directly by the client). What the client feels as a symptom can be anywhere north or south of T-12 or they may feel pain only when they try to bend or rotate.

Treatment protocols

You've done the tests and confirmed your first ICVS. Now what? Maintaining the position described above to palpate the ICV, press and hold the lower quadrant area **up and towards the left shoulder**. Press as deeply and as towards the left shoulder as you can without hurting the client beyond a point. I say this because simply doing this alone has to cause some pain when the valve is open but the pain is just bearable for the client.

Once the pressure on the ICV itself is held up and towards the shoulder, while still holding that position rotate your fist in a clockwise motion, **keeping the pressure on**. I do this at the speed of one clockwise circle per second for about 1 minute. Because I am continuing to hold this pressure steady, by the time my first minute is finished, the intestine will be softer and more pain free.

Next, the client and I rest for a minute during which I explain the philosophy and logic of the ICV to the client. I repeat for another minute, rest 1 minute and repeat one more time. By the third time the palpation, pressure and rotary massage should be easier on you and much better for the client as well. On a tough case, I might do 5 or six repetitions, but there's an excellent chance the client will feel a bit bruised from this. For the right client, though, it is a godsend. Usually 3 repetitions will do enough for a big win for the client. The best proof you could get is when your client does stand up and move around, they are **much** freer and more able to move. And all this by working the ICV only!

Knowledge and teaching proper treatment of the ICVS is an awesome privilege for the practitioner as your clients are generally very grateful for the knowledge of the syndrome. Treatment by itself is very effective but there must to be a high level of self-care maintained by the client for the benefits to continue. You must teach your clients how to palpate and massage their own ICV and encourage them to check their valve 5 times a day until the problem is well and truly gone. It should then be checked once a day as part of a basic health maintenance routine.

If you would like a sample of the form I use for this purpose in my clinic please let me know. If you email me at johnpollard@bigpond.com or send a self addressed stamped envelope to John Pollard, 170 Oak Rd, Kirrawee, NSW, 2232, I would be happy to send you the sheet that I give to all my ICVS patients so you can use it in your clinical situation.

ANNUAL CONFERENCE 2002

MACKAY MEMBERS ENJOY PROCEEDINGS
By Val Jenkins

A few reasons why it's great to attend an AMT Conference:

- CEUs!
- It's tax deductible - airfares, taxis, and conference fees, the lot!
- You learn heaps, thereby being able to pass this on to your clients to benefit their treatments.
- You meet up with the friendliest colleagues and network with other therapists.

The list goes on!

Four Mackay Branch members attended the Conference (three of us flew down together). Two of the girls were billeted and taken great care of with true Blue Mountains hospitality.

The tone was set for a fabulous Conference from the first welcoming address. The Choir was simply magic.

The guest speakers were excellent, the food was great (loved the hot soups for lunch) and generous prizes were raffled.

The trade displays were once again very good - we are already using new massage creams in the Clinic - and also gift vouchers and brochures.

It was a great pleasure to see Diane Glazer receive the Award of Excellence. She has worked so tirelessly for AMT over the years and raised standards through her continual and persistent efforts. Well done Di, you really deserve it!

My congratulations to all the people involved in working together to arrange a fantastic 'true country hospitality' Conference. Tamsin and team, you really excelled yourselves - your huge efforts obviously paid off, making the whole event an unqualified success.

ROBIN HILL STUDENT MASSAGE THERAPIST OF THE YEAR
Dana Fletcher-Scully

Robin Hill was a dedicated TAFE teacher who believed in massage therapy and its benefits. She inspired TAFE students, many of whom are now TAFE instructors themselves. Tragically, this inspirational woman died, but she left an impressive legacy.

The Robin Hill Student Massage Therapist of the Year Award is presented annually to a New South Wales massage therapy student. This year I was the fortunate recipient. I am thankful to Robin for her endowment and I am equally grateful to the TAFE instructors who gave me the skills to achieve this Award. Without their dedication I would not be the therapist I am today.

These men and women have given their heart and soul to educate my fellow students and me. We take their knowledge, their time and their energy. I don't know how to begin to thank them for the belief they have in my skills. My heart wants to burst with appreciation for their generosity.

Thank you Trish Colvin, Patricia Cooper, Margie Markus, Margarite Rummery, and Byron Smith. You provided me with the knowledge and the skills to be the best, which reflects the calibre of instruction I received.

AWARDS

AWARD OF EXCELLENCE

Diana Glazer

MASSAGE THERAPIST OF THE YEAR

Leonie Dale

ANOTHER MODALITY BITES THE DUST?

By Rebecca Barnett

Stepping into the breach left by our erstwhile mystery reviewer, and due to popular demand for further reviews (thank you to the member who contacted us!), your somewhat emotive editor penned the following vociferous rant.

I have a theory. Well actually, I have many theories but not all of them could be classified as products of a sound mind. However, I certainly have at least one theory that has stood the test of many massage treatments. It goes something like this: the quality of any given massage is inversely proportional to the amount of oil applied in the first few minutes of the treatment.

As far as I am concerned, you can gauge how good a massage therapist is likely to be long before they lay their hands on your body. And one of the key indicators is to count how many squirts of the oil bottle go by before the therapist is satisfied they have enough crude to lubricate the square-acreage of your integument. Which brings me to the crux of this review …

We will call the therapist in question L. (wow, I imagine this is how Albert Camus felt when the was writing T*he Plague*!). L. practises a form of treatment known as body contouring. Apparently, one of the central precepts of this discipline is the belief that the body is absolutely perfect as it is. This may explain why L. Did not feel compelled to take any sort of history – after all, what a piece of work my body must be: a paragon of perfection, in form and moving how express and admirable, in flexion and extension how like an angel, in hypertonicity how like a god. This belief may also explain some of the focus and time that went into effleuraging my philosophically faultless buttocks but now I am just getting ahead of myself.

L. Was visiting from interstate, doing a few weeks of treatments while he was in Sydney (he still has clients over here apparently). A friend of mine asked if I would be willing to lend him my portable massage table for the duration of his visit. I happily agreed to do so, thinking I would be doing a fellow therapist a good turn. L. offered me a free treatment as a way of saying thank you for the loan.

The problems started before the treatment had even begun. L. instructed me to "Strip to undies and lie face down" and then showed no signs of leaving the room to give me some privacy in which to complete the process. Now, I know it is always difficult to make assumptions about the way someone normally practises based on a colleague-to-colleague interaction. You might just let a few things slide because you assume shared knowledge and you are amongst friends. But I can only compare this scenario with another recent treatment I received from a male colleague I know considerably better than L. and with whom I have a far more established rapport. M. dropped in on his way back from the AMT conference and kindly offered to give my overused body a much-needed treatment (god bless him!). Even though the situation was not as formal as your average client treatment, M. still took the time to do a verbal case history and a thorough postural observation. He then insisted on leaving the room while I changed down. Slight difference in approach and attitude.

Back to L.'s treatment - I stripped down to my underpants hurriedly (floral, bikini brief … but a good therapist would never pass judgment on my choice of smalls!) and flung myself onto the table. L. began with a few simple contacts on the back without oil but then the marinating began.

L. tucked the towel into my underpants and pulled them down to the level of my ischial tuberosities, exposing The Full Botty. I thought this was a little odd at the time but I figured that access to the glutes is a recurring theme amongst therapists who are agin the underpant so I wasn't overly concerned. He then proceeded to apply so much oil I felt like a fairy penguin awaiting the arrival of the animal rescue team after the latest oil tanker disaster.

In the hour or so that L. worked on my body, he never really moved beyond the most basic of palmar effleurage strokes. It is the first time I can say I was actually bored by a massage. In fact, I wavered between boredom, irritation, censure and aversion for the entire duration of treatment. There was not a single moment where I felt like I was truly being palpated … the quality of L.'s touch seemed to lack any sense of purpose or intent … at least until he made it to my glutes which received a lot of tender loving care and circular motion. I am not sure what was more unnerving – the fact that L. started breathing rather heavily at this point or when he appeared to stop breathing altogether for three minutes. Perhaps I should not quibble about this, though, because at least there was the slight suggestion of downward pressure from the thumbs when L. moved onto my lower back 15 minutes later.

At the risk of offending the sensibility of some readers, this languorous attention to my bottom felt like a double insult. Not only did it suck as massage, it also sucked as foreplay – outrageously inappropriate in the context it was performed anyway. The point here is that I've had far more private areas of my body palpated (chiropractic adjustments to my pubic bone, for example) and never felt even remotely violated. It all boils down to a simple matter of intent.

L. covered the grease trap that my back had become with the towel and began working on the back of my legs. More non-specific and purposeless effleurage. Thankfully, he pretty much avoided my adductors completely so there was no suggestion of groping.

When L. turned me over, he respected my privacy enough to hold up the towel. Problem is, he then proceeded to peer over the top of it. Then he stood behind my head and lifted the towel up again so I could put my hands underneath it, completely undraping my chest in the process. At this point, I seriously believed there was a chance I might have to call a halt to the whole process because I was now utterly convinced the guy was a sleaze-bag. For those of you who are wondering why I let it run to this point let me explain: sometimes I think it is hard to draw the line between deliberate sleaziness and plain old sloppiness or slackness. But the sloppy and slack need to be aware that anything they do during a treatment can be misconstrued. However, the dispassionate professional in me just wanted to see exactly how bad it could get - after all, this is the sad reality of an internally diverse industry, with a largely ignorant and uninformed public at its mercy.

Fortunately, the rest of the treatment was so unremarkable I can't recall anything specific. It was neither ethically questionable or technically memorable. To borrow John Cassidy's well-turned phrase, he must have been an arse man. But there was one last crowning glory. When the treatment was finished, L. left the room without saying anything. It was half a minute before I realised he was gone because I was lying supine with my eyes closed wondering when it would all end. I registered his absence and assumed (hoped!) the treatment was over, skidding off the table like an undercooked, battered Sav.

I suspect that the whole experience was meant to be deeply spiritual and that L. may even have believed that he was reconnecting me with some deeply-repressed primal energy but it was basically just offensively lame and dodgy. He told me that I was obviously a very intuitive person and I am not sure what stopped me from saying "So, does it bother you that I have intuited you as a scumbag?".

This will definitely be the last time I lend a massage table to a fellow therapist without being thoroughly convinced of their professionalism and ability. I was ashamed to think that I let this guy loose on members of the public using my table … insult to injury!

I desperately wanted to resurrect "The Finger" for L. because I really believe he warrants it. Instead I have given him half a star in acknowledgement of the fact that he at least performed a hair pull … The rest of the treatment was the most woeful I have ever experienced.

Five stars: return visit mandatory. Don't tell your friends in case the therapist gets to busy!
Four stars: return if needing further treatment
Three stars: relaxing but I wanted more … and I don't mean extras!
Two stars: hmmm, avoid at all costs
One star: need we say more?

A reminder to student members and members employing students

STUDENTS MUST ALWAYS IDENTIFY THEIR STUDENT STATUS TO THE CLIENT. This may be in the form of a letter that the client signs e.g. "I understand that I am receiving Massage Therapy from a student therapist who is performing Swedish Massage techniques only."

A student **WILL NOT**:

- treat pre-existing conditions
- use advanced or corrective techniques or those learned at workshops etc. outside their main course of study
- give therapeutic advice to clients

Students are only qualified for Swedish Massage - to enhance a sense of wellness and not to treat a condition of illness. Illness or injury, acute or chronic, of any type or degree falls outside the range of work permitted to students.

How to distinguish between therapy and relaxation

Make a decision when taking an appointment or during your history taking procedure. Listen for key verbal signals when questioning the client. Negative verbal signals indicating pre-existing conditions would include:

- "I've seen 3 doctors and none of them helped…"
- "I've come because my chiropractor was busy"

  "My physio says I should get a massage regularly…"

The above indicate that a primary care practitioner is treating the condition that has prompted the request for massage and student level therapy is not appropriate. Similar negative warnings that indicate either acute or chronic conditions include:

- "I got this sudden pain when I was doing…"
- "It's been troubling me for weeks, nothing helps"

Conversely, positive verbal signals that indicate that the client's need falls within a student's level of skill as recognised by AMT are:

- "I had unscheduled overtime and I've had it - I need a good massage"
- "I never sleep well working nights - I need help to relax"
- "I'm a waitress, my feet are killing me"

These indicate fatigue, temporary overwork or discomfort of a purely transient nature which would be appropriate for the level of training you have completed and been assessed in.

World Cycling Championships

By Alan Downes

I was invited to join the Australian Track Cycling Team as Massage Therapist for the World Championships held in Copenhagen from the 25th to the 29th of September.

Prior to the championships, a training camp was held in Germany so I commenced duties with the team of 8th September. The team comprised 19 athletes, 14 men and 5 women. Chiropractor Maggie Barry was also on deck, performing massage in addition to her other professional duties.

Very few of the athletes had received regular massage prior to the training camp so most were very tender during their initial treatments. Most of the pursuiters or endurance riders had been racing with their professional teams in Europe so their workload had been very heavy. Despite the tenderness, most riders demanded and received very firm massage, eliciting no small degree of pain. However, as massage sessions became more frequent, muscular adaptation was rapid.

Two training sessions were held per day during the camp in Germany. The sprinters were content to have their massage between sessions while the endurance athletes preferred to wait until training was complete for the whole day. Generally, deep longitudinal gliding was applied to legs, with transverse work applied to the gluteals, ITB and TFL. Treatments averaged 40 minutes unless other forms of remedial or therapeutic work was required The team flew to Copenhagen on the 21st September and, during this period of training taper, massage treatments also tapered. A normal pre and post-event regime was instituted during the last days of training and the competition proper.

On the first day of competition, Australia claimed two gold, a silver and a bronze in the three events contested. At the conclusion of the championships, Australia was the dominant nation with the highest tally of medals overall and the highest number of gold.

It was a great experience to be part of the resurgence in Australian track cycling. The only small regret I have was that I had to cancel my subscription to the Annual Conference!

The Treasurer's Relief

By Joel Morrell

By order of the auditor
I am empowered to report,
The audit is in order
And not one penny short.

The accounts were properly counted
And your money wisely spent
And not one single officer
Was discovered to be bent.

And thus I may, this happy day
Assure each lass and gent,
Your books were properly balanced
And without embezzlement!

Health Fund Status

Health Funds and Societies	Status
ACA Health Benefits Fund (SDA Church)	A
ANZ Health Insurance	A
Australian Unity	F
AXA Australia Health Insurance (National Mutual Health Fund)	C
Cardmember Health Insurance Plan (American Express)	C
Cessnock & District Health Benefits Fund	C
Commonwealth Bank Health Society	A
Federation Health	C
Gay & Lesbian Health Fund	C
Geelong Medical Benefits Fund	C
GMF Health	C
GMHBA	C
Government Employees Health Fund	C
Grand United Friendly Society	C
HBA	C
HCF	C
Health Insurance Fund of WA	C
Independent Order of Oddfellows	A
Independent Order of Rechabites (IOR) Health Benefits	A
Latrobe Health Services	C
Manchester Unity	B
MBF	D
Medibank Private	E
Mildura District Hospital Fund	C
Mutual Community	C
National Mutual Health Fund	C
NIB	C
NRMA Health	C
NSW Teachers Federation Health Society	A
Queensland Country Health	A
Railway and Transport Hospital Fund	A
Reserve Bank Health Society	A
St Luke's Medical & Hospital Benefits Assoc	C
Super Health Plan	C
United Ancient Order of Druids Friendly Soc	C
Victorian WorkCover Authority	C
Westfund Health Fund	C

Status Levels:

A. All AMT practitioner levels

B. All practitioner levels with:
- One million dollars current insurance
- Current Senior First Aid (Level 2) certificate

C. Senior Level One, Two or Three members with:
- One million dollars current insurance
- Current Senior First Aid (Level 2) certificate

D. As per C above and have sent a copy of a client receipt to Head Office for verification

E. Senior Level Two or Three members who have completed an application form (available from HO) and with:
- One million dollars current insurance
- Current Senior First Aid (Level 2) certificate

Please note: some Senior Level One members may qualify upon AMT's assessment of their qualifications etc

F. Senior Level Two or Three members with:
- One million dollars current insurance
- Current Senior First Aid (Level 2) certificate

To be eligible to remain on the above Health Fund lists:

1. Members must be financial and have a commitment to ongoing education (i.e. an average of 100 CEUs per year)
2. Clients must be provided with a formal receipt, either computer generated, or with rubber stamp or address labels clearly indicating practitioner's name, AMT member number (eg: 1-1234), practice address (no PO Box numbers) and phone number. Client's name, date of treatment, nature of treatment (i.e. Remedial Massage), and particular health fund provider number may be handwritten.
3. Health funds require that AMT provides them with a practice address for each member – failure to supply these details to us will result in your name being removed from health fund listings
4. If you have more than one practice address, please notify AMT Head Office of all relevant addresses
5. Please include a **copy of one of your receipts** (for each practice address) to Head Office with your next AMT membership renewal or correspondence. For further information, please check out the AMT's website.

AMT Calendar Of Events

January to June 2003

- 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.

		CEUs
MARCH 9th	Anatomy Wet Lab, Exploring the Body University of Sydney, 9am – 1pm Please see insert for details. Ph: 95179925	20
24th or 26th	Functional Core Stability Presented by Sonja Schulze. Ph: (02) 4782 5092	35
MAY 5th	Functional Leg Alignment Presented by Sonja Schulze. Ph: (02) 4782 5092	35
JUNE 2nd	The Dysfunctional Shoulder Presented by Sonja Schulze. Ph: (02) 4782 5092	35
23rd	The Stable Spine Presented by Sonja Schulze. Ph: (02) 4782 5092	35
SEPTEMBER 21-22nd	AMT Annual Conference Sydney (Venue TBA). Ph: 95179925	100

AMT Policy on Refunds For Workshops and Annual Conference.

AMT will provide the following Refunds for cancellations of bookings made within the following periods:

1. up to 4 weeks before the event	**Full Refund**
2. less than 4 weeks but more than 2 weeks	**Cost minus 15%**
3. less 2 weeks but more than 1 week	**Cost minus 25%**
4. less than 1 week	**Cost minus 50%**

No refund will be given after the event.

Deadline ...

for the next issue of In Good Hands will be 1st February 2003. If you wish to discuss an idea please call Rebecca Barnett on 0414 732873 or email contributions to rebeccabarnett@bigpond.com