

## President's Report

By Tamsin Rossiter

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Drafting this first report in my new role as AMT President gave me pause to ask, 'How did I get here?' Three months into my presidency, and I am still not quite sure... although I do recall a lot of encouragement, perhaps cajoling, from certain members of the AMT Board. So now, here I am ready for action!

For those of you wondering who I am...

I have been a proud member of AMT for the past seventeen years. I held the position of Chairperson for the Blue Mountains sub-branch for eight years and I have been a Director of AMT since April 2008. Moreover, I chair the AMT Ethics and Discipline Committees. I am also currently Head Teacher of Allied Health, Life Sciences and Complementary Therapies (Massage Therapy) at the Western Sydney Institute of TAFE, Blue Mountains campus.

For many years I ran a highly successful massage practice in the Blue Mountains. I have also worked in a variety of clinical settings including a women's health centre, a health retreat and at a number of different massage practices in Sydney and the Blue Mountains. I continue to run a small private massage practice.

I hold an Associate Diploma in Health Science (Massage Therapy), a Bachelor of Health Science and a Graduate Diploma in Vocational Education and Training. I am passionate about massage therapy practice, education and research.

Since gaining my massage qualification in 1993, I have witnessed significant changes in the industry.

Notable changes have been the increased acceptance of massage by the general public, within mainstream health care, by the private health funds and by WorkCover. More recently, I have seen the advent of regulatory changes such as the amendment to the NSW Public Health Act requiring all unregistered health professionals in NSW to display a copy of the NSW Code of Conduct in their clinics. I am excited and stimulated by the thought of future changes such as the development of the National Codes of Conduct and Practice for Massage Therapists.

Such changes in the industry are not random events but occur through many years of hard work, lobbying and campaigning by dedicated practitioners as well as leadership by associations such as AMT. I would like to acknowledge all past Presidents, Executive Directors and AMT members for their involvement in the advancement of massage as a respected and effective form of health care. I look forward to working with our current team of members, regional representatives, directors and office staff in continuing to raise the profile of massage therapy and AMT, as Australia's leading massage therapy association.

I couldn't ask for a better time to be taking on this role. AMT is looking good! We currently have our largest membership ever and continue to grow at a sustainable pace. We are financially stable and working effectively within our budget constraints, demonstrating sound financial management policies.



in good hands

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We have a fantastic team of directors who have been busy behind the scenes establishing committees and terms of reference to guide the function of these committees.

I am well supported in my role by the tireless and innovative efforts of Vice President, Colin Rossie. And I would be hesitant to take over the position as President if it were not for the effervescent presence of Director and Secretary, Rebecca Barnett. Her extraordinary knowledge of the industry, her diplomatic negotiation skills, her intelligence and sheer tenacity make her one of AMT's most treasured and valuable assets.

Our sub-branch office bearers make an outstanding effort in the name of promoting massage and massage therapists. And our two dynamos in the office, Katie and Linda, do an amazing job of looking after our membership. All this makes the prospect of my role so much more appealing, and perhaps goes at least part way towards answering my opening question!

Finally, I would like to thank our outgoing President, Alan Ford. To quote Alan from the 2008 Annual Report, 'The Association is on an even keel for the months and years to come'. As I read this comment, images of Alan in his past life in the navy came flooding to mind... Alan, at the bow of the HMAS AMT, in starched white shorts and long white socks, looking a little relieved as the shore comes into sight but also justifiably proud, having guided the vessel through stormy waters so that he can hand over the helm to a new captain. None of which adequately explains why the theme from Gilligan's Island is running through my head now...

Alan has done a remarkable job as President. He has established a strong sense of unity amongst the executive, regional managers, members, and the industry at large. His clinical experience and management style has enabled him to undertake the role of President with confidence and competence. Thank you Alan for leaving everything so ship-shape!

I look forward to working with all of you in the future and hope to meet as many of you as possible at the conference in Sydney in October.

■amt

## Need CEUs?

Journal question -  
June edition

**What is the tensegrity  
antagonist to  
piriformis around the  
sacroiliac joint?**

Please write your answer in the space provided on your CEU record sheet and retain it until you submit the form with your annual renewal. Blank CEU forms can be downloaded from:  
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## Guidelines for Authors

Have you ever thought about contributing to *In Good Hands* but not been sure how to go about it?

Check the AMT website for our *Guidelines for Authors*.

As well as the opportunity to pass on your knowledge and see your name in print, there are CEU points to be earned.

## Attention all AMT members

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## DEADLINE

**Deadline for the  
September 2009 issue  
of In Good Hands is:  
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## Secretary's Report

by Rebecca Barnett

I'm pleased to announce that registrations are officially open for the 2009 AMT conference at The Novotel in Brighton-le-Sands, Sydney. This year's theme is 'Upwardly Mobile' and will feature some old favourites on the program, such as Paul Doney, Leonie Dale and Susan Davis, as well as newer voices to AMT such as Linda McClure, Dr Judith May and keynote speaker, Associate Professor Jon Adams.



This year's conference is a somewhat auspicious event for AMT as it marks our 20th outing since the inaugural conference in 1990. On the occasion of AMT's first conference, we received a letter of congratulations from the then Prime Minister, Bob Hawke, acknowledging the significance of the event to both the massage therapy profession and the wider Australian community.

Bob Hawke's sentiments are as relevant to us today as they were when he wrote them. Indeed, his comments seem almost prescient, especially in light of twenty years of advocacy, developments and progress in the industry we know and love.

Here is the text of his letter in full:

***'I am pleased to have this opportunity to congratulate the Association of Massage Therapists for its initiative in organising its Inaugural Conference.***

***'We all, quite understandably, focus a lot of our attention on our economic wellbeing, but it should also be the case that we pay close attention to what we could call our "health stocks". Good health is an individual and national asset of considerable value about which every Australian deserves to be better informed. In particular, I believe that more knowledge on preventative health care would allow us to have a more direct and positive impact on our own health status.***

***'A positive approach to preventative health will ensure that we don't become over-reliant on drugs and invasive therapies. With the benefit of a more personal responsibility for our own wellbeing, we can help to strike a correct balance between curative and preventative treatments.***

***'It is also important, however, that the efficacy of alternative health therapies, which can assist individuals to maintain good health and avoid health-damaging behaviour, should be well established. One way of doing this is for people who are directly involved in this area, both consumers and practitioners, to be able to evaluate and openly discuss the options and procedures being proposed to advance our health.***

***'It is in forums such as this Inaugural Conference that this process can proceed and I wish all participants a fruitful weekend.'***

**R J L Hawke**

Striking a correct balance between 'curative and preventative treatments' is a key issue for our profession. It is at the core of the crucial ongoing dialogue about who we are, what we do and where we fit in a rapidly changing health marketplace. The issue of identity must also necessarily be at the core of any strategic advocacy that AMT undertakes on behalf of its membership and the industry at large.

In the quest for mainstream acceptance as a health intervention, it has been enormously tempting for our profession to merely mimic the health establishment. Slavishly adopting a biomedical model as the template for our treatment protocols and procedures may hasten us towards a kind of narrow advocacy goal but it comes at the cost of half the 'health stocks' which Bob Hawke referred to in his letter.

Massage therapy still has an enormous role to play in the domain of wellbeing and preventative health.

If we wedge ourselves too tightly into the 'fix it' paradigm that tends to characterise the biomedical approach, we are effectively cutting off half our body of work and flagrantly ignoring (or worse, disregarding) the lion's share of our clinical evidence base.

A willingness to embrace the paradigm of wellbeing and prevention as a valued part of our scope of professional practice doesn't necessarily mean a diminution of our education standards or an abandonment of science or even an inexorable slide into the arcane world of the 'hyper-alternative'. In fact, I remain passionate about massage therapy gaining recognition as a mainstream approach and I'd personally like to see us shirk our alternative title completely.

Rather, staying present and effective in the domain of wellbeing and prevention is actually an enlightened and progressive acknowledgement that scientific method is evolving. We have a responsibility to evolve with it. If we don't, we are at risk of trying to board a train that left the station a very long time ago. Meanwhile, the biomedical model of healthcare looks increasingly tired, outmoded and expensive.

It seems fitting that these issues, so insightfully articulated by Bob Hawke almost twenty years ago, will be featured in sessions at the Conference this year. Pleasingly, both Susan Davis and Leonie Dale, who have witnessed our progress first hand as long-term members of AMT, will be able to report on just how far we've come since that first conference.

Inspired by revisiting Bob Hawke's congratulatory letter, we invited the Federal Minister for Health, Nicola Roxon, to deliver the keynote address at this year's conference. Sadly, she is unable to attend due to a prior engagement. Our letter to Nicola Roxon is reprinted on page 4 for your interest.

### Conference registrations

Online registrations are available again this year in addition to the traditional hard copy forms that come with the conference brochure. If you register online, you will receive instant confirmation of your breakout session choices. Just follow the online registration link from the AMT home page: [www.amt-ltd.org.au](http://www.amt-ltd.org.au).

Please be aware that popular breakout sessions are likely to book out early this year. Take advantage of our early bird savings and make sure you get your first choice of workshops by getting your registrations in as soon as possible.

### 2009 Annual General Meeting

Our 2009 Members' Day/Annual General Meeting was a rousing success, with around eighty keen members and a few non-members in attendance. The program proved to be so popular that we couldn't satisfy the demand. Sincere apologies to the thirty members we could not accommodate. We will work on restructuring the program next year so that we don't have to turn people away again!

Members travelled from as far afield as Victoria and Queensland to attend proceedings. For those of you who missed out on the excellent presentations, courtesy of renowned physiotherapist Trish Wisbey-Roth and our very own Jeff Murray, there are two reviews on pages 14-16 of this Journal.

The Annual General Meeting included some lively discussion on AMT's continuing education requirements and a formal, if slightly teary, farewell to Alan Ford as outgoing President. Fortunately, we will retain Alan on the Board as immediate past President for at least another year.

The AMT Board is excited by the prospect of working with our first female President in nine years. We welcome Tamsin to her new role.

### Election of Office Bearers

The following AMT office bearers were nominated unopposed and duly elected at the close of the 2009 AGM.

**President:** Tamsin Rossiter  
**Vice-President:** Colin Rossie  
**Secretary:** Rebecca Barnett  
**Alan Ford:** Director  
**Kerry Hage:** Director  
**Dave Moore:** Director  
**Jeff Murray:** Director  
**Derek Zorzit:** Director

### 2008 Annual Report

The 2008 AMT Annual Report is available for download from the AMT website. Members who do not have access to the internet can request a hard copy from head office. Please call Katie or Linda on 02 9517 9925.

The 2008 Financial Statements were ratified by members at the AGM, after some incisive questions from John Eades! They have now been lodged with the Australian Securities and Investments Commission, in line with the requirements of the Corporations Act (2001).

### 1 July 2009 looming – health fund accreditation rules

In less than a month, the new private health fund accreditation rules will come into effect. AMT has recently undergone formal, in-office audits by Australian Regional Health Group and Medibank Private. Our Executive Officer, Linda Hunter, has also been working hard to ensure that AMT can fulfil the new reporting requirements of the funds. In fact, preparation for the transition has been massive. If any of you still have doubts or questions about where your annual membership fees go, I would ask you to consider the enormous hours that are invested in ensuring that we can continue to represent our membership to the private funds. Thanks to Linda for all the hours she has recently dedicated to making sure our members continue to be recognised by the funds without interruption.

Throughout the transition to the new rules, most of the onus has been on the associations to demonstrate their compliance. As individual members, your only responsibility is to continue to report to us about your CEU activity and to send us copies of your Insurance Certificate of Currency and Senior First Aid Certificate, when you renew them.

**It is now more important than ever to make sure that you send copies of your insurance and Senior First Aid Certificates to head office as soon as you receive them. By law, the health funds cannot honour claims made for services delivered by a therapist who is not insured or not current with first aid. It's as simple as that. Even a hiatus of a month is not acceptable and client claims will not be rebated.**

**Please assist us by sending copies of these documents through to head office as promptly as you can every time they are renewed.**

■ amt

*The Hon. Nicola Roxon, MP  
 Minister for Health and Aging  
 PO Box 6022  
 House of Representatives  
 Parliament House  
 Canberra ACT 2600*

*Dear Nicola*

*The AMT Board warmly invites you to deliver the keynote address to delegates at our 20th National Conference on the morning of Saturday October 24, 2009 in Sydney. We anticipate that around 250 delegates will be present at The Novotel, Brighton-le-Sands.*

*Established in 1966, AMT is the premier advocacy association representing qualified Massage Therapists in Australia. For over 40 years we have worked closely with government agencies and private health funds to promote Massage Therapy as a key component of preventive health. As early as 1983, we worked with HCF to make rebates available for treatments provided by a qualified Massage Therapist.*

*On the occasion of our first National Conference in 1990, Bob Hawke wrote to AMT commending us on our endeavours to professionalise the industry and promote the mounting evidence base for the health benefits of Massage Therapy. I have attached a scanned copy of his insightful comments for your interest.*

*The AMT Board believes that our delegates would benefit greatly from a clear understanding of government's future health policy and the part that Massage Therapists might play in mainstream healthcare delivery. We would be honoured by your presence at this occasion.*

*I look forward to your response.*

*Yours sincerely  
 Rebecca Barnett  
 Company Secretary*



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## News from the regions



### **Blue Mountains by Nicole Benaud**

The Blue Mountains group continues to have a good turnout at our meetings. Our last meeting in February focused on breathing and was presented by the wonderful John Bragg. Some of you will remember John's presentation at last year's conference as one of the highlights. The effects of breathing difficulties on thoracic musculature were discussed and observational tests demonstrated. It was a fascinating discussion that encouraged massage therapists to think outside the square a little more when evaluating clients and their presenting symptoms.

Our next meeting will be on 2 July, when we have a local Hawaiian massage specialist, Mai Lynn, as demonstrator. Mai Lynn has for many years taught Hawaiian massage as a specialty to students at the Blue Mountains TAFE College. Her presentation is always a favourite with students. Mai Lynn performs the technique to joyful, upbeat music and has a graceful, dancing style that is wonderful to watch.

Look forward to seeing you there!

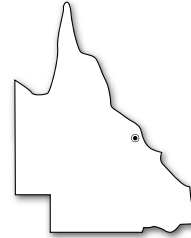


### **Hunter by Paul Lindsay**

Our March meeting was well attended to listen to our guest speaker, Dr Robert Sillar, talk about skin cancer. Dr Sillar has been a general and cancer surgeon for a career spanning over 40 years, and has been an educator in the field of surgical oncology and melanoma. He stressed how critical it was for massage therapists to be able to identify skin cancers, as early detection could prevent a client's premature death. His presentation showed how to identify skin cancers, and was accompanied by photographs of different cancers with particular emphasis on melanomas. We all found his talk informative and felt better prepared to keep watch for this dreadful condition.

In the past, Hunter branch conducted bi-monthly voluntary massages for residents of Ronald McDonald House. This year a lack of sufficient volunteers looks likely to cause this activity to be cancelled. Other charities have been approached to provide an alternative avenue for voluntary massage, so far without any success.

Our meeting on 19 July will be a combined AGM and workshop entitled 'Sciatica, Piriformis Syndrome and Hip Pain'. The cost for AMT members will be \$120 and bookings can be made through head office. Members from regions outside of Hunter who wish to attend should contact me for more details.



### **Mackay by Annie Kirchner**

We had a great attendance at our February meeting. Naturopath Patrick Thompson talked about the effects that our emotions have on our physical body, followed by a discussion on how to recognise specific physical and emotional issues which may result from various occupations and lifestyles.

We are all looking forward to playing host to Colin Rossie when he comes to our beautiful city of Mackay in June. Colin will be holding his Scoliosis workshop on 13–14 June and will be guest speaker at our branch meeting.

Our August meeting should be very interesting with Susan Wilson as our guest speaker. As well as having a twenty-five year career as a counsellor, she also specialises in digestive issues. She practices the Horstman Technique and Cultural Bodywork.



## Mid North Coast by Jan Crombie

Another hectic month has passed with the running of the Country Energy Australian Ironman Triathlon in Port Macquarie. This year entrant numbers were down due to the economic climate but we still started with 1374 triathletes. We had 165 volunteer massage therapists and 22 helpers who worked from 2.30 pm until the last competitor finished at 11.20 pm. The therapists massaged 850 plus triathletes.



At the Saturday afternoon briefing session, each volunteer therapist received an AMT bag which included an AMT application form and products from Tiger Balm, Melrose Health, and Pryme who also supplied a Bubba Grub cooler. Again Firm-n-Fold supplied a massage table for a lucky volunteer prize and this was won by Xao Van from Randwick TAFE. A big thank you to all of these companies and to the volunteer massage therapists for your continued support.

A special thanks to the TAFE colleges of Kingscliff, Port Macquarie, Randwick, Loftus and Shellharbour who each year provide student therapists for the event. Also to the hard working teachers who accompany the students—you again made available a fantastic group—their level of dedication and commitment amazes me. To my hard working group of therapists, some who have been with me for seven years and keep coming back, thanks.



On the local AMT front, we had a meeting in February on Western cupping presented by Ianthe Paterson who had just returned from a course run by Bruce Bentley. Ianthe discussed the history, precautions and recommendations; cleaning and public safety; contraindications to cupping; as well as marks and benefits. Ianthe then talked about Russian cupping and finished with a demonstration.

At our April meeting, we had a members' forum where we discussed case studies and this was very well received. Our next meeting will be on 20 June 2009 at the Senior Citizens Building in Munster Street, Port Macquarie. All welcome.



## Sydney South by Kelly Walker

Erica Fielder gave an enormously informative talk on the alkalinity and acidity of foods. Erica explained that 'We are what we eat' and what we can do to balance our diet for optimum health. Thank you Erica for the effort you put into your presentation. We are all taking notice of the pH balance in our diets and considering the effect of too much acid in the body. Yes, those biscuits at the meetings have to go!

There was a great turnout for the second meeting of the year which was also the branch AGM. Positions were nominated and passed for President, Secretary and Treasurer. They are as follows:

Chairperson – Rene Goschnik  
Secretary – Kelly Walker  
Treasurer – John Eades

Thank you to both Rene and John for your work in the past year. We look forward to your enthusiastic and professional input at our meetings over the coming year.

Our next meeting is at 7 pm on 3 June in the Miles Franklin Room at Hurstville Library. The guest speaker is Warren Del Grande, Senior Pharmacist, and the topic is analgesics. Hope to see you there. For further information, call Rene 9547 0158.



## Riverina by Jodee Shead

Since the recent resignation of our Secretary, I am currently filling the roles of Secretary and Treasurer until our next branch AGM. Our President is Lance Boyd.

The Riverina branch covers a vast area and, at this stage, we meet once every three months. Our branch is very active though. In May, we hosted an Onsen Therapy course presented by Jeff Murray in Echuca. We are also in discussion with Paul Hermann regarding a Swiss ball seminar later in the year.

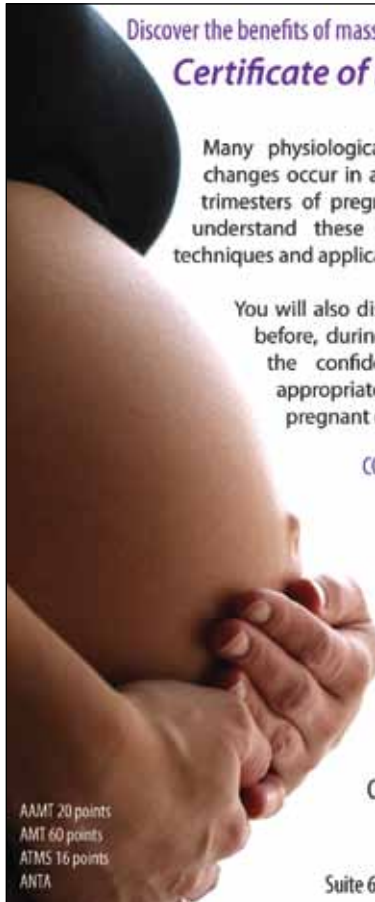
We end every meeting with a discussion and/or guest speaker. In the past we have had chiropractors, myotherapists, general practitioners and other health professionals giving presentations. This year we are concentrating on what our fellow therapists have learned and what they are passionate about.

Most of our regular meeting attendees were at the last AMT Conference in Melbourne and thoroughly enjoyed the weekend. We all learned some valuable information as well as partying hard at the dinner on Saturday night.

Our last meeting was highly energetic with Nicole McKenzie as our guest speaker. Nicole gave an informative and well-presented demonstration of the ten basic Swiss ball exercises from Paul Hermann's book. It was much appreciated and we learned lots from it.

Our May meeting featured fellow member, Seibren DeBoer, as guest speaker on the subject of professional ethics. This session built on a questionnaire that Seibren distributed at our meeting in February. The answers we gave were incredibly insightful—we obviously take our ethics and values seriously.






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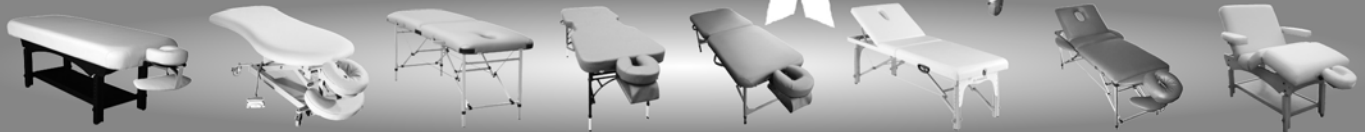
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## What is Structural Integration?

by Linda McClure

In the field of rehabilitative therapies, Structural Integration offers an effective adjunctive approach to chronic muscular pain syndromes and soft tissue dysfunction. With its emphasis on prevention and education, it applies a multilevel methodology to realign the musculoskeletal system. Moreover, the dynamic combination of myofascial restructuring, movement re-patterning and dialogue used in this therapy facilitates awareness between physical and psychological states and invites us to be more efficient and at ease in our bodies.

The collaborative process of Structural Integration works with the principles of holism, body-mind unity and mindfulness. These principles are not new to those of us in complementary medicine and most of us would agree that there is no true healing if the whole person is not embraced in the process. Structural Integration is an exceptional bodywork methodology that teaches these holistic principles in a systematic and structured way as part of its training program.

The Grand Dame and pioneer of the principles of Structural Integration was Dr Ida P. Rolf. Dr Rolf began her career as a researcher at the Rockefeller Institute in New York City in the 1920s after earning a PhD in biochemistry at Columbia University. She began investigating physical dysfunction when she observed that the conventional medicine of the day failed to help members of her family to adequately recover their health after injury. These initial investigations became the foundational principles for what has now become generically known as Structural Integration.

### How does it work?

Typically, individuals undertaking Structural Integration go through a series of 10 to 13 sessions.

During these sessions, the body's connective tissues are released and lengthened—beginning with the large prime mover muscle systems, then moving through to the smaller intrinsic groups or core structures that lie deeper within the body. This systematic progression lengthens and releases the fascial system, allowing individuals to reorganise their posture and general alignment and return it to a better functional state.

Movement education is also taught to re-establish more comfortable body usage patterns and maintain optimal ranges of flexibility, postural alignment and function. Each session focuses on important movement awareness cues that teach individuals how to be in their body in a more graceful and vital way. Hence, Structural Integration aims to affect the whole person, emotionally, physically and energetically, by altering the physical structure and habitual ways of moving.

Structural Integration also recognises that emotions and behaviour patterns are often related to our physical being. As impediments to balance are removed and the body comes into greater alignment, aspects of the self may also become more aligned. This realignment releases the potential for positive change by lowering anxiety, improving sleep, increasing confidence and maturing emotional expression. Practitioners often converse with their clients to help them become aware of how physical stance intertwines and influences mental and emotional states as well as belief systems. Another important principle of Structural Integration is that the body is significantly affected by the powerful force of gravity. In a misaligned state, the body's valuable energy resources are used inefficiently, labouring to keep a person upright in the field of gravity.

In addition, the stresses of daily life, physical injuries, unhealthy movement patterns and attitudes can take a toll on an individual's physical structure. Over time, the body shortens and tightens to accommodate stresses thereby creating stiffness, pain, fatigue and poor wellbeing.

We are all familiar with the individual whose head protrudes forward and whose ribcage is depressed. This posture is fairly common and makes a person look somewhat collapsed and deflated sending a message of defeat and possibly sadness. Conversely, the individual with an overblown, puffed up chest sends a message that they are trying to be something more than they are by saying 'I'm important, notice me'. These are caricatures of course, but we recognise the emotional message from the postural inclinations. You could call them unconscious postural strategies that have been employed for too long—they are starting to harm the individual's capacity for other expressions and are draining their vital energy.

During the Structural Integration process, changes in posture and structure are achieved by manipulating the body's myofascial system. The focus of Structural Integration is on the fascia rather than on the muscles—the fascia being the protective layer of connective tissue that surrounds each muscle and muscle fibre. Fascia gives muscles and bodies their shape and structural support. Structural Integration practitioners use a range of techniques to lengthen and reposition the fascia. The amount of pressure used and techniques applied varies.

A practitioner may use slow, deep, stretching movements, or constant applied pressure. With its focus on the myofascial system of the body, Structural Integration complements most other touch therapies such as massage, osteopathy, chiropractic, and even acupuncture.

### It's not old age

Because Structural Integration focuses on the systematic reorganisation and layered release of the body's connective tissues, there is a huge opportunity to increase flexibility and range of movement in the joints which is, after all, where we first feel restrictions. Reduction in flexibility, low energy and a decreased range of movement is often touted as old age creeping up on us; however, it is preventable if we keep our bodies flexible and moving.

Over time, Structural Integration has the potential to create as much flexibility and vitality in the body as a regular practice of yoga or Tai Chi. Of course it's not an either/or situation and we should not seek these things in isolation. An all-round program of bodywork, nutrition, flexibility and exercise should be pursued to maximise health.

### No pain, no gain?

Structural Integration uses a range of techniques that facilitate the unwinding process of fixed fascia by being able to reach deeply into the body without causing undue pain. A slow pace that is sensitive to the individual's levels of resting activation and sensation tolerance is required. If we penetrate too quickly into the tissue, a reflexive and defensive response can occur. This is a sure sign of too much speed with too much depth, and bruising could result.

The body can integrate the somatic information that comes through when the pace of a bodywork stroke is calibrated below the activation point of the individual's defensive reflex. To achieve this, client and practitioner are in constant communication and collaboration. Additionally, very specific practitioner body-mechanics, where body alignment is used with exquisite sensitivity to enable a powerful, yet gentle entry into the tissue is imperative. If the practitioner is off-centre or not harnessing gravity through their own structure, the client will experience the treatment as painful and unpleasant. The techniques of Structural Integration should not be experienced as 'hard' or something that individuals 'have to bear and go through' to get the best result—the overall experience should lie between art, dance and science.

### Empowering clients through active participation

During a Structural Integration session, the individual is often asked to engage in specific micro movements associated with the area being worked on. These micro movements, combined with the use of breath as the bodywork is performed, enhance and quantify the release. Session work is not only performed on a massage table; it can also be done with the individual in a seated position or even standing. This results in a dynamic and collaborative approach to the individual's process as they become directly involved in creating their own release.

As an example of how this can work, a practitioner will ask a client to flex and extend through the ankle while the tissue of the retinacula is taken laterally in line with the ankle hinge—this can be done on the table or standing. By working in this way, the practitioner maximises the slowness and depth of the stroke while at the same time the client is in charge of intensity levels because they are the ones increasing or decreasing their range of motion as they move the ankle. As the connective tissue releases, the client experiences their range of motion opening up in the joint within a few seconds of treatment.

### The body remembers

In cases of traumatic injury, the slow delivery of myofascial release and the individual's awareness and participation creates an opportunity for frozen defensive impulses to be reintegrated and for 'locked in' energy to sequence and discharge in an organic way. This is important because traumatic experience is classically about loss of control and a loss of competency, especially at the physiological level.

When a client lies fully supine, he or she is in the most passive and exposed position—the least desirable to be in after experiencing trauma.

Where we have to work with the client in the supine position, structural integrators support a client's process more effectively by placing one or both of their legs in a flexed position so that their feet are planted firmly on the massage table. This gives clients a sense of connection to their feet, aligns the spine and relaxes the nervous system.

It's a position that is somatically and psychologically less passive than being fully supine and allows clients to get a sense of volitional competence.

The next level of treatment is the seated work where clients negotiate gravity and alignment dynamically through their feet, legs and spine. This is usually combined with micro movements as the practitioner performs various myofascial releases. After the seated work, the most active and empowering stage is performed with the client in a standing position.



All of these options activate the strong, more extrinsic boundary musculature that supports co-ordination, confidence and postural competence. It is, by nature, a much more collaborative approach to treatment than completing the entire process on a massage table.

## Summary

Once the individual reclaims access to their true alignment, the body by definition is able to heal. As joints and moving structures become balanced and free, we have better access to the deeper process of integration. And, as our sensory abilities and perceptions awaken, opening a deeper relationship to self, others and our environment, our body, mind and energy fields become coherently organised within the greater organising energy field of gravity.

The practitioner of Structural Integration understands at a personal level that their path as a therapist is represented not only as a pragmatic practitioner of musculoskeletal therapy, but also as a path of personal growth and transformation. This is because personal alignment has a multifaceted implication at the physical, mental, emotional and spiritual level. It's a belief that underpins the structural integrator's practice and is offered to clients who seek to enhance their experience of themselves and explore new possibilities.

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*Linda McClure has been a Structural Integration practitioner and educator for the past 20 years. She studied with Judith Aston, a world-renown movement and rehabilitation expert and is a certified Aston Movement therapist. Linda is a graduate of the Colorado Hakomi Integrative Psychology and Integrative Somatics trainings and continues to have a deep interest in how our psychology (attitudes/beliefs/states) affects the physiology of our body (body-mind interface).*

*Linda specialises in rehabilitation, pre- and post-operative orthopaedics and practices as a counsellor and psychotherapist on the Gold Coast. She is currently completing a Masters in Counselling at the University of New England.*

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## In Memory of Paul Pandolfo

9.3.1952–11.3.2009

On 11 March 2009, Paul Pandolfo died as a result of complications from underlying health issues. Paul had been a member of AMT since 2003. He came to the massage profession in the later years of his life having previously worked as a painter and decorator in England. In Australia, Paul ran the Jannali Health Food Shop and Clinic before studying massage at Loftus TAFE in 2001 to 2003. Paul graduated from TAFE with a Diploma of Health Science and a passion for helping others through massage therapy.

Paul's enthusiasm, liveliness, humour and unique way of looking at the world were valued by all who knew him. As a student, he would frequently enrich class discussions with his classic observations on life which were wonderfully delivered in his melodic Manchester accent.

Paul had a warm and generous heart—he was all heart. As a regular volunteer in the massage therapy program at Villawood Immigration Detention Centre, his good nature was infectious. He had a unique ability to get on with everybody he came into contact with, from the security guards at the front desk whom he'd always get laughing, to the women in the 'women only' section who were completely comfortable with being treated by this affable man. At Villawood, Paul relieved pain with his massage skills and shed goodwill and light with his innate cheerfulness. He gave his time to the program at Villawood very generously.

Paul also had a successful massage business in Sydney at his own clinic in Loftus but eventually opted for a sea/tree change to Tasmania with his partner Wendi in 2004. It was not long before Paul had a thriving massage practice from his home at Seven Mile Beach. And he was soon invited to teach at Island Health College of Massage in Hobart and did so from 2005 to 2008.

Paul was always highly enthusiastic and motivated about the massage profession. Forever keen to learn new techniques and approaches, he never ceased to be amazed at the results that could be achieved. As a dedicated lover of the blues, Paul also joined a band in Tasmania called Loose Caboose and later, Groove Junction. He played bass guitar and the band performed regularly at local venues.

Paul's health issues never stood in the way of his ability to totally engage in and enjoy life. He leaves behind his daughters Hayley and Leah, his partner Wendi Williams, and a host of friends, colleagues and clients who loved and valued him. Paul we are so glad to have known you.

- Marguerite Rummery

## In Memory of Dan Gould

1950–2009

Former AMT member Dan Gould passed away, after a short battle with cancer, on Easter Monday. Dan was awarded a Diploma of Remedial Massage after studying at the Hunter College of Massage in 1996. On joining AMT, Dan soon volunteered as treasurer of AMT Hunter Branch and held that position for seven years, contributing much to the effectiveness of the branch.

Dan's working career began as an apprentice electrician with Nesca (now Energy Australia). He remained with that company until 1997. When he retired from his position as electrical inspector, his plan was to begin a part-time massage practice and enjoy semi-retirement. He returned to work for Energy Australia in 2001, but continued to practise as a massage therapist.

Dan was devoted to his family, and his love for them was completely unconditional. He was also very community minded—he was a union representative at work for many years; while his son and daughter were at school, he served on school P&C committees; when his son began playing soccer, Dan became a soccer coach and then manager of the team. His wife, Helen, joked that he was only allowed to go to an AGM as long as he sat on his hands for the entire meeting. Dan was also a keen fisherman, a member of the local wine club, and he loved to cook for family and friends.

I feel very honoured to have had Dan as a friend. I will always remember his larrikin sense of humour, his ready smile. He was a great bloke, and will be missed by his many friends and colleagues.

- Elizabeth Matsen



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## 2009 AMT Member's Day

### by Penny Robertshawe

**The AMT 2009 Member's Day was sold out with a record number of members attending. The day's topic was lumbopelvic pain and those present were not disappointed with what they learned from two knowledgeable and inspiring presenters: physiotherapist, Trish Wisbey-Roth and Onsen Technique practitioner, Jeff Murray.**

Trish began the day with her talk about pain management and functional stability of the lumbar spine and pelvis. Trish believes that by not dwelling on the past and looking at what can be improved as of today, we can move from being victims of pain and dysfunction to being able to take control and make long-term changes.

In Trish's presentation about proprioceptive stability and function, she discussed how changes in the 'virtual body' must be established via the central nervous system to promote a feed-forward system. When the body operates using a feed-forward system, it first sways in the opposite direction to a reactive motion thus allowing more movement. When the body is forced into a feedback system due to dysfunction and pain, there is no sway and motion becomes slower and less fluid.

Trish followed on to describe how inaccurate changes in the virtual body lead to changes in muscle recruitment which can result in increased reaction times, functional limitations, and pain. She also explained how muscle retraining can help to return the body to a feed-forward system and when more invasive treatments, such as prolotherapy and surgery are appropriate interventions.

The second part of Trish's talk introduced her five-graded core stability program—Bounce Back. This program aims to recruit muscles that are not being sufficiently engaged during exercise. One of the muscles that is commonly left unrecruited is the gluteus maximus which results in the hamstrings doing most of the work that the gluteus should be doing.



Trish taught us how to isolate the gluteus maximus by doing various grade 1 exercises. With the help of a partner and a Swiss ball, Trish encouraged us to use our fingers to feel for its tension, 'like your fingers are torches in the darkness.'

There was plenty of food for thought in Trish's presentation, but therapists need other sources of sustenance to go on. Luckily lunch was ready to satisfy with a healthy variety of wraps, rolls, sushi and fruit to choose from. And those Swiss balls doubled up nicely for members to park their gluteus maximus whilst consuming it all.

After lunch, Jeff Murray started his talk with some disturbing facts about sensory motor amnesia—where some muscles do the work and others don't. He told us that within six hours of a disc injury occurring, the transverse abdominus stops working. Furthermore, within six to ten days of the injury, the pelvic floor muscles also stop performing. These changes cause the body to recruit the adductors and hip flexors to take over the work of transverse abdominus and pelvic floor muscles.

Sixteen days post-injury, when rehabilitation begins, the body builds up strength in the recruited muscles but it will not increase stability—those muscles that have been affected by sensory motor amnesia will not function.

Therefore, says Jeff, it is essential for us as therapists to teach clients how to develop stability before any other changes can be made.

Next Jeff demonstrated how to test muscles and joints for potential problems.



He showed us three stages of testing that will determine the origins of a client's problems. Firstly, you test the muscle for physiological problems, secondly you test the musculo-tendinous junction for anatomical problems and lastly, you test the joint capsule and ligamentous tissue for overload. These tests help us, as massage practitioners, to determine whether our client can be successfully treated within our discipline and when they need to be referred.

We all had a turn testing each other on different muscles around the hip and pelvis. There was so much to take in, and it is no wonder because Jeff told us that the information he was presenting usually takes up three course days in Onsen Technique. But it was a great introduction and certainly wetted the appetite to learn more.



## AGM Sydney 8 March 2009 Review of Trish Wisbey-Roth's Presentation

by Jeff Murray

In this review, I would like to revisit some of the concepts that Trish raised in her presentation and how they fit into our professional paradigm.

During her lecture, Trish spoke about the 'virtual body' and what she termed the 'feed-forward' mechanism. In the specific case of lumbopelvic pain, for example, the feed-forward mechanism refers to the body's capacity to ascertain the amount of exertion required to pick an object up off the floor and the eccentric preparatory phase it goes through to complete the action.

Trish asked the assembled group why we thought this preparatory backward action took place and what purpose it served. The immediate response was that an eccentric load on the flexor muscles was being instigated which, in turn, prepared the muscles for the concentric action they were about to engage in; namely, forward flexion.

This feed-forward mechanism becomes especially significant in terms of rehabilitation, since the automatic, preparatory phase of movement seems to get lost when people are suffering from lumbopelvic pain. Clients with lumbopelvic pain will slide into unhelpful feedback patterns of movement, where the anticipation of pain short circuits the eccentric preparatory phase of the action.

The consequence of this modified behaviour should be obvious: an emphasis on getting the client's virtual body functioning again must involve a focus on eccentric muscle contraction.

Having introduced the feed-forward concept, Trish went on to discuss the brain's ability to proprioceptively accept feedback from the various parts of the body and ascertain how much muscle contraction would be required to actually lift a perceived or 'virtual' load off the floor.

At the point of actual contact with the real load and initial resistance, the body readjusts the amount of effort required to match the weight of the object. All of this takes place without our conscious effort.

However, patients suffering from lumbopelvic pain lose this virtual preparatory system—their capacity to proprioceptively anticipate the weight of an item is compromised. Locked in a feedback pattern, they wait until they are actually lifting the load and then increasingly engage muscles in response to the actual weight.

Trish demonstrated how we could switch on the feed-forward mechanism using a MediBall. The client sits on a MediBall facing another client or the therapist. Holding a Theraband and sitting in a neutral upright posture, both parties must maintain constant tension on the band, while one goes into extension and the other feeds forward into flexion, proprioceptively gauging the tension in the Theraband. When the client being pulled forward feels the tension ease off the Theraband, they must then go into extension while their partner feeds forward into flexion. This see-sawing action continues, rewiring the body's capacity to virtually sense a load and contract the muscles eccentrically in preparation for flexion.

Trish then discussed anterior, posterior and lateral slings and how the dysfunction of one of these slings can cause over-activity in the opposing half of the sling. The posterior sling of the pelvis comprises of gluteus maximus and the contralateral latissimus dorsi. The anterior sling encompasses the adductors of the thigh and the contralateral external obliques. Understanding these slings allows massage therapists to consider why a particular muscle is tight and if it should be released or massaged. The anterior sling is of particular concern to women who have had Caesareans.

Trish went on to discuss proprioceptive feedback via the sacroiliac joint and a mechanism called 'force closure' as well as the inter-relationship between multifidus, transverse abdominus, gluteus maximus, pelvic floor muscles and over activity of the hamstrings.

The relationship between these muscles is very evident when a client has a positive Trendelenburg in a standing stork test.

When a client is walking, the rectus abdominus and external oblique muscles operate primarily in a concentric state, that is, they shorten under contraction. However, when a client runs, these muscles work primarily in an eccentric state—they lengthen whilst contracting, thereby controlling movements. Again, it is this eccentric contraction that causes the most problems. Most people are strong concentrically but weak eccentrically. This eccentric weakness results in muscular injuries. Therefore, once a client has undergone concentric strengthening, they need to progress to specific eccentric strengthening exercises for total control of movement.

After the morning tea break, Trish demonstrated some simple assessments and exercises that massage therapists can ask their clients to perform to ascertain if they are engaging hamstrings in lieu of gluteus maximus.

In this session, she reinforced the concept that Type I Tonic muscles hold for long periods, whereas Type II Phasic muscles hold for short periods. Therefore, if the Type II hamstring muscles are overworking in lieu of the gluteus maximus muscles, it has serious consequences in terms of hip stability. Trish went on to say that if we can improve contraction of gluteus maximus by as little as ten percent, it will equate to three times more stability for the lumbar and pelvic girdle.

### Exercise/Assessment 1:

Client is prone with knees flexed to 90 degrees, ankles crossed and resting against a MediBall. In this position, the hamstrings are relaxed and, according to Trish, the brain finds it more difficult to activate them.

While the client is prone, we ask them to activate their transverse abdominis and then multifidus muscles, and then pull their butt towards their head without activating hamstrings.

The therapist monitors for hamstring activation and/or any abnormal recruitment or movement patterns.



### Exercise/Assessment 2:

Client is supine with one leg extended and the other hip flexed and knee flexed to 90 degrees to deactivate hamstrings, with their foot resting flat against the MediBall. Ask the client to activate transverse abdominis and multifidus and then gluteus maximus.

The therapist monitors activation of hamstrings. Client pushes through their gluteals without engaging hamstrings, whilst therapist offers resistance against MediBall.



### Exercise/Assessment 3:

Client sits on MediBall with feet shoulder width apart. Sitting with a straight back, the client imagines that their shoulder girdle and pelvic girdle are locked with an interconnecting steel rod. Have the client negotiate anterior and posterior pelvic tilts without moving through the thoracolumbar regions. Ask the client to find neutral position of pelvis.

Once neutral pelvis has been found, ask the client to palpate erector spinae muscles (multifidus) and have them keep a straight back and bend forward until they feel multifidus activate. Have the client hold that activation and return to the straight sitting position.



### Exercise/Assessment 4:

Client sits on MediBall with the palm of their hand under their pelvic floor, maintaining an upright sitting position with neutral pelvis. Have the client activate their pelvic floor and feel for drawing up on the anterior aspect; around their thenar eminence, but no activation on the posterior aspect, around their fingertips. You can also have them flare out their ischial tuberosities to help create the pelvic floor/multifidus/transversus activation.

### Summary

Trish's presentation was science-based, focusing on years of research, clinical observations and experience. She has an innate ability to simplify the most difficult concepts, distilling them into everyday language that appealed to the majority of the audience.

The take-home message was related to stabilisation and the body's ability to adapt to situations and perform. She made us aware that muscle tension may not be the problem but rather the body's attempt to stabilise an area that has sensory motor amnesia. In terms of lumbopelvic pain, the functioning of the anterior, posterior and lateral slings must be considered, as well as the critical feed-forward mechanism.

The assessment and exercise regime that Trish demonstrated brought home the fact that you do not need expensive gym equipment to work with your clients—just a MediBall or an upturned chair and a Theraband.

Overall, I found the presentation educational and fun. There was a good mix of theory and practical work. I believe this kind of presentation is critical to the advancement of our level of education. In turn, I believe that both the physiotherapy and massage therapy professions can gain a better appreciation and understanding of each other.

I would like to thank Trish for her professionalism and high-quality presentation. She was never condescending to the 80-odd massage therapists present and there was none of the disdain that is sometimes evident in other professionals who hold the view that massage therapy sits at the bottom of the pecking order within the medical hierarchy.

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## Preliminary results of research study

# The Effects of Massage Therapy on People with Spinal Cord Injury: Psychological and Immunological Outcomes

by Judy Lovas

In 2007, the experiment conducted for this research was completed. Forty people with spinal cord injury (SCI) were randomly assigned to either the experimental group of massage therapy (MT) or the active control group of guided imagery (GI). Each subject received either MT or GI once a week, for five consecutive weeks. Each subject also completed a battery of psychological questionnaires before the first and fifth weeks of intervention as well as having a blood sample taken. A vast array of psychological and immunological outcome measures are currently being analysed.

The focus of this study was on aspects of quality of life (QOL). In particular, pain, fatigue, anxiety, depression and immune cell numbers were examined. As yet (unfortunately) no immune details are finalised in time for this article. It is important to highlight that this article offers a few of the most preliminary results and further analysis is necessary to fully understand the data. Final details will be published by the AMT when they are completed.

The following data were analysed by using repeated measures analysis of variance tests (ANOVA). Where statistical significance was found, further post hoc analyses were conducted to test for details of the differences between the two groups or differences over time within each group.

1. One of the several measures used to assess pain was the short-form McGill Pain Questionnaire. The two groups were not different in pain levels before treatment commenced. Pain scores were significantly reduced over time, from pre-treatment to post-treatment ( $F(1,38) p = 9.01, p < 0.01$ ). The results showed that pain scores were reduced significantly in both MT and GI ( $p = 0.04$  and  $p = 0.03$ , respectively).

2. Physical and mental fatigue levels were measured with Chalder's Fatigue Scale. The two groups were not different in fatigue levels before treatment commenced. Physical fatigue scores were significantly reduced over time from pre-treatment to post-treatment in the MT group ( $F(1,38) p = 9.54, p < 0.01$ ). Mental fatigue scores were also significantly reduced over time in the MT group from pre-treatment to post-treatment ( $F(1,38) p = 16.84, p < 0.01$ ). The results showed that physical fatigue scores were reduced significantly in the MT group only ( $p = 0.01$ ) and also that mental fatigue scores were reduced significantly in the MT group only ( $p < 0.01$ ).

3. The Hospital Anxiety and Depression Scale (HADS) is a 14-item scale developed to measure both anxiety and depression. The two groups were not different in HADS anxiety before treatment commenced. The scores for HADS anxiety were not significantly reduced over time using ANOVA, although there was a trend towards significance ( $p = 0.06$ ) from pre-treatment to post-treatment. Further analysis showed that HADS anxiety was significantly reduced over time for the GI control group only.

This brief, preliminary description of specific measures indicates that both MT and GI were able to reduce pain significantly over a five-week period. Fatigue both physical and mental, were significantly reduced by MT, but not GI. Anxiety was reduced significantly by GI but not MT.

Since both MT and GI are relaxation techniques, it can be observed that relaxation can significantly improve these specific QOL measures. It seems as if MT may reduce levels of fatigue experienced by people with SCI more than GI; while GI may be more effective than MT in reducing anxiety levels.

Both interventions appear to reduce pain levels in people with SCI.

These initial findings are encouraging. It is important that these early results are not used formally to promote or advertise MT or relaxation techniques. Once further analysis is complete, there will be a greater understanding of the implications of this research.

Research is a slow business. If you are in suspense and impatient to know more, then you have an idea of what this five-year project entails! All will be revealed to the AMT as soon as the results are formally completed. Please stay tuned...

*Judy has been involved in the practice, education, promotion and research of massage therapy since 1985. She taught the Diploma of Health Science (Massage Therapy) at TAFE for 16 years and helped to promote massage therapy and Massage Therapy Week through the AMT. Judy completed a Masters degree researching the Effects of Massage Therapy on the Immune System, and began a PhD in 2005 to examine The Effects of Massage Therapy on Quality of Life in People with Spinal Cord Injury. Once she has submitted her thesis, Judy is looking forward to the challenge of not taking on a new challenge for a while.*

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*in good hands*

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## Interview with Marimil Lobregat

by Penny Robertshawe

Marimil Lobregat is a Franciscan nun who, during the past twenty-five years, has worked in palliative care at Sacred Heart Hospice and now at Calvary Hospice. She also works for the Care for Carers ministry which she established eighteen years ago, and which was made possible by a childhood friend who funded the whole project from its inception. One of the principal aims of the Care for Carers ministry is to assist carers who are suffering burn-out and stress syndromes, and nourish them with the creative means to keep their vibrant enthusiasm for life so that they, in turn, can assist the needy with a graceful heart.

I met with Marimil recently at her unit in Strathfield. She was waiting for me in the foyer downstairs when I arrived and greeted me with a warm embrace. I had never met her before but I had heard quite a lot about her, so I wasn't surprised by her easy affection. I was, however, taken aback by how youthful she looked for a woman who is approaching her 81st birthday. She has a small frame, but there is nothing about her that says frail. She stands erect and even before I witness her doing Tai Chi or ShiBaShi-QiGong, it is obvious that her body is lithe and strong. I can't help but comment. There is a glint in her sharp eyes as she responds:

*Yesterday I had to run to catch the train on time as I had an urgent meeting to attend. So I literally ran from here to the train station, and when I got into the train puffing, I wondered... my God, I'm 80; I shouldn't have been able to run like that! There were some school kids running to get the train too, and I left them behind. I surprise myself sometimes! Anyway, I have never been this old before; so it's really a novelty for me.*

**You were born in the Philippines and you entered the convent after finishing school at 18. Can you tell me what inspired you to become a Franciscan nun?**

From early childhood, I wanted to be a nun, but on the other hand, I didn't want to.

The thought of living the rest of my life within four walls away from my family forever was frightening. So in my teens I went about all sorts of teenage diversions—figure skating on roller skates was one of my favourites—anything to erase the idea of becoming a nun. But there came a time when I realised I couldn't fight this call and when I made the decision, I lost no time in responding to it. I was pretty young then and I've never looked back.

My first mission was with the lepers in Tala leprosarium on the outskirts of Manila. There were over 5,000 patients in what looked like a little village. One of my duties there was to assist in the male dying ward. I had no training for that, but I believed that God would give me the necessary strength and wisdom to be able to fulfil whatever was asked of me. I was stationed in that mission for over six years without having a day off.

**When did you begin doing massage?**

I was born with the gift of massage. No questions asked. In my country this is called manghihiilot—one who rubs and stretches. Apparently, when I was born, one of the traditional native healers said I was going to be a healer. Remember that was over eighty years ago and at that time that statement wasn't anything extraordinary. It didn't make me different in any way or special from other children. I simply liked to massage. But from the moment I entered the convent in March 1947 all that ceased.

**Didn't you have any desire to massage then?**

Look, at that time, I was convinced that I wanted to be a nun and a saint at that, no matter what the cost. I've changed my mind since. What is important for me now is to be a really human, compassionate person... like everyone else.

I was sent to Jakarta, Indonesia in 1956 where the Sisters in the community came from many different countries. There I was involved with the International School for almost fourteen years.

While I was living in Jakarta, I had to bring a Sister who was very sick with arthritis to an acupuncturist. The Chinese lady in charge of the acupuncture clinic saw my hands and said, 'You're a natural healer.' I said, 'Yes, but I haven't been practising for ten years.' She asked me if I wanted to get back into it and suggested that on the days I bring the Sister for her acupuncture, I could massage some of her arthritic clients, which I did. And that way she didn't charge the Sister for her acupuncture treatment. At that time we were still in our full nun's habits, but that didn't hinder me from massaging. I felt comfortable as if I had never ceased massaging.

**So you'd be wearing your habit and you'd be massaging?**

Yes... in full habit. But at that clinic in Jakarta I also practised acupuncture. However, with the needles, I chose to vibrate these individually with my fingers. Nowadays I've seen them attaching these needles with a wire to batteries.

**How did you come to live in Australia?**

I arrived in Sydney in December of 1969. There was a request from the Sydney diocese to our generalate in Rome for a Sister who was trained in audio-visual technology to work at the Catholic Radio Communications Centre which later became the Catholic Audio Visual Centre at Homebush. I had trained as an audio-visual technician because the previous plans were for me to work at the Radio Communications Centre in Jogjakarta which the Jesuits were opening up. After working there for thirteen or fourteen years, I could see that computers were being phased in and I felt that it was time for me to move on.

I lectured for a year at the Catholic University in Strathfield on audio-visual technology and then enrolled at St. Vincent's Hospital for the very intensive CPE (clinical pastoral education) upgrading session.

I geared these studies towards assisting the dying because by then I had made friends with the Sister who was in charge of Sacred Heart Hospice, which at that time was exclusively for palliative care.

### **How did you become interested in Tai Chi and QiGong?**

While working at the Catholic Audio Visual Centre in the early 1980s, during a year's Sabbatical period, I went to the US. I had an occasion to observe an old Tai Chi master practising in the park and I watched him, fascinated. He looked very old. He was probably around 80 years old which is my age now, but he had a certain poise and dignity—there was something special about him. That was the start of my interest in Tai Chi.

Upon my return to Australia, I learned that there was only one Tai Chi school in Sydney that taught in English. Together with an Indian Sister who was stationed in the same convent as me, I enrolled in this class. Eventually, when Master Zhang Hao arrived from China in 1989, a good number of us Tai Chi students and instructors joined Master Zhang Hao's classes. As soon as we saw him give one performance, we realised this young Master was for real. I eventually assisted Master Zhang Hao establish his Chi-Chinese Healing College in Sydney in 1990.

You know, when I was in Indonesia, I was very much involved in the world of academia. If you had told me then that I was going to become this committed with Tai Chi and QiGong, I would have replied, 'Oh no. That's for the birds!'



### **Tell me about the Care for Carers program and how it all started.**

When I was at the Sacred Heart Hospice, working full time with the dying and their grieving families, the work was so

intense. The staff needed to have regular debriefing sessions with a counsellor-psychologist. There was a high turnover of CPE staff working with me because of the stress. Some of my colleagues came close to a breakdown, some lay people developed problems in their marriages, and one developed skin rashes... One day, the counsellor-psychologist asked me about my personal lifestyle because the work didn't seem to affect me in the same way it did the others. I explained that, several days a week, straight from work, I would go to learn, and eventually to teach, Tai Chi at a class in Paddington.

To make a long story short, the difference between them and me was certainly not that I was a 'holy' person or physically and emotionally strong, because I know I'm not. But I was doing something with my body, after the very intensive work at Sacred Heart Hospice that freed me from that type of stress. The others didn't do anything. And that was really the big difference. I seemed to be settled and less affected with the tension that each day brought in that particular ministry.

I began teaching Tai Chi to other carers. This is one of the healing skills I teach for the Care for Carers ministry program, plus, of course, an appropriate form of acupressure massage which I learned from Master Zhang Hao.

Then in about 1991, we received a letter from the Philippines. A group of thirteen or more Filipino religious congregations had heard of the Care for Carers program I had devised. They addressed the letter to my provincial superior requesting that I establish the Care for Carers ministry for the many carers, including religious Sisters, who were stressed and burnt-out from the demands and needs of their profession. They were going to pay for my return fare. Permission was granted as I was by then aged 63 and receiving a government pension.

But before going to the Philippines for this purpose, I had my once every three to four years family visit to California, USA. While I was there I met with a childhood friend, Matilde, whom I had not seen or heard from in fifty years. She was now a practising psychologist.

When she learned about the mission I was going to establish in the Philippines, she asked me who was going to pay for all the travelling and other expenses. I replied that the different congregations of religious Sisters would. She said quite emphatically, 'No way, they will tear you to pieces!' And that is exactly what would have happened because there were so many different congregations contributing.

Matilde offered to pay for all the expenses involved. At that time Care for Carers was only planned to be established in the Philippines. But from there, participants that I trained in the Philippines who were psychologists, nurses, teachers, and especially the Sisters from missionary religious congregations brought the Care for Carers ministry with them and adapted the program to meet the needs of the people under their care.

I really don't know how many countries it has spread to. Since 1991, I have been going to the Philippines almost every two or three years, to keep upgrading the Care for Carers trainers in the diverse areas of healing. Anyway, that's how the Care for Carers has progressed, it's now pretty much worldwide and enriched with acupressure massage in the sitting position because this is the most practical position, and also with Tai Chi and ShiBaShi-QiGong.

My interest in this unique healing project continued growing and needed more of my time. Fortunately, I was allowed by my congregation in Australia to retire from my full time paying ministry. That gave me more time to travel, especially to third-world countries, to establish the Care for Carers ministry to meet the specific needs of the deprived peoples in those countries. My childhood friend, Matilde, continued to fund all the expenses involved.

In 2002 I became much involved with Bethany Holistic Health Centre which first commenced in Concord and is now well established in Strathfield. Although I have just resigned as a regular practitioner, my heart and spirit continues supporting that centre. I continue as an associate, that way I can use the massage rooms for some 'special' people I treat there.



When I'm in Sydney I also continue offering my services at Calvary Hospice and other healing centres as a volunteer, so I find myself busier than ever.



**It's not only the carers that you look after is it? It's also the underprivileged people?**

Ah yes. That is usually with the Sisters of the Good Shepherd as they have the special vocation and training to care for battered and abused women, prostitutes... in short, women in need of a listening ear, moral support, and sometimes physical support. Those nuns are specially trained for that kind of work.

In the Philippines, they get together a selected group of 'rescued' women for me to train in the healing art of acupressure massage, not only because this 'profession' will give them the opportunity for a decent livelihood, but because in the process of healing others, these women intrinsically heal themselves. And not only that, some of them have reached the successful level of being able to teach others from similar backgrounds the healing art of massage therapy. The last group that I trained in the Philippines last year are also now able to teach acupressure and remedial table massage. They had never seen a massage table before. This particular area of healing has really flourished in the Philippines. But since establishing Care for Carers ministry in the Philippines, centres have been set up in Mexico, South Africa, Switzerland, etc.

**You've recently returned from Mexico. Can you tell me about that?**

When I left Sydney at the end of December last year, it was 27 degrees, and when I arrived in Puebla, Mexico, it was 1 degree, because it is eight thousand feet above sea level. But during the day the sun comes out, so it warms up. As we had Mass every day at seven thirty at the Ursuline convent, then breakfast, we couldn't start classes before nine o'clock, and they have lunch at two o'clock.

So we had the learning period from nine until quarter to two in the afternoon. By then I was seeing double! Then from three to six, or later, we had the review of what we learned in the morning. Everything was done in silence. I needed to put as many hours into the review as I did into the learning because otherwise they would forget.

When I taught acupressure massage in Puebla, I had to be strict with the participants I told them, 'Don't go ahead of me, or after me. Everybody has to go together with me.' There is a tendency always to go faster. Rhythm is so important, so I had to train them correctly in this regard from the very beginning.

Also, I tried to explain as simply and clearly as possible the purpose and healing effects of each movement. It was the same with the ShiBaShi-QiGong movements—the importance of using the vision to precede each movement was taught.

At the end of the three weeks, we had a touching little 'graduation' in the big patio of the Ursuline school. The entire group did the ShiBaShi as a thanksgiving meditation, with gentle Mexican music as background. Then, to their great surprise and tears of gratitude, I gave them each a DVD with the acupressure massage they had just learned and another DVD of the ShiBaShi-QiGong movements they had so diligently practised. I don't think I'll be going back to Puebla, Mexico and I really wanted them to retain and become comfortable with what they worked so hard to learn.

**And soon you'll be in Lucerne, Switzerland?**

Yes, I'm going to Lucerne at the end of May. About ten years ago, one of the Filipino nuns, a theologian who was going to Germany for her doctorate, and who had done some weekends with me in the Philippines, was practising ShiBaShi-QiGong in the gardens of the theological university. There were three young Swiss theologians who were there for their Masters. They got very interested in what this nun was doing and asked her to teach them whatever it was she was doing.

These three Swiss theologians then started giving ShiBaShi sessions in Lucerne and as they were counsellors, they travelled to other cities in Switzerland where they also shared their newly-learned oriental skills.

Now they have established a proper ShiBaShi Centre for the many interested participants, a number of whom are retired but remain active in their communities.

I will be meeting them all in a couple of weeks. People ask me, why do you go there? They're rich in Switzerland. But they don't know what these ShiBaShi-QiGong practitioners do. For instance, they introduce their skills to nursing homes and other such places. In one of the nursing homes for men, the residents had reached a stage where they didn't socialise, hardly spoke, in other words, they were living like zombies. After being introduced to the practice and becoming comfortable with the ShiBaShi movements, they began socialising, they talked more, they laughed.

Also, these three young protestant theologians organise small groups of women and they go to third-world countries where they are advocates for women's justice causes. This is where again the acupressure massage and ShiBaShi healing skills together with the spirituality that forms its basis, fit perfectly to meet the needs of the particular women they are assisting. A group went recently to a very remote part of the Philippines, in the South, where I've never been myself.

With regards to the oriental healing movements, whether it is massage or ShiBaShi, very few people understand its beautiful depth. The Chinese refer to it as the philosophy of life. The Western world calls it the spirituality of the body. It is really the oriental concept of the spirituality of creation, expressed through ShiBaShi or other forms of QiGong. It really all comes down to living life with integrity and with compassion. But first it needs to be practised for oneself, otherwise any healing you do for others is simply artificial—it doesn't really come from the heart.



### **What is this creation spirituality that you talk about?**

In Chinese medicine, as in oriental spirituality, you have the five phases. That is the oriental concept of the whole healing, the whole of life. You have the spring, where you must always begin, the beginning of life. Then you have the summer, the time of youth, to grow, to develop—it is the time for verticality, you look upward and focus forward. Then, happily, there is late summer. That is the most fantastic phase of life. That is the phase where you relish your having blossomed to the full and taste the fruits of your labour, where you find the balance of yin and yang.

Then there is the autumn. You're not dying then, just stepping back to look at the richness and wisdom acquired. It's the time for letting go. Some people ask, 'What do you let go?' 'You let go of needless issues, feelings like anger that may have stored up and which affect the liver.

Or fear which affects the kidneys. It's the period to unburden unnecessary weights from your whole being. After autumn comes winter which doesn't always mean 'the end'. It is the time of quiet, a time to hibernate, reflect, repose. Because the more quiet the winter, the brighter the spring will be. This is a time we don't physically have in Asia, we don't have winters. If only I could send today's wintry weather to the Philippines for just one day, the people could breathe new life.

### **And you don't find any conflict between that and your Catholic faith?**

No, on the contrary, not only don't I find any conflict, but I think that it is very enriching to my beliefs, to my soul. For me, spirituality is the expression of religion. I have been blessed with my faith. Because of this, I have something to live for, something to die for. When I talk about the oriental concept of creation spirituality, I mean this as something that could enrich everyone's faith, regardless of their religion.

For me, spirituality doesn't have much to do with preaching or worshipping, it is about becoming a person with true integrity and a compassionate heart. Integrity in the Chinese concept is yang... vertical, and compassion is horizontal... yin. The two need to balance to become wholesome.

Anyway, I still consider myself to be in the late summer of my life, not yet in the winter. In the Western way of thinking, because of my age, I would be put in the winter category. But I feel I'm still blossoming, like a bountiful old oak tree opening up its extended branches.

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# Psoas, Piriformis and Sciatica: Some Thoughts from a Rolfing Perspective in Response to the Clinical Perspectives Article on Sciatica

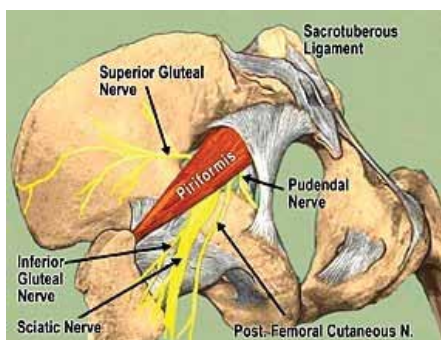
by Colin Rossie

In the last issue of *In Good Hands*, the contributions to the clinical perspectives article devoted to sciatica were so impressive that there seemed nothing of further significance that I could add. Jeff Murray mentioned the synergistic relationships of soft tissues in the pelvic girdle and the mechanics of force closure and form closure in pelvic and sacral function. He also discussed the role of stability versus strength in hip dysfunction. A few issues back (June 2008), there was a multi-contributor article on psoas function. From my perspective, there is a definite relationship between the two articles.

Although psoas isn't always a first consideration in the treatment of sciatica, its dynamic relation to piriformis in stabilising the pelvic girdle should not be overlooked. These two muscles each cross the sacro-iliac and hip joints as 'three-dimensional' muscles and act synergistically to affect sacral biomechanics and stability as well as work to maintain the balanced position of the sacrum. I would like to add some other information on sciatica, and expand on that with some thoughts drawn from a Rolfing®/Structural Integration (SI) perspective.

## On sciatica: historical titbits, description and additional considerations

The term sciatica was originally used in ancient times to describe any hip and buttock pain. From the mid 18th century, it has been used to describe pain in the buttock and posterior thigh originating from the sciatic nerve. 'True' sciatica was once thought of as a neuritis (inflammation) that occurred in untreated diabetes or severe alcoholism.<sup>(1)</sup>



Now the term is commonly used to describe a neuralgia resulting from impingement of the sciatic nerve that results in pain, tenderness and paraesthesia, usually unilateral, in the buttock, posterior thigh and lower leg.<sup>(2,3)</sup> In addition to pain, gait can be affected and in extreme cases, there can also be muscle wasting in the lower leg.

The sciatic nerve arises from L4–S3 nerve roots.<sup>(4)</sup> As Kerry Hage, Alan Ford and Jeff Murray all mentioned, pain can originate at the nerve roots, but it is useful to differentiate radicular pain originating in nerve roots from neuralgia arising from the sciatic nerve. In the former, pain will be present in the lower back and maybe also in the buttock and thigh but not in the lower leg. In the latter, it will be absent in the lower back but present in the posterior thigh and below the knee. The distinction here is between central nerve root and peripheral nerve involvement. Bogduk argues, 'The only pain that has ever been produced experimentally by stimulating nerve roots is shooting pain in a band-like distribution. There is no physiological evidence that constant, deep aching pain in the lower leg arises from nerve root irritation.'<sup>(5)</sup>

## Anatomical and functional considerations

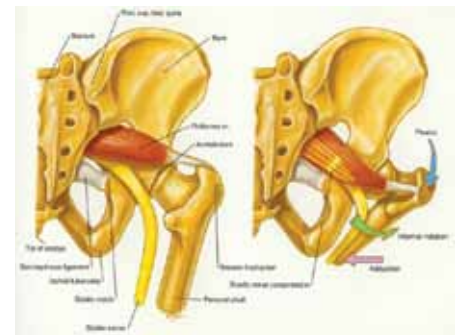
The sciatic nerve is the longest and widest peripheral nerve in the body. It exits from the greater sciatic foramen via the superior sciatic notch just anterior to the piriformis muscle and has peroneal and tibial portions. It supplies the hamstrings and adductor magnus, and its branches supply most of the lower leg. Also exiting the greater sciatic foramen are the inferior gluteal nerve, the posterior femoral cutaneous nerve, and the nerves supplying the other external rotators—basically, all the nerves that supply all the gluteal region and the posterior thigh and calf.

The piriformis muscle originates on the anterior surface of the sacrum and exits the inner pelvic bowl through the greater sciatic foramen to insert onto the upper border of the greater trochanter.

It is a postural muscle, with type I fibres that shorten and tighten in response to overload. If these fibres become engorged and swollen in the limited space of the sciatic foramen, then piriformis will impinge on the sciatic nerve.

As Jeff noted, there is great anatomical variation in the relationship of the sciatic nerve to the piriformis muscle. In 85% of people both portions of the sciatic nerve pass anterior to the piriformis muscle; in 10% only the tibial portion is anterior to the piriformis, while the peroneal portion goes through the muscle; in 2–3% the peroneal portion starts superior and runs posterior to the muscle; and in 1% both portions travel together through the middle of the muscle belly.<sup>(6)</sup> If present, these structural anomalies could easily result in sciatic nerve impingement in the event of any myofascial dysfunction.

Travell and Simons note that, in addition to entrapment of the nerve by piriformis being responsible for sciatica, the referral pattern from active myofascial trigger points in piriformis mimics the pain pattern of sciatica. They also note that active trigger points in gluteus minimus and the anterior portion of gluteus medius can have similar referral patterns, which they term 'pseudo sciatica'.<sup>(6)</sup>

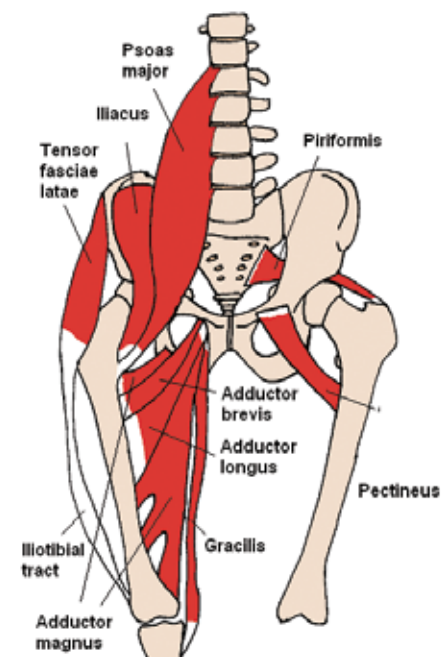


Though frequently overlooked, the external rotators (piriformis, gemellus superior and inferior, obturator externus and internus, and quadratus femoris) are also postural extensors of the hip joint.



When talking about hip extension, usually the hamstrings come to mind as the hip extensors. While that is undeniably their function, it is worth noting that as long muscles with a linear alignment of myosin and actin fibres that cross two joints, they are not the most efficient way to maintain upright stance at the hip joint. On the other hand, the external rotators, if thought of as short extensor muscles, are short, single-joint muscles responsible for form closure of the sacro-iliac articulation, thus bringing great postural stability to the pelvis.<sup>(7,8)</sup> Perhaps it would be useful to differentiate between femoral and coxal components of hip extension.<sup>(7)</sup>

There is a distinct relationship between the role of the hip external rotators—especially the piriformis—and the psoas. Both psoas and piriformis travel anteriorly, inferiorly and laterally from their origins to their insertions: the psoas from the anterior vertebral bodies of the lumbar spine to the lesser trochanter of the femur, the piriformis from the anterior surface of the sacrum to the upper border of the greater trochanter of the femur. The piriformis run primarily horizontally to their attachment, while the psoas run vertically.

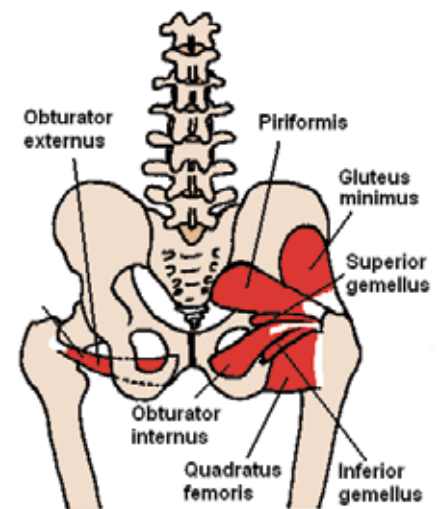


▲ Anterior Hip Muscles

If one considers the body from a tensegrity viewpoint, the psoas can be seen as a guy wire pulling the lumbar spine forward, countering the pull of the posterior guy wire of the lumbar erectors,<sup>(9)</sup> not only via the attachment of their deeper fibres to the lumbar spine,<sup>(5)</sup> but also through the thoraco-lumbar fascia.<sup>(10)</sup> Similarly, a fan around the hip consisting of the external rotators, gluteus minimus and the anterior fibres of gluteus medius can be seen as the tensegrity opposite of the iliacus in the ilium. Piriformis is the tensegrity antagonist to the psoas around the sacro-iliac joint. An active psoas pulls the lumbar spine (and also indirectly the superior anterior surface of the sacrum) forward and down, affecting the position of the superior sacro-iliac joints, whereas the piriformis activates to counter this, bringing the anterior, inferior sacrum forward, thus creating a seesaw effect on the sacrum. The two muscles work together to allow optimal balance of the lumbosacral junction and the functioning of the inferior and superior SIJs around the body's centre of gravity. This action balances the bones of the pelvis and ensures the congruence of the centre of gravity with the body's centre of mass.

### An evolutionary digression

It is worthwhile to digress slightly here and consider the hips from an evolutionary perspective. Over time, to accommodate the change to upright stance and bipedal gait, the hip girdle has changed shape and orientation. The direction of the ilia has changed. A deep iliac fossa has developed that allows a greater attachment area for the gluteus minimus, gluteus medius and external rotator muscles laterally and the iliacus medially. The ilia have twisted anteriorly to a more lateral and anterior orientation. Our nearest primate relatives have posterior facing ilia with small to non-existent iliac fossae. Their gluteus medius and minimus muscles extend the femur. In humans, these muscles abduct the femur at the hip joint in order to prevent a Trendelenburg gait. Moreover, the sacrum has increased in width and the complexity of its articulations in order to enhance stability. Consequently, the external rotators have taken on the extra functions of pelvic stabilisers and extensors.<sup>(11,12)</sup>



▲ Posterior Hip Muscles

### Rolfing®/ SI definition and perspective

SI, of which Rolfing®, Hellerwork and Tom Myers' Kinesis Movement Integration are probably the most commonly known varieties, is a specific body of work based on the teachings of Dr Ida Rolf (1896–1979).<sup>(13,14)</sup> The goal of the SI process is the optimal dynamic alignment of the body in relationship to gravity and the three-dimensional space around it (what a mouthful!). This most frequently occurs as an outcome-oriented process over ten or so sessions,<sup>(15)</sup> each session having a specific goal. There is a long tradition and strong emphasis on the functional aspect of anatomy in the SI tradition, as witnessed not only in Ida Rolf's only published work,<sup>(16)</sup> but also in such publications as Tom Myer's *Anatomy Trains*<sup>(17)</sup> and the many research contributions made by SI practitioners to our current understanding of fascia.<sup>(18, 19, 20, 21, 22, 23, 24, 25, 26, 27, 28)</sup>

In the sciatica article, Jeff Murray stated that in hip dysfunction a tight piriformis might be all that provides stability to the pelvis and that to work initially to counter this could lead to even greater instability. I am in total agreement with him. Ida Rolf devoted a lot of her book to the role of the external rotators and the psoas around the pelvis.<sup>(16)</sup> In the classic SI process, work on the piriformis and other hip stabilisers is only commenced in the sixth session, once all the synergistic relationships in the hip girdle have been addressed in previous sessions. In SI, stability in the pelvis is addressed right from the first session, where the superficial gluteals are worked and balance between the hamstrings and quadriceps are themes.



This is ramped up in the third session, where attention is given to the TFL, ITB, gluteus medius anticus and fascial convergences at the trochanter, as well as the relationship of the pelvis to the ribs and the contra-lateral gluteus maximus/latissimus dorsi relationship. The fourth session prepares for more thorough treatment on the pelvis, concentrating on the adductors, lower insertion of the psoas, ischial rami and tuberosities, sacrotuberous ligament and obturator membranes. It also commences work with core activation and stability. Much of this session focuses on the synergistic, melodic relationships of the pelvic myofascia.

These themes continue into the fifth session, with work on the iliopsoas to address issues of balance in the abdomen between the rectus and transversus, rectus and psoas, and in contralateral gait—all in preparation for the sixth session. The later integration sessions are based on the relationship of the upper and lower body to the pelvis (for a fuller description of the structural integration process, see Maupin 2005 and Myers 2004a, 2004b, 2004c).<sup>(29, 13, 15, 31)</sup>

## Conclusion

I dislike the Cartesian view of the body as a 'soft machine' and am not fond of seeing it compared to inanimate objects such as machines or buildings. Living beings are far more complex and interesting than that. However, I will use two analogies to elucidate the ideas that I have attempted to express in this article.

If you compare the body to a carriage or chariot, the psoas can be thought of as the drawbar or pole and the piriformis as the axle attaching to it. The external rotators and the iliacus are the outer and inner spokes of the wheel. Maupin provides a distillation of the SI view when he says, 'Much as the external rotators are the key to the sacrum, the piriformis is the key to the rotators.'<sup>(30)</sup> Further, from a tensegrity perspective, each of the spokes needs to be able to play their part in the balanced function of the wheel.<sup>(29,7)</sup> Therefore, the two piriformi can be considered a prevertebral muscle axle that stretches from femur to femur. Their horizontal orientation and the psoas' vertical orientation is responsible for the three-dimensional space in the area between the ribs and the legs.

Together, the piriformis and psoas support the lumbo-sacral junction—the central joint of the body—as well as hold the front of the spine back with the support of the legs.<sup>(30)</sup>

The sacrum itself is the keystone bone of the pelvis in both stance and movement. To continue with the architectural analogy, it is the arch where the columns of the legs meet to support the vertebral column and the superstructure of the torso above. Pelvic floor muscles attach to its inferior aspect (the sacral apex); its superior aspect (the sacral base) provides the foundation for the vertebral column. Additionally, the sacrum is the body's transverse centre of gravity.

Thus, the dynamic relationship between the piriformis and the psoas plays a crucial role in the efficient functioning of the sacrum. A properly functioning sacrum influences core tone and stabilisation. As the 'keystone' of the body below the cranium, all structures (osseous and soft tissue) that attach to it are vital for optimally efficient upright stance.

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Also worth consulting for further elucidation would be the following websites:  
<http://www.anatomytrains.com/>  
<http://www.somatics.de/>

# Health Fund Status

HEALTH FUNDS AND SOCIETIES	CRITERIA
Commonwealth Bank Health Society	This fund recognises all AMT practitioner levels.
A.C.A Health Benefits Fund Cessnock District Health Benefits Fund CUA Health Limited Defence Health GMHBA Heath Care Insurance Limited Health Partners HIF WA Latrobe Health Services (Federation Health) Mildura District Hospital Fund Navy Health Fund Onemedifund Peoplecare Health Insurance Phoenix Health Fund Police Health Fund Queensland Country Health Ltd Reserve Bank Health Society Railway & Transport Health Fund Ltd St. Luke's Health Teachers Federation Health Teachers Union Health Transport Health United Ancient Order of Druids Friendly Society Westfund	ARHG recognises all AMT practitioner levels. They require you to use their provider number. This number is AW0XXXXM, where the X's are your 4-digit AMT membership number.
Australian Health Management Group Australian Unity Government Employees Health Fund (AHMG) Grand United Friendly Society NIB Victorian WorkCover Authority	These funds recognise Senior Level One or Two members.
HCF Mancheser Unity	These funds recognise members with HLT50302/ HLT50307 Diploma of Remedial Massage Advanced Diploma of Applied Science (Massage) Diploma of Health Science (Massage Therapy) 21511VIC/21920VIC Advanced Diploma in Remedial Therapy (Myotherapy). Existing HCF providers remain eligible.
MBF NRMA SGIC (MBF Alliances) SGIO (MBF Alliances)	These funds recognise members with the HLT 50302 Diploma of Remedial Massage. You must send a signed consent form to AMT. Existing Senior Level One and Two providers remain eligible.
Medibank Private	Medibank Private recognises Senior Level One & Two members.
HBF	HBF requires you to apply directly. To register call 08 9265 6125.
ANZ Health Insurance (HBA) Cardmember Health Insurance Plan (HBA) CSR Health Plan (HBA) HBA (formerly AXA) HealthCover Direct (HBA) Mutual Community (HBA) Overseas Student Health Cover (HBA) St George Protect (HBA) VSP Health Scheme (HBA)	HBA require a nationally-recognised, diploma level qualification from a Registered Training Organisation. Existing Senior Level One and Two HBA providers remain eligible.

AMT has negotiated provider status on behalf of members with the Health Funds listed. All funds require a minimum of \$1 million insurance, first aid and CEUs. If you are up-to-date with these, there is no need to apply individually to each health fund: your name will be forwarded for automatic endorsement as a provider.

However, you will need to apply directly to HBF. To register with HBF call 08 9265 6125.

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

1. Be financial and have a commitment to ongoing education (ie: an average of 100 CEUs per year)
2. Provide your clients with a formal receipt, either computer generated, or with rubber stamp or address label clearly indicating practitioner's name, AMT member number (eg: AMT 1-1234), practice address (no PO Box numbers) and phone number. Client's name, date of treatment, nature of treatment (ie: Remedial Massage), and particular health fund provider number may be handwritten.
3. Provide AMT Head Office with a practice address (or business address for mobile practitioners; no PO Boxes) - failure to supply these details to us will result in your name being removed from health fund listings.
4. Notify AMT HO of all relevant practice addresses.

**Please check the AMT website for further information on specific Health Fund requirements:**  
[www.amt-ltd.org.au](http://www.amt-ltd.org.au)

# Calendar of Events

Courses accredited by AMT attract 5 CEUs per hour. Courses not accredited by AMT attract 1 CEU per hour. Please check dates and venues of workshops (using the contact numbers listed below).

June 2009		CEUs
6	Workcover Outcomes Training Course for Remedial Massage Therapists. Newcastle. Ph: 1800 801 905	20
13	Posture Beyond the Plumbline. Presented by Colin Rossie. Mackay. Ph: 02 9517 9925	35
13-14	Traditional Cupping- Eastern Tradition. Presented by Bruce Bentley. Melbourne. Ph: 03 9576 1787	80
14	Scoliosis - Soft Tissue Protocols & Techniques influenced by Roling. Presented by Colin Rossie. Mackay. Ph: 02 9517 9925	35
19-21	Infant Massage Training. Presented by IMIS. Gold Coast. Ph: 1300 137 551	120
20	Mid North Coast Meeting. Port Macquarie. Ph: 02 6584 6661	15
20	A Fascial Approach to Shoulder Problems. Presented by John Bragg. Mackay. Ph: 0410 434 092	35
20-21	Traditional Cupping - Western Tradition. Presented by Bruce Bentley. Brisbane. Ph: 03 9576 1787	80
21	Neck and Headache Pain. Presented by John Bragg. Mackay. Ph: 0410 434 092	35
21-25	Neurostructural Integration. Presented by Ron Phelan. Sunshine Coast. Ph: 0419 380 443	175
26-28	Treatment of Pain (Onsen Technique) Vol IV. Presented by Jeff Murray. Sydney. Ph: 07 5599 2514	105
30	Illawarra Branch Meeting. Formal Meeting. Corrimal. Ph: Linda White 0417 671 007	15

July		CEUs
2	ACT Branch Meeting. Fyshwick. Ph: 0480 238 274	15
4-5	Traditional Cupping - Western Tradition. Presented by Bruce Bentley. Adelaide. Ph: 03 9576 1787	80
11-12	Contemporary Cupping Concepts. Presented by Bruce Bentley. Sydney. Ph: 03 9576 1787	80
11-12	Certificate of Pregnancy Massage. Presented by Catherine McInerney. Brisbane. Ph: 03 9532 8144	60
16-20	Neurostructural Integration. Presented by Ron Phelan. Black Rock Melbourne. Ph: 0419 380 443	175
18-19	External Injury Workshop. Presented by Bruce Bentley. Melbourne. Ph: 03 9576 1787	80
19	Hunter Branch Meeting/AGM. Sciatica, Piriformis Syndrome and Hip Pain. Presented by John Bragg. Adamstown. Ph: 02 4953 2252	35
25-26	Traditional Cupping - Western Tradition. Presented by Bruce Bentley. Melbourne. Ph: 03 9576 1787	80
26	Knee and Leg Pain. Presented by John Bragg. Katoomba. Ph: 0410 434 092	35
28	Illawarra Branch Meeting. Presentation. Corrimal. Ph: Linda White 0417 671 007	15
31-2	Treatment of Pain (Onsen Technique) Vol I. Presented by Jeff Murray. Tweed Heads. Ph: 07 5599 2514	105
31-2	Infant Massage Training. Presented by IMIS. Sydney. Ph: 1300 137 551	120

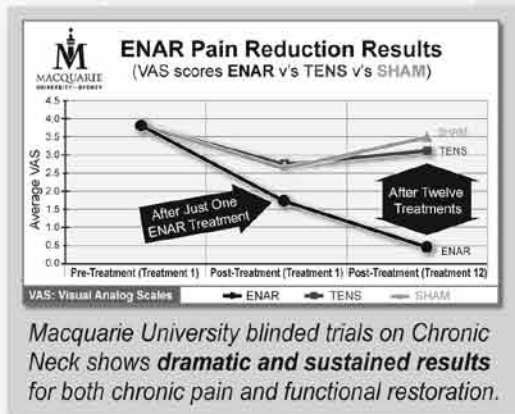
August		CEUs
1-2	Ortho Bionomy Fundamentals. Presented by Anthony Swan. Canberra. Ph: 0412 286 385	70
7-11	Neurostructural Integration. Presented by Ron Phelan. Adelaide. Ph: 0419 380 443	175
8-9	Contemporary Cupping Concepts. Presented by Bruce Bentley. Brisbane. Ph: 03 9576 1787	80
8	Massage for Breathing Pattern Disorders. Presented by John Bragg. Sydney. Ph: 0410 434 092	35
9	ACT Branch Meeting. Fyshwick. Ph: 0480 238 274	15
15-16	Traditional Cupping- Eastern Tradition. Presented by Bruce Bentley. Sydney. Ph: 03 9576 1787	80
15	Mid North Coast Meeting. Port Macquarie. Ph: 02 6584 6661	15
17	Gua Sha Day. Presented by Bruce Bentley. Sydney. Ph: 03 9576 1787	40
20	Mackay Branch Meeting. Mt Pleasant. Ph: 07 4942 8481	15
22-23	Contemporary Cupping Concepts. Presented by Bruce Bentley. Melbourne. Ph: 03 9576 1787	80
22-23	Chi Acupressure Workshop. Presented by Master Zhang Hao. Strathfield. Ph: 02 9629 1688	75
22-26	Akupunkt-Massage according to Penzel (Course A). Presented by Rene Goschnik. Sydney. Ph: 02 9547 0158	200
25	Illawarra Branch Meeting. Formal Meeting. Corrimal. Ph: Linda White 0417 671 007	15
28-30	Infant Massage Training. Presented by IMIS. Darwin. Ph: 1300 137 551	120
28-30	Treatment of Pain (Onsen Technique) Vol II. Presented by Jeff Murray. Tweed Heads. Ph: 07 5599 2514	105
29-30	Certificate of Pregnancy Massage. Presented by Catherine McInerney. Sydney. Ph: 03 9532 8144	60
30	A Fascial Approach to Shoulder Problems. Presented by John Bragg. Katoomba. Ph: 0410 434 092	35

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# ASSOCIATION OF MASSAGE THERAPISTS 20TH NATIONAL CONFERENCE 2009

THE NOVOTEL, BRIGHTON LE SANDS  
CNR GRAND PARADE & PRINCESS STREET, BRIGHTON-LE-SANDS  
23 – 25 OCTOBER 2009

upwardly mobile



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THIS YEAR WE WILL EXPLORE THE IDEA  
OF BEING UPWARDLY MOBILE,  
IN VIEWING OURSELVES AS A PROFESSIONAL  
COMMUNITY AND IN VIEWING OUR CLIENTS  
IN THE CLINICAL CONTEXT.

THANKS TO OUR MAJOR SPONSOR



## FRIDAY 23 OCTOBER

9.30AM – 4.30PM

### PRE-CONFERENCE WORKSHOPS

Myofascial Orthopaedics of the upper limb  
Balancing the feet through applied Structural Integration techniques

4.30PM

Earlybird Conference registration

5.00PM

Join the AMT Board in the Novotel Bar

## SATURDAY 24 OCTOBER

7.30AM – 8.45AM

Registration

7.30AM – 8.30AM

Rolf® Movement: Finding your Feet (You can't stand up if you can't find down)

9.00AM – 10.30AM

**WELCOME** - Tamsin Rossiter

### Public health and CAM:

a focus on research and research capacity building opportunities – Jon Adams

10.30AM – 11.00AM

Morning Tea and Trade Exhibit

11.00AM – 12.30PM

Massage Therapy on a New Threshold – Susan Davis  
AMT General Meeting

12.30PM – 1.30PM

Lunch and Trade Exhibit

### BREAKOUT SESSION 1

1.30PM – 3.00PM

Correcting forward head carriage and posture through breath  
Trigger Point Therapy for the upper limb  
Fascial Continuities: Understanding the Superficial Back Line  
An introduction to qualitative research methods: a practical workshop  
Ethics: an interactive workshop

3.00PM – 3.30PM

Afternoon Tea and Trade Exhibit

3.30PM – 5.00PM

Breakout Session 1 continued

6.30PM onwards

Gala Dinner – Aloha Hawaii!  
Join us as we Hula the night away

## SUNDAY 25 OCTOBER

7.15AM – 8.30AM

Balls, Bolsters, Bits and Scrits: Utilising Props in your treatment sessions

8.00AM – 8.45AM

Registration

### BREAKOUT SESSION 2

9.00AM – 10.30AM

Correcting forward head carriage and posture through breath  
Trigger Point Therapy for the upper limb  
Fascial Continuities: Understanding the Superficial Back Line  
An introduction to qualitative research methods: a practical workshop  
Massage Therapy as a healer for life

10.30AM – 11.00AM

Morning Tea and Trade Exhibit

11.00AM – 12.30PM

Breakout Session 2 continued

12.30PM – 1.30PM

Lunch and Trade Exhibit

1.30PM – 2.30PM

Medical conditions masquerading as musculoskeletal pathologies – Dr Judith May

2.30PM – 3.30PM

Massage & Cancer: A Paradigm Shift – Leonie Dale

3.30PM – 4.00PM

Afternoon Tea and Trade Exhibit

4.00PM – 4.15PM

Conference Close

## MONDAY 26 OCTOBER

10.00AM – 5.30PM

### POST-CONFERENCE WORKSHOP

Ways of Seeing Ways of Being: Posture Beyond the Plumline  
(please see attached notice for further information and registration)

## ASSOC. PROFESSOR JON ADAMS

### KEYNOTE ADDRESS

#### WORKSHOP: An introduction to qualitative research methods

Associate Professor Jon Adams is Director of the Discipline of Social Science Related to Health in the School of Population Health at the University of Queensland. He has been researching numerous aspects of CAM for over 10 years and has published 70 peer-reviewed journal articles and 14 research book chapters. He has edited/co-edited 3 CAM research books and has been awarded over \$3.5M in external research funding. Jon is also Editor-in-Chief of the first International Reader in Traditional, Complementary and Integrative Medicine.

## SUSAN DAVIS

### PLENARY ADDRESS: Massage Therapy on a New Threshold

#### WORKSHOP: Massage Therapy as a healer for life

Susan Davis began her career as a nurse, working with children and in palliative care. She has worked as a Massage Therapist for nearly 30 years and now owns the Davis Health Centre in Sydney, which was established by her mother, Cynthia Davis. She holds a Bachelor in Health Science from UNE and is sitting for a Masters of Clinical Science (Lifestyle Medicine) at Southern Cross University, where her focus is on the applications of Lifestyle Medicine in the practice and education of Massage Therapy.

## LINDA McCLURE

### PRE-CONFERENCE WORKSHOP: Balancing the feet through applied Structural Integration techniques

#### CONFERENCE WORKSHOP: Fascial Continuities - Understanding the Superficial Back Line

Linda McClure is a teacher and trainer of Applied Structural Integration. She has been in private practice as a bodyworker for 21 years and as a counselor/psychotherapist for 11 years. Linda is currently Co-Director of the Australian School of Applied Structural Integration and Somatic Studies in Australia. She is also a Co-Director at Quantum Health and runs educationally innovative practitioner trainings and workshops throughout Australia and internationally.

## PAUL DONEY

### PRE-CONFERENCE WORKSHOP: Myofascial Orthopaedics of the upper limb

#### CONFERENCE WORKSHOP: Correcting forward head carriage and posture through breath

Paul Doney is a chiropractor who works with long consultations using massage, manipulation, Myofascial Release and Craniosacral Therapy. He divides his time between a Natural Fertility clinic in Bondi Junction and an Osteopathic & Chiropractic clinic in Cremorne.

## CATHERINE TINEY

### CONFERENCE WORKSHOP: Trigger Point Therapy for the Upper Limb

Catherine Tiney has been a full-time Massage Therapist for 15 years. She was President of AMT in 1997 and then travelled internationally as the in-house therapist with Lord of the Dance and Gaelforce Dance. Currently, she is the manager and owner of a multi-modality clinic, Sydney Essential Health, in Sydney's eastern suburbs. She also teaches her own workshops on Trigger Point Therapy.

## COLIN ROSSIE

### CONFERENCE WORKSHOP: Ethics

#### MORNING SESSIONS: Rolf® Movement: Finding your Feet (You can't stand up if you can't find down); Balls, Bolsters, Bits and Scrirts

Colin has over 20 years experience as a bodyworker, originally as a Shiatsu practitioner and later a Remedial and Sports Massage Therapist, before becoming a Certified Rolfer® and Rolf® Movement practitioner. His work is firmly grounded in a sound knowledge of anatomy and physiology and western science, and an awareness of and exploratory approach to kinaesthetics.

## REBECCA BARNETT

### CONFERENCE WORKSHOP: Ethics

Rebecca has been involved in the industry for over 13 years, as a therapist, educator and advocate. She is passionate and committed to the advancement of the Massage Therapy profession and would like to see all therapists engaged in working towards a common goal of credibility and excellence in professional practice.

## DR JUDITH MAY

### PLENARY ADDRESS: Medical Conditions

#### Masquerading as Musculoskeletal Pathologies

Dr Judith May is the current Sports Physician with the Australian Triathlon Team and travelled with the elite team to the Beijing Olympic Games. Judith deals primarily with sporting injuries and has immense experience in this area. Judith's plenary address will highlight red flags and subtle pathological changes that should alert the Massage Therapist when to refer.

## LEONIE DALE

### PLENARY ADDRESS:

#### Massage & Cancer: A Paradigm Shift

Leonie Dale has been a member of AMT for 20 years and received the Massage Therapist of the Year Award in 2002. She is a registered nurse of 38 years standing and first discovered Massage Therapy in 1985. She has taught Massage Therapy at TAFE and the University of Western Sydney. She is also involved in facilitating the 'Massage, Cancer and More' courses at Petrea King's Quest for Life Foundation.

## PRE-CONFERENCE

### MYOFASCIAL ORTHOPAEDICS OF THE UPPER LIMB

**Presented by Paul Doney**

This workshop is a synthesis of techniques that aims to give you the ability to accurately assess dysfunction and pain of the upper limb, and determine a logical treatment plan. We will integrate techniques from massage, myofascial release, positional release, stretching and trigger point therapy. Assessment of the client is achieved through orthopaedic-style testing of joints, muscles and fascia. You will also learn how to assess change as you work.

## CONFERENCE

**All conference breakout sessions are 3 hours**

### INTRODUCTION TO QUALITATIVE RESEARCH METHODS: A PRACTICAL WORKSHOP

This workshop introduces the paradigm of qualitative research and a range of methods/techniques of data collection. Drawing directly on fieldwork experiences from complementary health care research conducted by Jon Adams, we will explore a number of key features necessary to conduct ethical, rigorous, qualitative research in your own clinic. Role play, group work and practical fieldwork sessions are employed to provide insight into reading and understanding qualitative reports/papers as well as gaining tips and skills essential to new and emerging researchers.

### ETHICS

Back by popular demand, this interactive workshop is designed to challenge your assumptions about personal and professional ethics via a series of thought-provoking scenarios drawn from real clinical experience. By examining received notions of what constitutes ethical clinical behaviour, we can work towards a more sustainable set of practices that both acknowledge and encompass the inevitable shades of grey. If you are completely convinced that your professional ethics are unimpeachable, this workshop is a must.

### CORRECTING FORWARD HEAD CARRIAGE AND POSTURE THROUGH BREATH

In this hands-on workshop, you will learn a simple set of techniques your clients can take home to make dramatic shifts in their posture. Excellent for patients with jaw problems, neck and shoulder pain, and headaches as well as many athletes in areas such as dressage, weight lifting and dancing.

### BALANCING THE FEET THROUGH APPLIED STRUCTURAL INTEGRATION TECHNIQUES

**Presented by Linda McClure**

The feet have classically been a hard-to-work area for effecting structural change. In this workshop, we will explore a range of techniques to help balance the lower leg and arches of the feet. We will bring awareness to the importance of the feet as a platform for balance and coordination throughout the whole body. The workshop will include plenty of time for participants to practice and use the techniques demonstrated.

### FASCIAL CONTINUITIES: UNDERSTANDING THE SUPERFICIAL BACK LINE

In this breakout session, you will learn to test and treat high leverage fascial power points in the posterior plane of the body to enable effective treatment planning for such conditions as Plantar Fasciitis, low back and hip pain, tension headaches, and neck and shoulder pain. This is a great introduction to the art and science of Structural Integration.

### MASSAGE THERAPY AS A HEALER FOR LIFE

In this workshop, we will take a hands-on look at the ways Massage Therapy addresses the problems associated with the damaging effects of modern lifestyle. You will be introduced to new research on the nature of musculoskeletal pain and damage, and discover that Massage Therapy is the only profession that has the skill and the flexibility to treat the 3 stages of healthcare. This session will revitalise your practice, your sense of purpose and the impact that you have on the health and wellbeing of Australians.

### TRIGGER POINT THERAPY FOR THE UPPER LIMB

In this workshop, we will begin by clearly outlining what a Trigger Point is and how to establish the location of problematic Trigger Points. We will then take you through some useful assessment tools, looking at postural deviations, musculoskeletal limitations in ROM and muscle weakness due to Trigger Points. The focus of this workshop will be to provide effective treatment for conditions of the elbow, forearm, wrist and hand, an area that often needs attention when treating Massage Therapists.

### ACCOMMODATION

#### The Novotel

AMT has negotiated a special conference rate with The Novotel. Bayview Suite rooms are \$229.00 per night or Standard rooms are \$209.00 per night. A full buffet breakfast is available for \$20.00. To book your accommodation here, call 02 9556 5111 and quote the code AMT 231009.

#### The Grand Pines Tourist Park

Budget accommodation is available at The Grand Pines Tourist Park in Sans Souci. To book, phone 02 9529 7329 or visit their website [www.thegrandpines.com.au](http://www.thegrandpines.com.au)

### PARKING

Street parking in Brighton le Sands is extremely limited. Parking is available at The Novotel for \$10 per day or \$25 overnight.



# ASSOCIATION OF MASSAGE THERAPISTS

## 20TH NATIONAL CONFERENCE 2009

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### REGISTRATION FORM

Name

Company name

Address

Email

Contact number

AMT membership number

If you are not a member of AMT please indicate if you belong to one of the following associations:

AAMT ☐ATMS ☐ARM ☐

If you are registering as a student, what is the name of the college you are enrolled at?

### CEUs

You will be rewarded with 50 CEUs for each day of the conference you attend. ARM and AAMT members will receive CPEs for attendance.

### Registration fees

Your registration fee includes morning and afternoon teas and lunch. Prices include GST. Please note that you can choose to attend any single day or two days of the conference, or you can attend all three days including the pre-conference Friday. Take advantage of our earlybird savings by completing your booking **before Friday August 22**.

### Conference Gala Dinner

The Conference Gala Dinner is included in all 2 and 3 day registrations. Delegates registering for one day will need to purchase their dinner ticket separately.

### ONE-DAY REGISTRATION (please indicate which day you would like to attend)

Attending on:		Earlybird rate		After August 22		Student Rate	
Friday	<input type="radio"/>	\$210.00	<input type="radio"/>	\$230.00	<input type="radio"/>	\$140.00	<input type="radio"/>
Saturday	<input type="radio"/>	\$210.00	<input type="radio"/>	\$230.00	<input type="radio"/>	\$140.00	<input type="radio"/>
Sunday	<input type="radio"/>	\$210.00	<input type="radio"/>	\$230.00	<input type="radio"/>	\$140.00	<input type="radio"/>

### TWO-DAY REGISTRATION (please indicate which days you would like to attend)

Attending on:		Earlybird rate		After August 22		Student Rate	
Friday & Saturday	<input type="radio"/>	\$400.00	<input type="radio"/>	\$450.00	<input type="radio"/>	\$280.00	<input type="radio"/>
Saturday & Sunday	<input type="radio"/>	\$400.00	<input type="radio"/>	\$450.00	<input type="radio"/>	\$280.00	<input type="radio"/>
Friday & Sunday	<input type="radio"/>	\$400.00	<input type="radio"/>	\$450.00	<input type="radio"/>	\$280.00	<input type="radio"/>

### THREE-DAY REGISTRATION

Attending		Earlybird rate		After August 22		Student Rate	
All 3 days		\$570.00	<input type="radio"/>	\$630.00	<input type="radio"/>	\$420.00	<input type="radio"/>

**Extra dinner ticket**      **\$70.00**      ☐  
(1 day registrations or guests)

**TOTAL: \$**

**Dietary requirements (please advise of any special dietary requirements and we will attempt to address these)**

Vegetarian      ☐  
Lactose Intolerant      ☐  
Gluten free      ☐

## WORKSHOP PREFERENCES

### PRE-CONFERENCE WORKSHOPS (FRIDAY 23 OCTOBER)

Choose from one of the following:    Myofascial Orthopaedics of the upper limb ☐  
Balancing the feet through applied Structural Integration techniques ☐

### CONFERENCE BREAKOUT WORKSHOPS

Please number your choice for each session in order of preference, beginning with 1 as your first choice.

#### Breakout Session 1 (Saturday afternoon)

- \_\_\_\_\_ Correcting forward head carriage and posture through breath
- \_\_\_\_\_ Trigger Point Therapy for the upper limb
- \_\_\_\_\_ Fascial Continuities: Understanding the Superficial Back Line
- \_\_\_\_\_ An introduction to qualitative research methods
- \_\_\_\_\_ Ethics

#### Break out Session 2 (Sunday morning)

- \_\_\_\_\_ Correcting forward head carriage and posture through breath
- \_\_\_\_\_ Trigger Point Therapy for the upper limb
- \_\_\_\_\_ Fascial Continuities: Understanding the Superficial Back Line
- \_\_\_\_\_ An introduction to qualitative research methods
- \_\_\_\_\_ Massage Therapy as a healer for life

## WORKSHOP ALLOCATION

Workshops are allocated on a first-come, first served basis. All attempts will be made to satisfy your request for preferences. If your first choice of workshop is not available would you like AMT to:

Choose your next available preference for you? ☐

Cancel your registration and refund your fee? ☐

**REGISTRATION CLOSES FRIDAY 16 OCTOBER 2009**

I have enclosed my cheque or money order (made out to AMT) OR please debit my Visa/Mastercard (for banking purposes circle correct one)

Cardholder's Name: \_\_\_\_\_

Cardholder's Signature: \_\_\_\_\_

Card Number:

Expiry Date: \_\_\_\_\_ / \_\_\_\_\_

#### CANCELLATION POLICY

- Cancellation up to four weeks prior to close of registration – full refund
- Cancellation less than four weeks but more than two weeks prior to close of registration – less 15%
- Cancellation less than two weeks but more than one week prior to close of registration – less 25%
- Cancellation less than one week prior to close of registration – less 50%
- No refund will be given after the event

#### EFT PAYMENT DETAILS

PLEASE USE YOUR NAME UNDER THE TRANSACTION DESCRIPTION SO WE CAN IDENTIFY THE PAYMENT AND SEND THIS FORM BACK TO AMT

Account Name: Association of Massage Therapists Ltd

BSB: 062-212

Account Number: 1034-0221

#### OFFICE USE ONLY

Date received \_\_\_\_\_

Receipt no. issued \_\_\_\_\_

Please return to:  
AMT

PO Box 792 Newtown NSW 2042  
or fax 02 9517 9952



ABN 32 001 859 285

# POST-CONFERENCE WORKSHOP

## Ways of Seeing Ways of Being: Posture Beyond the Plumline

**WHEN:** Monday, 26 October 2009  
**TIME:** 10.00am – 5.30pm  
**WHERE:** Rockdale RSL Club  
45 Bay Street  
Rockdale, Sydney

**REWARD:** 50 CEUs  
**COST:** \$120.00  
**LUNCH:** is available at the club  
**PLEASE BRING:** your own massage table if possible

### WORKSHOP DESCRIPTION

#### Posture Beyond the Plumline: Ways of Seeing Ways of Being

Postural observation is normally considered from the basic biomechanical perspective of the anatomical plumline, as exemplified by Kendall. While this is a good basic starting point, many other functional modes of observation and body reading exist. Awareness of these can profoundly influence our approach to working with the body.

This workshop is a synthesis of knowledge gained through many years of training, study, experience, observation and enquiry. We will examine many different postural models, observe examples (both in photographs and fellow class members) and learn practical techniques for working with some of the patterns and ways of being we discuss.

We will discuss the perspectives of Ida Rolf and other structural integrators such as Tom Myers, Hans Flury, Jan Sultan, Richard Wheeler and Robert Schleip, visit the perspectives of Bioenergetics and consider exciting recent discoveries from the world of Fascia Research. The practical component of this workshop will involve a hands-on exploration of the implications of some of these models of observation.

### PRESENTER - COLIN ROSSIE

Colin has over 20 years experience as a bodyworker, originally as a Shiatsu practitioner and later a Remedial and Sports Massage Therapist, before becoming a Certified Rolfer® and Rolf® Movement practitioner.

His work is firmly grounded in a sound knowledge of anatomy and physiology and western science, and an awareness of and exploratory approach to kinaesthetics. He frequently incorporates the energetic perspectives of Traditional Oriental Medicine into his work.

Please find enclosed: ☐ \$120.00

TOTAL \$

Cheque or Money Order (made out to AMT) ☐

EFT (see payment details below) ☐

Or please debit my visa/mastercard ☐

AMT Membership number: \_\_\_\_\_

### \* NON-MEMBERS, PLEASE SUPPLY ADDRESS & PHONE CONTACT DETAILS

First name: \_\_\_\_\_

Surname: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Phone number: \_\_\_\_\_

Cardholder's Name: \_\_\_\_\_

Card Number:

Cardholder's Signature: \_\_\_\_\_

Expiry Date: \_\_\_\_\_ / \_\_\_\_\_

#### AMT REFUND POLICY

- Cancellation up to 4 weeks prior – **full refund**
- Cancellation less than 4 weeks but more than 2 weeks – **less 15%**
- Cancellation less than 2 weeks but more than 1 week – **less 25%**
- Cancellation less than 1 week – **less 50%**
- No refund will be given after the event

#### EFT PAYMENT DETAILS

PLEASE USE YOUR NAME UNDER THE TRANSACTION DESCRIPTION SO WE CAN IDENTIFY THE PAYMENT AND SEND THIS FORM BACK TO AMT  
Account Name: Association of Massage Therapists Ltd  
BSB: 062-212  
Account Number: 1034-0221

Please return to:  
AMT Ltd, PO Box 792  
Newtown NSW 2042  
or fax 02 9517 9952



# NOMINATION FORM

## AMT "MASSAGE THERAPIST OF THE YEAR" AWARD

Please print

Name of person being nominated: \_\_\_\_\_

AMT membership number: \_\_\_\_\_

Name of nominator: \_\_\_\_\_ AMT membership no.: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Relationship to nominee (e.g. teacher, colleague, friend): \_\_\_\_\_

How long have you known the nominee? \_\_\_\_\_

Reasons for nomination – please refer to the Award Criteria below (attach more paper if required):

Signature: \_\_\_\_\_

Name of seconder: \_\_\_\_\_ AMT membership no.: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Relationship to nominee (e.g. teacher, colleague, friend): \_\_\_\_\_

How long have you known the nominee? \_\_\_\_\_

Signature: \_\_\_\_\_

### CRITERIA

- At least three years of practitioner level membership with AMT
- Current First Aid Certificate, Insurance and adequate CEUs
- Good financial history with AMT
- Active AMT membership (attending meetings, events etc)

### SUGGESTED REASONS FOR AWARD

Industry initiative in:

- Business and professional practice management
- Ongoing relevant education
- Principles and practice of massage
- Team leadership
- Development of AMT and related bodies

**NOMINATIONS CLOSE ON MONDAY AUGUST 31, 2009.**





# NOMINATION FORM

## AMT "STUDENT THERAPIST OF THE YEAR" AWARD

Please print

Name of student being nominated: \_\_\_\_\_

School at which nominee is a student: \_\_\_\_\_

Course being undertaken by student: \_\_\_\_\_

Name of nominator: \_\_\_\_\_

Position held at the School by nominator: \_\_\_\_\_

How long have you known the nominee? \_\_\_\_\_

Reasons for nomination – please refer to the criteria below (attach more paper if required):

Signature: \_\_\_\_\_

Name of seconder: \_\_\_\_\_

Position held at the School by seconder: \_\_\_\_\_

How long have you known the nominee? \_\_\_\_\_

Signature: \_\_\_\_\_

### CRITERIA

**Nominated by a School/College, teacher or fellow student MUST HAVE:**

- High educational achievement
- Excellent practical skills

### OTHER VALUES:

- AMT student membership
- Extra efforts for School/College or AMT
- Good ambassador for massage therapy
- Participant in School/College or AMT functions
- Good team member
- Dedicated during adversity (e.g. visually impaired or other disability)

**NOMINATIONS CLOSE ON MONDAY AUGUST 31, 2009.**