

## President's Message

By Alan Ford

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With the release of the Code of Practice, AMT has successfully consolidated its position as a leader in the massage sector. By now, you should have received your hard copy of the Code, a new AMT Code of Ethics and a poster version of the strategic plan.

Last year, the Federal Government announced a review of the private health insurance rebate for natural therapies. The Chief Medical Officer, Professor Chris Baggoley, called for submissions to this review in November last year and AMT lodged its submission in January.

The Code of Practice laid the foundations for the professionalisation of massage therapy in Australia. AMT's submission to the Private Health Insurance Review (PHIR) has now built on those solid foundations. The submission is a comprehensive synthesis of the best available empirical evidence for the efficacy of massage therapy in the treatment of a broad range of presenting conditions and populations. This document is an impressive testament to the key role that massage can and should play in the primary healthcare sector.

It has been incredibly gratifying to see these two significant documents launched into the public domain during my tenure as president. Now, like George Costanza before me, I have decided to exit on a high note. It is with great sadness that I announce this to be my last President's Message.

I have spent twenty years in the massage therapy business, including twelve serving at executive level as regional area representative, national vice-president, Board member and president of AMT. I now realise I have neglected other aspects of my family life, at great expense. In light of these considerations, I will not be nominating for a position on the Board in the coming year.

Under the careful stewardship of AMT's secretary, the Board has worked extremely hard for the past seven years to lay the foundations for the next generation of young professionals. I sincerely thank all those with whom I have worked in my various positions over the years - your passion, belief and dedication are what have brought us to this current high water mark. It is now time for a new generation of young, enthusiastic AMT members to take on the challenge of leading the Association into the future. The prospects for our emerging profession have never looked brighter.

I look forward to connecting with members at the Annual General Meeting in Canberra on March 16, where Derek Zorzit and I will present a three-hour workshop on self-care. Please bring along a massage table if you can and be prepared to do a swap treatment.

In closing, I would like to wish the future AMT executive and AMT members all the best for 2013 and beyond.

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*in good hands*

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# Secretary's Report

by **Rebecca Barnett**

No rest for the wicked ...

Just when we thought it was safe to slacken the pace a little and slide into a summer of Australian somnolence, the federal Chief Medical Officer (CMO) put out the call for submissions to the review of the private health insurance rebate for natural therapies. The original deadline for submissions was December 21 last year, just over three weeks after AMT received notice. Happily, AMT applied for and received an extension on the deadline, along with other natural therapy associations potentially impacted by the review process.

Under the terms of the submission, AMT is required to "present evidence supporting the clinical efficacy, cost effectiveness, and safety and quality" of massage therapy. Evidence submitted will be assessed by the Department of Health and Aging in the context of the National Health and Medical Research Council's (NHMRC) evidence guidelines.

It goes without saying that many of the nationally registered health professions, all of which are protected from this review process, would struggle to provide the necessary evidence in the given time frame. As I have said in a subsequent article in this journal, this was like trying to squeeze a three-year PhD thesis into a six-week time frame. However, it was work that needed to be done. Along with the recently launched AMT Code of Practice, it will provide a strong platform that informs and supports all of AMT's advocacy projects in 2013, including reopening dialogue with NSW WorkCover and the Department of Veterans' Affairs.

AMT lodged its submission with the Department of Health and Aging at the end of January. The full submission is available for download from the AMT website and I wholeheartedly encourage you to read it.

It is an invaluable resource, containing a comprehensive list of citations to massage-related studies, classified according to the NHMRC evidence hierarchy and categorised according to presenting conditions and populations.

As part of the process, the NHMRC will conduct its own comprehensive literature search, as well as review the evidence provided by stakeholders such as AMT. The findings will be assessed by the Natural Therapy Review Advisory Committee which will include representatives from the Australian Traditional Medicine Society, the Australian Natural Therapists Association and the Australian Naturopathic Practitioners Association. At this stage, the rationale for this choice of associations is not clear, but I have written to the CMO requesting both clarification and an AMT seat on the Advisory Committee.

We will keep you informed about the progress of the review. On completion, the Government plans to introduce (through regulation) a list of evidence-based natural therapies that will continue to attract a health fund rebate. It is anticipated that this will be implemented on 1 January 2014. I remain confident that massage therapy will continue to be a rebatable service.

### **Code of Practice**

By now, you should have received a hard copy of the AMT Code of Practice, along with a brand new Code of Ethics and a poster version of the AMT strategic plan.

Please destroy the old AMT Code of Ethics and display the new one in your clinic. We hope you will also consider prominently displaying the Code of Practice.

If you have not received these documents, please let AMT Head Office know so we can post them to you again.

### **Health training package review**

The first round of consultation about draft units in both the Certificate IV in Massage Therapy Practice and the Diploma of Remedial Massage will be closed by the time this journal goes to print. Lively dialogue has been a feature of the proposed name change for Certificate IV. It is heartening to see so much commitment, thought and passion invested in redrafting these qualifications.

### **AMT annual conference**

This year's annual conference is set for October 11-13 at Penrith Panthers' Leagues Club. The Conference Committee is working to put together another fascinating program of plenary sessions and breakout workshops. Check the AMT website in early May for the full program and registration forms. These will also be available in the June journal.

### **2013 Annual General Meeting**

The AMT AGM will be held at the National Press Club in Canberra on March 16. Proceedings will kick off at 2.00 pm with a self-care workshop presented by Derek Zorzit and Alan Ford. The meeting will commence at 6.00 pm, and will be followed by dinner and a trivia night. Members can attend any or all of the program events. Attendance at the meeting is free. The Board is looking forward to reporting on yet another successful year of AMT operations at the AGM.

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## Clinical Efficacy of Massage Therapy

by Rebecca Barnett

So, we all know how effective massage therapy is at treating an enormous range of conditions, don't we? We see the profound effects of massage every single day at work, treating back pain, joint pain, injury, headache, stress, occupational overuse etc.

But how much do we really know?

Much of what we understand about the effects of massage therapy comes from an evidence-informed position rather than an evidence-based one. Yes, we have tonnes of clinical anecdote and personal experience, and we have best practice assumptions based on literally thousands of years of tradition, experimentation and conventional wisdom. We even have a significant body of high quality case studies/series. But what we don't have is an enormous pool of objective, empirical evidence in the form of systematic reviews and clinical trials – the kind that dominates the current medical discourse. (That's a whole chestnut in itself and the meaningfulness of evidence-based medicine is hotly debated, particularly the 'for-better-or-worse' marriage between the pharmaceutical industry and the medical profession. Given their massive R&D budgets, the pharmaceutical industry funds a disturbingly high proportion of large-scale clinical trials.)

When the federal Chief Medical Officer, Professor Chris Baggoley, put out the call late last year for submissions to the review of the private health insurance rebate, it was simultaneously a call to arms. For the first time, we were required to formally account for ourselves within a fairly strict evidence-based medicine (EBM) framework. As the terms of the submission explicitly stated, evidence was to be judged according to the National Health and Medical Research Council's (NHMRC) hierarchy of evidence.

Essentially, this means we need to present as many systematic reviews and randomised, controlled trials (RCTs) as our empirical evidence base can muster.

Synthesising the clinical evidence base for massage therapy has been on AMT's to do list for quite some time. The sharp-eyed amongst you would have noticed that it is listed as a strategy on AMT's strategic plan. However, given the paradigm shift towards evidence-based practice over the last 15 years or so, it's genuinely surprising how little relevant work has been done within the massage therapy field. The recently released and excellent book, "Massage Therapy: Integrating Research and Practice", is a significant leap in the right direction and I highly recommend it as a must-have resource.<sup>1</sup> Other than that book, though, we were pretty much on our own in a big, scary EBM universe.

Trying to produce a decent synthesis for the Chief Medical Officer in the available time was a bit like squeezing a PhD thesis into six weeks. Countless hours were spent searching in PubMed and other online databases, and many blind alleyways were encountered - citations that led to obscure and irrelevant places.

Two surprising things emerged out of this hunt for credible evidence:

1. There is an astonishing paucity of empirical evidence for the efficacy of some of the most basic claims we make about massage. Of course, this doesn't necessarily mean that the claims are untrue or ill-founded, but rather that they haven't been formally tested, researched and proven in a classical, empirical manner. This particular quandary is normally encapsulated by the aphorism "absence of evidence is not evidence of absence"; but, again, that's a larger discussion for another time!

2. A significant amount of free, full text material is available via PubMed.

Happily, as a result of this enormous process, we have emerged with a strong platform to present to the Chief Medical Officer, and a clear understanding of what we do and don't know in an empirical sense.

Although many of the studies included in AMT's submission have methodological flaws, they all contribute to our body of knowledge and lay the foundations for the professionalism of our practice. Bearing in mind that new research is published daily – a quick search for 'massage therapy' in PubMed yielded a new swag of references in 2013 – here is a brief overview of the current state of the massage therapy nation.

### ***1. Empirical evidence supports the established effects of massage therapy for the following conditions and populations:***

#### **Cancer**

Although massage therapy is obviously not a treatment for cancer itself, massage therapy is effective in the management of symptom distress and palliation. It can also ameliorate the mood effects of a cancer diagnosis, such as stress and depression. Four systematic reviews of massage and cancer have been conducted, including a Cochrane Systematic Review in 2004, which was updated in 2008.<sup>2</sup>

The largest single study of massage and cancer was conducted at Memorial Sloan-Kettering Cancer Centre, where 1290 patients were treated with massage therapy over a three-year period.<sup>3</sup>

#### **Musculoskeletal pain, including low back pain**

A significant body of evidence, including systematic reviews, supports the effectiveness of massage therapy in the treatment of a range of musculoskeletal presentations.

Four systematic reviews of massage and low back pain have been completed, including a Cochrane Systematic Review in 2008, which was updated in 2009.<sup>4</sup> The most recent review, published by the Ottawa Panel in 2012, concluded that massage interventions provide short-term improvement of sub-acute and chronic low back pain symptoms and decrease disability at immediate post treatment. Massage therapy provides short-term relief when combined with therapeutic exercise and education.<sup>5</sup>

Two systematic reviews of massage and neck pain have been conducted, including a Cochrane Systematic Review in 2012 which concluded that massage therapy provides short-term relief of mechanical neck pain.<sup>6</sup> A systematic review published by the Ottawa Panel in 2012 reached a similar conclusion.<sup>7</sup>

A large body of research investigating the connection between active myofascial trigger points and various kinds of myofascial pain and dysfunction provides underpinning evidence for the use of trigger point techniques, including myofascial dry needling. A team of Spanish researchers in the Department of Physical Medicine and Rehabilitation at the Universidad Rey Juan Carlos have established a substantial body of work in this area, with a particular focus on headache, neck and shoulder pain.<sup>8</sup>

There is also modest evidence for the effectiveness of massage therapy in ameliorating the symptoms of fibromyalgia. A 2010 review revealed short-term benefits, with one single-arm study reporting longer term effects.<sup>9</sup>

### **Mood**

Anxiety reduction is one of the most well-established effects of massage therapy, with evidence for this crossing multiple presenting conditions and populations. In a 2004 meta-analysis of 37 studies, reductions in trait anxiety and depression were identified as massage therapy's largest effects.<sup>10</sup> A number of studies also show that massage therapy increases oxytocin, which may be one of the mechanisms by which it mediates anxiety.

### **Pre/Post operative**

A significant body of RCTs demonstrates the efficacy of massage in the management of pre- and post-operative pain, anxiety and tension, and post-operative nausea. A 2009 Cochrane Systematic Review found that acupressure stimulation of the P6 acupoint significantly reduced post-operative nausea and vomiting, and the need for antiemetics.<sup>11</sup>

### **Pregnancy/Labour/Post-natal**

A significant body of evidence supports the efficacy of massage throughout pregnancy, and particularly during labour. A 2012 Cochrane Systematic Review found evidence that massage improves the management of labour pain with few adverse side effects.<sup>12</sup> Another 2012 Cochrane review found that massage may have a role in reducing pain and improving women's emotional experience of labour.<sup>13</sup>

### **Infant/Paediatric**

A 2004 Cochrane Systematic Review found that massage of pre-term or low-weight infants improved daily weight gain by 5.1 grams and appeared to reduce the length of hospital stay by 4.5 days.<sup>14</sup> A 2006 Cochrane review also found evidence of benefits regarding mother-infant interaction, sleeping and crying, and on hormones influencing stress levels.<sup>15</sup> A 2007 review established the efficacy of paediatric massage for a range of conditions; however, significant reductions in state anxiety were identified as one of the strongest effects.<sup>16</sup>

### **Older adults**

A body of RCT evidence supports the efficacy of massage in treating a range of conditions associated with aging. A Cochrane Database Review of massage and touch for dementia found that massage therapy may serve as an alternative or complement to other therapies for the management of behavioural, emotional and other conditions associated with dementia.<sup>17</sup>

### **Athletes/Sports/Exercise**

Systematic reviews show that massage therapy is effective in reducing delayed onset muscle soreness and enhancing recovery after strenuous exercise.<sup>18</sup>

A number of RCTs have also shown positive effects of massage on pain and recovery after strenuous exercise.

### ***II. Strong preliminary evidence also points toward the clinical efficacy of massage therapy in the treatment of the following conditions:***

#### **Headache and migraine**

A 2010 systematic review of manual therapies for migraine found that massage therapy, physiotherapy, relaxation and chiropractic spinal manipulative therapy might be as effective as propranolol and topiramate in the prophylactic management of migraine.<sup>19</sup> A number of RCTs on headache and migraine also report positive results for massage.

#### **Arthritis**

A number of promising RCTs support the efficacy of massage therapy in treating both osteo and rheumatoid arthritis. One recent RCT of Swedish massage for osteoarthritis of the knee revealed significant improvements across a range of measures compared to usual care.<sup>20</sup> This dose-finding study built on an earlier study that produced similar results.<sup>21</sup>

#### **Hypertension**

Some preliminary evidence, based principally on case series, indicates that massage has a moderating effect on blood pressure and heart rate. One specific study provides evidence that the style of massage therapy can influence blood pressure, noting increases in blood pressure for potentially painful massage techniques.<sup>22</sup>

#### **HIV/Immune Function**

A number of studies report findings that massage therapy has a positive effect on immune function. A 2010 Cochrane Review found evidence to support the use of massage therapy to improve the quality of life of people living with AIDS/HIV.<sup>23</sup>

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## Great Expectations: How well do we really know what our clients anticipate from their massage and from us as therapists? Current research shows it might be more than we can deliver ...

by Kat Mullard

The lights are dimmed, the gentle sounds of shakuhachi resonate softly in the background, and the smell of lavender and frankincense linger in the air. My client is lying in prone position on the table, and the telltale sound of her deep rhythmic breathing lets me know I've done my job.

Before getting onto the table, my client has informed me of her expectations – relief of pain and tension in specific muscle groups, as well as relaxation. After working the muscles using remedial techniques, I've ended with some Swedish massage for relaxation. Throughout the massage so far my client has been silent, with the exception of minimal responses to my questions about pain and pressure.

Now I have to interrupt my perfect dance of serenity. I gently tap my client's shoulder, informing her that it's time to turn over – there's work to be done on her pecs and neck. I've done this transition many times before – and I've got the eye pillow perched on the edge of my oil table, waiting.

Two minutes into the supine treatment, and I can tell I'm losing my mojo. Even with the eye pillow firmly in place, my client can't stop talking. She's telling me about her day, about her mother's health, about her dinner plans... Visions of her floating out of my treatment room in raptures of relaxation are quickly ebbing from my mind. Does she really want to share this information with me, or is she creating a verbal barrier in order to feel more comfortable? I look for non-verbal cues. Notwithstanding the work I'm doing, I can feel her muscles tensing. A quick peek at my clock tells me I'm running out of time. I finish the deeper work, and then start on her scalp.

It takes some time, but eventually the conversation slows to a trickle, and then stops. I'm performing an occipital hold and, after what seems like an eternity – I'm now working overtime – slowly her head releases into my hands. There's a gurgling sound coming from her stomach, and a gentle snore sneaks from her throat – it's a victory!

Most massage therapists will be familiar with this scenario to some degree or another. As therapists, we want to meet our clients' expectations, but are we always clear about what they are? And are these expectations reasonable? For example, most clients list relaxation and pain relief as high priorities but, often, meeting these needs can be a balancing act. Providing deeper work, which sometimes requires clients to participate, can interfere with their ability to relax.

And then there's the small talk - you want your clients to feel comfortable, and building a rapport is a part of this but, conversely, too much conversation during a massage can hinder relaxation. It's the proverbial line in the sand. Put simply, how much talk is too much talk?

### Current research

Contemporary research provides some interesting food for thought. A recent study, published in the *International Journal of Therapeutic Massage & Bodywork*, indicates that although clients were generally positive toward massage and their massage therapists, their expectations were high.

Four categories of expectations were identified. Massage therapy clients want their therapist to be a friend, a clinician, and an educator, and also have expectations about the massage therapy itself.

Primarily, they are seeking relaxation as well as a reduction in pain.

The study indicated that although client expectations of a positive outcome had a positive effect on pain and serenity, high interpersonal expectations had a negative effect on client relaxation. The more clients shared personal information with their therapists, the less they were able to relax.

The study's aim was to develop and validate a scale that measured the range of client expectations of massage therapy and looked at results from two sample groups. The first group consisted of 320 adult massage clients who visited the offices of licensed massage therapists in Iowa. Information was collected from clients before their massage through a questionnaire that included questions about client expectations and interpersonal elements of massage. A Client Expectations of Massage Scale (CEMS) that had been developed by the researchers in a previous study was used in this instance. The second group involved 321 adult massage clients who were given study materials to complete before and after the massage therapy session. These included a revised CEMS, and a Positive and Negative Affect Schedule-Expanded Form composed of a series of mood descriptors.

In general, the massage therapy clients in the study had high expectations regarding both their therapist and the benefits of massage in terms of serenity and pain.

### Client snapshots

This information came as an eye-opener to me: how well did I really know what my clients wanted? I decided to investigate further.

I interviewed four recipients of regular massage to see if their expectations were in line with the latest research. Here's what the clients had to say:

**Linda\*, 34-year-old hospitality manager. Receives monthly combined remedial therapy and reflexology massages.**

**Q: What are your expectations of a massage therapist?**

I prefer my therapist to stay on a professional footing with me. If I want to instigate conversation, I will, but I don't want them to start telling me about their personal lives. I expect them to educate me on how to fix the problem long term, for example, by giving me exercises and lifestyle recommendations.

**Q: What are your outcome expectations of massage?**

I don't expect to be 'fixed' overnight, but I do expect results long term. I want the pain to be dealt with, and I am also looking for a holistic approach to healing.

**Q: Do you like to relate to your massage therapist on a friendship level, or do you prefer to keep the relationship strictly professional?**

If it is a therapist I am seeing regularly, I do like the relationship to progress into a friendship of sorts, but they're not like a hairdresser who chats to you about anything. I want the conversation to be relevant to the massage. I want it to be about me, not them.

**Q: Do you find conversation during a massage interferes with your ability to relax?**

Yes, I find it annoying. My therapist restricts the conversation to before and after the massage, and only asks relevant questions throughout the treatment. I find that to be a better approach.

**Q: Current research has shown that the more people interact on a personal level with their therapist, the less they are able to relax. What's your take on that?**

I'd agree. I'd be uncomfortable.

**Kara\*, 35-year-old home schooler and part-time receptionist. Receives monthly remedial and relaxation massage.**

**Q: What are your expectations of a massage therapist?**

I expect them to know their stuff. I once went to see a woman who had to look up in a book which oils to use on me. I couldn't respect her as a therapist after that – I never went back. I also like a therapist to be able to offer me exercises and advice – education is important to me. And I want to be informed of what they are going to do and what products they will be using on my skin.

**Q: What are your outcome expectations of massage?**

Primarily relaxation. For me, massage is about the process of nurturing.

**Q: Do you like to relate to your massage therapist on a friendship level, or do you prefer to keep the relationship strictly professional?**

I don't expect friendship or too much chit-chat. I like to limit my relationship with my massage therapist to a professional level. I don't care if they are a complete stranger – I'm a private person anyway.

**Q: Do you find conversation during a massage interferes with your ability to relax?**

Yes, although questions about how the pressure is or 'Is that hurting?' are okay.

**Q: Current research has shown that the more people interact on a personal level with their therapist, the less they are able to relax. What's your take on that?**

That's what I can totally imagine happening to me if I shared personal information with my massage therapist.

**Polly\*, 33-year-old sales assistant. Receives sporadic remedial, relaxation and aromatherapy massage.**

**Q: What are your expectations of a massage therapist?**

I expect a therapist to be welcoming and friendly, non-sexual, and respectful. I expect them to have skills and knowledge and modesty techniques with the towels, and for them to be able to suggest exercises and lifestyle modifications that I am responsible for doing.

**Q: What are your outcome expectations of massage?**

To relax, and to gain some relief or loosening of muscles, and to feel more supple afterwards.

**Q: Do you like to relate to your massage therapist on a friendship level, or do you prefer to keep the relationship strictly professional?**

I feel more relaxed with a therapist I know and have a friendship with. I feel less relaxed in a setting with an unknown therapist.

**Q: Do you find conversation during a massage interferes with your ability to relax?**

It sometimes can, but some talking, ideally at the beginning of the massage is okay. But I do like to restrict the types of things I talk about.

**Q: Current research has shown that the more people interact on a personal level with their therapist, the less they are able to relax. What's your take on that?**

I think that people who feel the need to offload their personal stuff onto a therapist are perhaps better suited to seeing a counsellor.

**Simon\*, 38-year-old graphic designer. Receives weekly remedial therapy massages and shiatsu treatments.**

**Q: What are your expectations of a massage therapist?**

I expect the therapist to be competent and professional and to treat my particular needs with compassion and skill. Also, the more I see a therapist, the better idea they have of how to treat me.

**Q: What are your outcome expectations of massage?**

To feel healed by the encounter and that energy has shifted. If it's a remedial massage I expect my problem to be ameliorated. I do expect to feel pain, but a good pain.

**Q: Do you like to relate to your massage therapist on a friendship level, or do you prefer to keep the relationship strictly professional?**

I prefer to relate to them on a personal level as I find it breaks down barriers to relaxation and makes me feel more comfortable with expressing what feels good or what doesn't feel good. It also helps me to feel more open to relay sensitive information. In our culture we expect an impersonal approach in a lot of aspects of our lives and that, to some extent, has become the characteristic of professionalism, but it's an approach that I believe hampers the healing encounter.

**Q: Current research has shown that the more people interact on a personal level with their therapist, the less they are able to relax. What's your take on that?**

I think it speaks volumes about the dissociation and anomie experienced by people in industrialised cultures. In some early tribal situations your health provider was likely to be someone who helped you into the world out of your mother's womb and would have a deep and innate sense of who you were on a personal level. This can have a profound effect on healing.

**Q: Do you find conversation during a massage interferes with your ability to relax?**

No, not for me, I'm a bit of an extrovert and I don't mind having a chat.

Sometimes I'll talk and sometimes I'll drift off to sleep depending on the modality.

### Implications for massage therapists

How well do we really know what our clients expect from us? Are those expectations reasonable? And when it comes to relating to our clients verbally on an interpersonal level, where do we draw the line? The research discussed above raises some salient points for us to consider when defining our therapeutic relationships with clients.

The evidence clearly indicates that client expectations influence client outcomes. As massage therapists, arguably we should be aware of these relationships to promote better outcomes. On the other hand, while it is important to strive toward fulfilling our clients' needs, we should assess whether or not their expectations are realistic. If we were aware that a client had unrealistic expectations at the start of a session, it would be beneficial to try to realign their expectations to prevent disappointment.

And, because the study indicated that high interpersonal expectations were associated with lower levels of relaxation, we can question our clients at the outset about whether they regard talking during massage as relaxing or distracting, and modify conversation accordingly. Even a simple snapshot of four clients demonstrates that people expect vastly different things from their massage and therapist. It pays to ask!

When it comes down to it, meeting reasonable expectations or exceeding low expectations creates better outcomes than failing to meet high or unreasonable expectations.

\* Names have been changed to protect confidentiality.

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## Interview with the AMT 2012 Massage Therapist of the Year

by Kat Mullard



For one AMT member, studying massage therapy has been an adventure. The challenge? To integrate Australian and Japanese massage therapy knowledge and practice. *In Good Hands* Guest Editor Kat Mullard speaks with Azusa Morita, AMT's 2012 Massage Therapist of the Year ...

### **What first ignited your interest in massage therapy?**

I used to compete at long-distance freestyle swimming in Japan. During my time as a competitive swimmer, I suffered numerous episodes of shoulder and back injuries. During this time, I received many treatments for my injuries. As a result, I developed a keen interest in learning about human movement and understanding the biomechanics of the body in greater detail, and consequently studied massage therapy. Eventually, I had to retire from the sport at the age of 20. Being an athlete and having suffered from a debilitating injury allowed me to share my experiences and offer empathy, compassion and treatment to my fellow athletes.

### **What massage training have you undertaken?**

I studied the Diploma of Remedial Massage at Kingscliff TAFE from 2005 to 2006, and started practicing massage in August 2006. I also have a Bachelor of Physical Education and am a certified Onsen Techniques® instructor.

### **Tell me a little about the Onsen Techniques® and how they have shaped your practice as a massage therapist.**

Onsen Techniques® is an assessment method for treating pain, both for the upper and lower body.

It consists of an assessment protocol, divided into four volumes. Volumes one and three focus on structural assessment and corrections, and volumes two and four on functional assessment and corrections.

Studying Onsen Techniques® has allowed me to assess and evaluate effectively and discover the underlying cause of a client's pain.

In particular, I find the sacral and pelvic assessment and corrections invaluable, especially where sacroiliac joint problems are involved. Balancing the pelvic girdle is most important when you are treating lower back pain, a common complaint I see in my practice.

On the whole, I find the technique to be very methodical and reliable in treating clients suffering pain. I found the Onsen Techniques® so beneficial I wanted to learn it in depth. This eventually led to my decision to become an instructor.

### **Which people have influenced you and helped along your journey as a massage therapist?**

Jeff Murray has been a big influence for me. He was the main teacher at TAFE when I studied the Diploma of Remedial Massage. He taught me: "Don't chase pain. You've got to assess where the pain is coming from."

### **As well as working as a therapist, you travel to Japan to teach massage. Tell me about your experiences in Japan.**

Jeff Murray and I have been running seminars in Japan since July 2008. I interpret his classes. It is challenging, however we have had some great experiences. Our main participants are hospital workers – physical therapists and occupational therapists – and traditional Japanese Jyudo (Judo) therapists. They are keen to learn new techniques from overseas. I am honoured to be able to provide such an important bridge between Japan and Australia.

I consider myself to be very lucky to have the opportunity to pass on effective methods from Australia to my home country.

### **What is the most rewarding and most challenging aspect of your job?**

The other day a client I treated seven years ago came back to see me - she was the first client I ever treated in my clinic. She had just returned from overseas and came back because she remembered how effectively I had treated her pain. That was a rewarding moment for me. When my clients come back to me, free from pain, it feels very satisfying.

My biggest challenge is finding time to see all of my clients. Sometimes I can't fit everybody in on the day they want to have a treatment. I am a single mum, and I need to pay attention to my daughter as well. It can be hard to balance these commitments.

### **What do you have planned for the future?**

I have been putting a lot of my energy into introducing Australian manual therapies into Japan with Jeff. We hope to run it for the next five years or longer. I would like to keep running my current practice as well.

### **What changes or developments would you like to see in the massage therapy industry in the future?**

I would like massage therapy to be recognised more as a part of the medical system.

---

*Azusa Morita holds a Bachelor of Physical Education, a Diploma of Remedial Massage, and is a certified Onsen Techniques® instructor. Her practice is located in Tweed Heads, NSW.*

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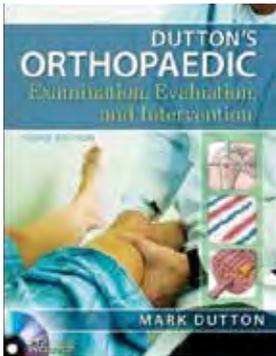
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## Book Review

by Colin Rossie



*"Dutton's Orthopaedic Examination, Evaluation and Intervention"*

Author: Mark Dutton

Third edition, McGraw-Hill Medical, 2012

1496 pages with DVD

ISBN 978-0071744041

Some books are indispensable desktop references. Increasingly, I am adding comprehensive combined works - books accompanied by very useful DVDs - such as Dutton's.

Already on my desk are: Travell and Simons' *Myofascial Pain and Dysfunction: The Trigger Point Manuals* (2 volume set)<sup>1,2</sup>; Ruth Werner's *A Massage Therapists Guide to Pathology*<sup>3</sup>; the 150<sup>th</sup> anniversary edition of *Grays Anatomy*<sup>4</sup>; a *Merck Manual*<sup>5</sup>; Brukner and Kahn's *Clinical Sports Medicine*<sup>6</sup>; Kendall's *Muscle Testing and Function*<sup>7</sup>; a good medical dictionary like a Stedman or a Mosby; and a good anatomy atlas<sup>8,9,10,11,12,13</sup>.

Every massage therapist and bodyworker could easily add his/her personal favourites. Now there is a new book to add to the indispensable list: the 3<sup>rd</sup> edition of *Dutton's Orthopaedic Examination, Evaluation and Intervention*.

Because the Dutton 3<sup>rd</sup> edition has been out for only a few months, I'm not going to pretend that I've read the entire 1496 pages - easily a year's worth of non-stop reading between clients!

But I have managed to read a lot of the first 220+ pages and also dipped into different sections as described below. My overall assessment is that this edition has all the advantages of a one stop shop.

Section 1 (three chapters) reviews the anatomy of the musculoskeletal system, tissue behaviour, injury, healing and treatment; and the third chapter contains a very comprehensive review of the nervous system in a format that is succinct and not difficult. The text is accompanied by good illustrations and tables as well as the valuable insights provided by the "clinical pearls". The third chapter fairly comprehensively covers neural testing as well.

Section 2 contains a great chapter on the interview process that is well worth reading for the insights it provides to both new and experienced practitioners.

In order to complete this review in time for publication, I looked at the fifth chapter (differential diagnosis) only briefly and so far only skim read the sixth (gait and posture analysis). What I can say, however, is that all the tests and observation skills a massage practitioner needs seem to be present in these chapters. Dutton's one stop shop describes a large range of tests and discusses efficacy and evidence on the basis of exhaustive (and I mean that in a good way) references contained in the bibliographies at chapter end.

I have been dipping into the appropriate chapters in response to clients presenting in my clinic - that is, I treat clients as I usually do but, after they've gone, I turn to the relevant section of this text to see what else I could have done or how I might have worked differently. It has been an interesting experience.

I have found the knee and cervical spine chapters especially useful thus far: the differential diagnoses and range of conditions listed are reminders not only of the complexity of the body but also the scope of practice of massage - not only what is possible, but also what the limitations of practice may be. We, as soft tissue therapists, are made more aware of when to 'refer on'.

We will find many techniques we can use and, with a little intelligent reading, this book provides indicators about where our skill set is appropriate. The chapters list the full range of possible interventions that may be required, usefully showing us when to refer on or when to advise clients to seek the service of a doctor or primary medical care.

Chapter 10 lists a large range of manual techniques and lists specific soft tissue techniques. If you are dipping into this book, I strongly recommend reading this chapter before you read the later, region-specific, chapters to get a sense of what it is possible to offer.

The region-specific chapters follow the format of describing the following: regional anatomy in detail, mentioning joints, soft tissue, nerves and vascularisation; common pathologies and the varied alternative names that these might have; full assessment techniques, both in the text and in tables, accompanied by discussion and evaluation of the effectiveness of the tests; and treatment by manual therapy and exercise as well as recovery and results. Different grades of injury and dysfunction are listed and described as well as graded treatment across a variety of therapeutic interventions, featuring specific considerations for the structure involved and the stage of healing of the client/patient. References to research are included at the end of each chapter.

Although Dutton's work is not easy bedside reading – it is definitely not for the faint-hearted - it is a great desktop reference. My only caveat is that before you put anything in this book into practice, you first need to read substantial portions of it to fully appreciate where it can fit into a massage therapist's scope of practice. Having said this, the "clinical pearls" that occur abundantly throughout the book in highlighted boxes have fairly immediate applicability for the remedial massage practitioner.

Another brilliant part of this publication is the accompanying DVD, which features a huge number of video illustrations of the text. This alone is worth the price of admission. If the MET book is rated as 3/10 (because it is not 'light reading'), the DVD rates definitely 9/10. (N.B. It is unlikely that I would ever award 10/10!)

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## AMT Member Representative

**Ever wondered what goes on during an Executive Board meeting?**

**Ever feel like there is a gap between the Board and the membership that needs to be bridged?**

**Ever wanted to ask a Director a question but wasn't sure who to address it to?**

**We have a solution!**

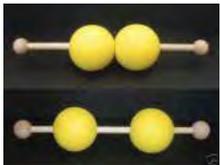
Enter Michelle McKerron, who is taking up the challenge of a new role as AMT's Member Representative.

Michelle has been a member of AMT since 1996 and manages a small clinic in the south of Sydney. She has been actively engaged with where AMT is heading throughout her whole career as a massage therapist and is now adding to her skill set, participating in AMT Board meetings. She will be acting as the eyes and ears for you - the members!

**You can contact Michelle at [memberrep@amt.org.au](mailto:memberrep@amt.org.au) with any questions or feedback you have for the AMT Board.**

## Product Review

by Tyraus Farrelly



**MyoTools**

The MyoRoller

sales@myotools.com

<http://www.myotools.com>

I was recently sent the "MyoRoller" by [www.myotools.com](http://www.myotools.com) (note the 's' at the end of myotools) to review in the AMT journal.<sup>1</sup>

The MyoRoller should not be confused with the "MyoTool" (available from [www.myotool.com](http://www.myotool.com) – note there is no 's' in that website address), which I reviewed previously in this journal.

### The MyoRoller

The MyoRoller is a device consisting of two 1.25" (close to 3.2cm) high density closed cell EVA foam balls,<sup>2</sup> residing on a wooden shaft with a round wooden trigger point applicator at each end (see picture).



Initially skeptical about whether the wooden shaft would survive the application of strong pressure to the applicator ends, I was assured by the supplier that he had tested and even stood on either end without the shaft breaking. I now use the MyoRoller daily in my practice, applying quite a lot of pressure, and have encountered no problems.

The two high density MyoBalls of the MyoRoller can be positioned anywhere along the shaft to accommodate different body types and areas.

Although the balls can be quite stiff to move and need to be twisted as you push and pull them into the desired position, the adjustability of the balls on the MyoRoller makes this product much more versatile than the 'Myo-Roller' (see picture) used and sold by many physiotherapists.<sup>3</sup>



Note: As indicated earlier, the similarity of the products' names - MyoRoller (reviewed here) v Myo-Roller - can be a little confusing!

### Evaluation: Practice and Self-treatment

The density of the EVA foam balls facilitates quite deep, still point penetration (depending on the pressure applied), yet the balls still have enough "give" to apply techniques directly over bony surfaces. An example is sacrococcygeal or sacroiliac release achieved by lying supine on the ball and applying either still point pressure, oscillations or rolling massage. This feels fantastic and provides a great release.

I have been using the MyoRoller both as a therapist's tool to treat my patients and as a self-treatment device for many areas of the body. In terms of self-treatment, the achievement of axial release and/or spinal mobilisation is where this device really shines. The ability to adjust the spacing of the two EVA balls allows one to work all muscle groups from the deep para-spinals to the erector spinae group.

Side-lying can release even the latissimus dorsi, lateral abdominals, gluteus minimus and ITB, while the rectus abdominus and iliopsoas can be released lying prone.



One also can work directly over the pubic bone on the distal rectus abdominus attachments to great effect.

In terms of the lumbar spine, altering lumbar spine lordosis by positioning the knees and hips at different angles will facilitate pressure control, as will increased tilting to one side or rocking from side to side. Lateral rocking or pelvic anterior and posterior tilts will provide a great facet joint release for the lumbar spine, as will flexion and extension movements for mobilising the thoracic spine.

To increase the effects, two MyoRollers can be used at once at different spinal levels. To enhance control, the MyoRoller works very well in conjunction with a foam roller: either placing the foam roller across the scapula region while working the MyoRoller into the lumbar spine or, in reverse, placing the foam roller across the lumbar spine while working the MyoRoller into the thoracic spine really adds another dimension to the self-treatment.

One can achieve enhanced sub-occipital release either through still point pressure or gentle rocking of the head.



Pelvic, hip and lower limb release is also easily achieved and, as mentioned earlier, it is not difficult to roll over bony prominences such as the greater trochanter or the anterior aspect of the tibia while working the tibialis anterior. In fact, a superior release of the teno-periosteal junction of the medial and lateral tibia borders can be achieved by positioning the balls to apply pressure to either side.

The balls “grip” the skin, through direct contact and even through clothing, thus delivering a really good myofascial release. Again, this application is ideal over bony regions such as the sacrum. Using the MyoRoller is my treatment of choice when applying a fascial release to multifidus lumborum and the posterior sacroiliac ligaments. Patients often comment about how good this application feels as well as how effective the release is.

By applying similar principles, self-treatment of the forearms and upper arms and chest can also be achieved. Indeed, there are not many areas where this great little tool can't be used.

### The Good

I find the dense EVA foam used in the MyoRoller and the MyoBalls<sup>4</sup> far superior to the many types of pimple/spike massage balls found on the market. In my opinion, the latter achieve surface receptor stimulation mainly rather than true myofascial or trigger point release. Both the hard rubber and air-filled balls are, in my view, also inferior to the dense EVA foam used in the MyoBalls and the MyoRoller.

Myotools.com seems to be one of the few suppliers of these superior EVA foam balls.



Incidentally, once you've used the MyoBalls and the MyoRoller, resorting to the good old tennis ball to achieve trigger point release just doesn't cut it - there is just no comparison in terms of the quality and the consistency of pressure these balls apply.

I'm really keen on educating patients to be more proactive in their own treatment. I find teaching patients to use devices like the MyoRoller or the MyoBalls<sup>5</sup> between consultations is a great way to enhance your treatment plan. It also provides another revenue source for your clinic.

### The Bad

Now that I've given the product a thumbs up, I'll take this opportunity to indicate an aspect the supplier could improve.

While, as therapists, we can all think of many techniques and areas in which the MyoRoller would be useful - both as a self-treatment device and as a treatment tool applied to client/patients - the lack of instructional material or any form of treatment guide undermines the MyoRoller's great potential.

Yes, a PDF containing some very basic written instructions can be downloaded and printed from the website. But an instructional handout/booklet with pictures and/or a hands-on DVD would really help with the use - and therefore sales - of this product.\*

\* Editor's Note: I have found two YouTube videos on the website ([www.myotools.com](http://www.myotools.com)) showing techniques for using the MyoRoller.

Tyraus Farrelly is an AMT member, Senior Level 2. After completing the TAFE Associate Diploma of Health Science in 1995, Tyraus worked as head massage therapist for the Illawarra Steelers and the St George Illawarra Dragons for four years. He was the head consultant therapist for the Australian National Martial Arts team that competed in the World Karate Championships. He has conducted and lectured postgraduate workshops privately and for the Illawarra Steelers. He has written materials for, as well as lectured at, workshops on massage for pain relief within pain management courses. He has worked with many physiotherapists, musculoskeletal specialists, chiropractors, exercise scientists and sports physicians within both rehabilitation and elite sports environments.

He currently runs a full time clinic in Wollongong with a focus on trigger point therapy and dry needling, treating sports and occupational injuries.

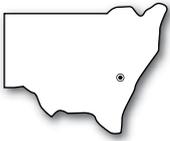
For comments or suggestions, please contact Tyraus at:

[tyraus@triggerpointtherapy.com.au](mailto:tyraus@triggerpointtherapy.com.au)

### References

1. Interestingly, when you type in [www.myotools.com](http://www.myotools.com), you are diverted to [www.shiatsubag.com](http://www.shiatsubag.com). Confused? I am, a little. My guess is that the “Shiatsubag” was this firm's first salable item, and the source of the firm's initial website. I have ordered numerous products from their site without encountering any problems.
2. Because of their closed cell nature, high density EVA [ethylene-vinyl acetate] foam balls, such as those mounted on the MyoRoller, will not retain moisture, will remain odourless and will not host bacteria. They can be washed in hot soapy water and even heated in a clothes dryer. (I suggest placing them on a shoe rack to dry.)
3. According to the websites, there is a MyoTool (reviewed by me in an earlier edition); a Myo-Roller; and the MyoRoller (reviewed here).
4. N.B. MyoBalls come in different sizes and different densities, depending on the degree of pressure required.
5. I include other devices such as the Theracane.

## News from the regions



### **Blue Mountains** by Jo Wilkinson

We finished last year with a well-attended branch/Christmas function, held on December 10 2012. The highlight of the evening was confirmation that the 2013 Conference would be held in Penrith.

We will kick-off the new year with another in our Networking Meet and Greet series, to be held at the Katoomba RSL on Saturday, February 16. We are hoping to see both old and new members from the Mid and Upper Mountains region on the day.

The first of our branch meetings for the year will also be our Annual General Meeting. To avoid a conflict with the Association's AGM, scheduled for Saturday, March 16 in Canberra, we have decided to push the branch meeting date back one week to Monday, March 25. While a venue has not yet been finalised, it will be held in the Mountains (most likely Wentworth Falls). We will be voting on our Regional Executive Committee, so please give some thought as to whether you would like to be part of this group.



### **Hunter** by Paul Lindsay

Our November meeting was a festive trivia quiz, where two teams faced off to compete for the coveted "Massage Nerds Incorporating Astonishing Knowledge" (MaNIAK) prize. Our catering officer did an excellent job of keeping contestants' blood sugar levels high, while the teams struggled with the curly questions on massage, anatomy, pathology and first-aid – and a few questions that didn't fit in any category. Who would have thought that a cake shop could specialise in graphically illustrating medical conditions and symptoms of disease in sugar, chocolate and sponge? Or that you can learn about muscles by looking at a T-bone steak? In the end, though, the Red team emerged with a score of 76 percent and claimed victory while the appropriately named Blue team, well, didn't. A challenge for a rematch has already been issued, provided new team colours are issued...

Our January meeting featured an overview on pregnancy massage by Eleshia Howell, who debunked some myths about massage, and advised about methods to make the client comfortable as well as precautions to be taken. Members wishing to practice in this area were advised to attend a suitable training course.

At our March 17 meeting, a presentation on occupational therapy is planned, while our July meeting is tentatively planned to be a one day workshop by Jeff Murray.



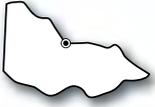
### **Mackay** by Ian Coppard

The Annual General Meeting of the Mackay Branch was held last November.

Following a very interesting address by local chiropractor Aaron Hennessy, elections were held for office bearers for 2013. Cheryl Gobbert was elected Chairperson, Ian Coppard as Secretary and Claire Kemp was re-elected as Treasurer. The meeting thanked outgoing Secretary, Rod Legge, who has served on the Mackay Executive for many years.

The first meeting for 2013 will be held on February 21, which is before this journal goes to print. The guest speaker will be podiatrist Donald Orr who will talk on the relationship between the feet and the remainder of the body. I mention this to demonstrate the high standard of guest speakers at our meetings. It would appear that there are some 28 members in our region; however, only 12 to 15 regularly attend meetings.

For local members who are not aware, we meet on the third Thursday every three months at The Mater Hospital Meeting Rooms at 7.30 pm and the incoming Executive encourages all members to attend.



## Riverina by Jodee Shead

We are extra-organised this year. We have confirmed dates for our 2013 meetings and are in the process of investigating and booking workshops for the year. Dates are as follows:

### Meetings:

- Friday, May 24 2013, 7 pm  
This will be our General Meeting and AGM. The venue will be the Falcon Hotel, on the Murray Valley Highway between Echuca and Tongala. We are hoping to have an exercise physiologist as our guest speaker after the meeting.
- Friday, August 23 2013, 7 pm  
Hosted by Kathryn and Roger Sim in Cobram. The venue is still to be confirmed. We will be viewing Jeff Shearer's conference workshop DVD. We will also hold a networking discussion about how to increase our business and client base.
- Sunday, 1 December 2013, 12 noon  
This will be our Christmas Dinner. We will discuss the annual conference and begin organising for 2014.

### Workshops:

We have booked Michael Stanborough for Part Two of his workshop on the weekend of May 25 and 26, 2013 at the Falcon Hotel on the Murray Valley Highway between Echuca and Tongala.

A legal workshop by Michael Weir is in discussion for a date in September to be confirmed. We are very excited to get Michael to come to Echuca. I am sure he will be greatly appreciated and it should be a well-attended workshop. Michael was one of the plenary speakers at our last conference.

It is lining up to be a busy year. Mark the dates in your calendar and keep checking the Riverina Branch for more workshops.



## Sydney South by Rene Goschnik

We finished off the year with a meeting and a meal at the Ritz Hotel in Hurstville. Everyone had a great time eating and networking, and discussing ideas for the year ahead. Close to 30 members were in attendance.

Our first meeting for 2013 also started with a great turnout. John Eades has stepped down as our Treasurer due to his retirement from massage. We wish him all the best for the next stage in his life.

The treasurer position is now vacant and we urgently need this filled.

At our next meeting on April 3 we will discuss the anatomy and treatment options of neck and shoulder problems, and finalise our guest speakers for the year.

So come along and bring your thinking caps – new ideas are welcome.



## AMT CLASSIFIEDS

A free service for  
AMT members

[www.amt.org.au](http://www.amt.org.au)

## The e-Journal<sup>club</sup>

Congratulations to:

**KAREN TOMS**  
Winner of our December  
e-journal club prize.

Thanks to Lippincott,  
Williams and Wilkins for  
donating the prize.

# Provider Recognition Criteria

HEALTH FUNDS AND SOCIETIES	CRITERIA
CBHS Health Fund Ltd	CBHS recognises all AMT practitioner levels.
A.C.A Health Benefits Fund Cessnock District Health Benefits Fund CUA Health Limited Defence Health Frank Health Insurance GMF Health GMHBA health.com.au 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 Railway & Transport Health Fund Ltd Reserve Bank Health Society St. Luke's Health Teachers Federation Health Teachers Union Health Transport Health 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 Unity GU Health	These funds recognise members with HLT40302/07 and all Senior Level One and Two members.
NIB	NIB recognises members with HLT50302/07 Diploma of Remedial Massage; HLT50102/07 Diploma of Traditional Chinese Medicine Remedial Massage; HLT50202/07 Diploma of Shiatsu and Oriental Therapies; Advanced Diploma of Remedial Massage (Myotherapy)
WorkSafe Victoria	Worksafe Victoria recognises Senior Level One and Two members.
HCF	HCF recognise members with HLT50302/07 Diploma of Remedial Massage, HLT50202/07 Diploma of Shiatsu and Oriental Therapies, 21920VIC or 21511VIC Advanced Diploma of Remedial Massage (Myotherapy), Advanced Diploma of Applied Science (Massage) and Diploma of Health Science (Massage Therapy). Existing providers remain eligible.
ANZ Health Insurance (HBA) Cardmember Health Insurance Plan (HBA) CSR Health Plan (HBA) HBA (formerly AXA) HealthCover Direct (HBA) MBF Mutual Community (HBA) NRMA Overseas Student Health Cover (HBA) SGIC (MBF Alliances) SGIO (MBF Alliances) St George Protect (HBA) VSP Health Scheme (HBA)	BUPA recognises members with HLT50302/07 Diploma of Remedial Massage, HLT50102/07 Diploma of Traditional Chinese Medicine Remedial Massage, HLT50202/07 Diploma of Shiatsu and Oriental Therapies, 21920VIC or 21511VIC Advanced Diploma of Remedial Massage (Myotherapy). Existing providers remain eligible.
ahm Health Insurance Medibank Private	These funds recognise Senior Level One and Two members.
HBF	HBF recognises Senior Level One and Two members .
The Doctor's Health Fund	Doctors' Fund recognises members with HLT 50302/07 Diploma of Remedial Massage, Advanced Diploma of Applied Science (Remedial Massage), Advanced Diploma of Soft Tissue Therapies, Advanced Diploma of Remedial Massage (Myotherapy) and Bachelor of Health Science (Musculoskeletal Therapy). Existing providers remain eligible. They require you to use their provider number. This number is AMXXXX, where the Xs are your 4-digit AMT membership number.

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.

## 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.org.au](http://www.amt.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).

March 2013		CEUs
1-2	Onsen Volume I Structural Assessment and Corrections of the Lumbar, Pelvis and Sacrum. Presented by Jeff Murray. Tweed Heads. Contact 07 5599 2514	100
2-4	Oncology Massage Module 2. Presented by Tania Shaw. Buderim, QLD. Contact Kylie 07 3378 3220 or 0410 486 767	120
3	Sciatica, Piriformis Syndrome and Hip Pain. Presented by John Bragg. Heidelberg, VIC. Contact 0410 434 092	35
7-9	Oncology Massage Module 1. Presented by Kate Butler. Melbourne. Contact Kylie 07 3378 3220 or 0410 486 767	120
9	Ortho-Bionomy Carpal Tunnel Syndrome. Presented by Luann Overmyer. Canberra. Contact Anthony Swan 0412 286 385	35
9-10	Neurostructural Integration Technique Introductory. Presented by Marianne Grainger. Perth. Contact 0407 036 047	70
16-17	Certificate of Pregnancy Massage. Presented by Catherine McInerney. Melbourne. Contact 03 9571 6330	60
16	AMT Annual General Meeting and Workshop. Canberra. Contact 02 9517 9925	40
17	Leg and Knee Pain. Presented by John Bragg. Katoomba. Contact 0410 434 092	35
18	Blue Mountains Branch Meeting. Springwood. Contact Sue Mitchell 0419 289 607	15
22-24	Oncology Massage Module 1. Presented by Tania Shaw. Alice Springs. Contact Kylie 07 3378 3220 or 0410 486 767	120
22-24	Oncology Massage Module 2. Presented by Lizzie Milligan. Sydney. Contact Kylie 07 3378 3220 or 0410 486 767	120
24	Leg and Knee Pain. Presented by John Bragg. Katoomba. Contact 0410 434 092	35
26	Illawarra Branch Meeting. Presentation Evening. Corrimal. Contact Linda White 0417 671 007	15
April 2013		
3	South Sydney Branch Meeting. Hurstville. Contact Anthony 0410 138 557	15
4-6	Oncology Massage Module 2. Presented by Gillian Desreux. Central Coast, NSW. Contact Kylie 07 3378 3220 or 0410 486 767	120
5-7	Oncology Massage Module 1. Presented by Hayley Moeller. Canberra. Contact Kylie 07 3378 3220 or 0410 486 767	120
6-7	Neurostructural Integration Technique Introductory. Presented by Robert Monro. Brisbane. Contact 0448 428 020	70
7	Curly Customers Muscles that Confound. Presented by John Bragg. Springwood. Contact 0410 434 092	35
8-12	Craniosacral Therapy 1. Presented by Patricia Farnsworth. Sydney. Contact 1800 101 105	175
11-15	Neurostructural Integration Technique Basic. Presented by Ron Phelan. Perth. Contact 0419 380 443	175
12-16	Neurostructural Integration Technique Basic. Presented by Michael Howse. Melbourne. Contact 0417 047 412	175
17	North Shore and Northern Beaches Branch Meeting. Manly Vale. Contact Brenda 0410 353 913	15
18-20	Oncology Massage Module 1. Presented by Tania Shaw. Brisbane. Contact Kylie 07 3378 3220 or 0410 486 767	120
21	Scoliosis. Presented by John Bragg. Katoomba. Contact 0410 434 092	35
26-27	Onsen Volume II Functional Assessment and Corrections of the Lower Body. Presented by Jeff Murray. Tweed Heads. Contact 07 5599 2514	100
30	Illawarra Branch Meeting. Formal Meeting. Corrimal. Contact Linda White 0417 671 007	15
May 2013		
1-2	Clinical Orthopedic Manual Therapy for the Upper Extremity. Presented by Joe Muscolino. Sydney. Contact 0402 059 570	80
3-4	Onsen Volume III Structural Assessment and Corrections of the Cervical and Thoracic Vertebrae. Presented by Jeff Murray. Tweed Heads. Contact 07 5599 2514.	100
4-6	Oncology Massage Module 1. Presented by Tania Shaw. Buderim, QLD. Contact Kylie 07 3378 3220 or 0410 486 767	120
4-5	Certificate of Pregnancy Massage. Presented by Catherine McInerney. Brisbane. Contact 03 9571 6330	60
5	Muscles and Pelvic Alignment. Presented by John Bragg. Springwood. 0410 434 092	35
6-7	Clinical Orthopedic Manual Therapy for the Lower Extremity. Presented by Joe Muscolino. Sydney. Contact 0402 059 570	80
11-12	Clinical Orthopedic Manual Therapy for the Neck. Presented by Joe Muscolino. Gold Coast. Contact 0402 059 570	80
12	Touch Lab. Presented by Colin Rossie. The Centre, Randwick, NSW. Contact Colin 0425 289 969	35
13	An Introduction to the Movement and Manual Treatment of Scoliosis. Presented by Colin Rossie. The Centre, Randwick, NSW. Contact Colin 0425 289 969	35
16-18	Oncology Massage Module 2. Presented by Kate Butler. Melbourne. Contact Kylie 07 3378 3220 or 0410 486 767	120
18-20	Oncology Massage Module 2. Presented by Tania Shaw. Cairns. Contact Kylie 07 3378 3220 or 0410 486 767	120
18-19	Functional Fascial Taping Upper and Lower Quadrants. Presented by Ron Alexander. Sydney. Contact Alison Slater 02 9971 0334	70
24	Riverina Branch AGM and Meeting. Echuca. Contact Jodee 03 5482 6422	15
25-26	Riverina Branch Workshop. Echuca. Contact Jodee 03 5482 6422	80
25-26	Chi-Acupressure Massage. Presented by Master Zhang Hao. Strathfield. Contact 0416 286 899	75
26	Massage for Asthma and Breathing Pattern Difficulties. Presented by John Bragg. Kiama. Contact 0410 434 092	35
28	Illawarra Branch Meeting. Presentation Evening. Corrimal. Contact Linda White 0417 671 007	15



# NEUROSTRUCTURAL

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## INTEGRATION TECHNIQUE



*American Osteopath and owner of the largest Natural health therapies web site in the USA wrote - "The most amazing and consistently effective healing work that I have ever learned" Dr. Joseph Mercola.*



NST - founded on Australian Tom Bowen's later more advanced work. NST incorporates the philosophy of De Jarnettes "Sacro Occipital Technique" and is validated according to the principles of Applied Kinesiology.

NST allows you to access Bowen's astonishing intuitive powers via the philosophy and techniques you will learn at this workshop. Learn how to recode your client's visceral, musculoskeletal, fascial and nervous systems so the body can regulate itself, controlling pain and boosting energy levels. NST is the fast, smooth form of Bowen, consistently effective even in difficult cases. Non-invasive and generally a lighter touch compared to similar bodywork therapies. NST results are sometimes astounding, usually instantly noticeable and generally long lasting.

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**2 day Introductory class** - covers history, theory and spinal balance. A great start for those interested in learning this style of work. **70 CEU**  
**5 day Basic class** - as per Introductory class plus all peripheral areas, shoulder, knees, ankles, pelvic, diaphragm, TMJ elbow/wrist, hamstrings, + much more...



Ron



Michael



Marianne



Robert



Wendy

### 2 Day Introductory classes

Perth - June 1-2<sup>nd</sup>, September 14/15<sup>th</sup> Marianne : 0407036047  
Brisbane - April 6/7<sup>th</sup>, July 20/21<sup>st</sup> Robert : 0448 428 020  
NSW, Sydney and south coast - April 20/21<sup>st</sup>, June 22/23<sup>rd</sup>, August 24/25<sup>th</sup> Wendy : 0412417719

### 5 Day Basic classes

Melb. - 12-16 April, Launceston - June 28 - July 2<sup>nd</sup> Michael : 0417047412. Perth - April 11-15<sup>th</sup>, Melbourne - July 18-22 Geelong Nov 15-19<sup>th</sup>, Sydney Nov 29-Dec 3 Ron : 0419380443

For further course information please contact Ron at [bowenst@iprimus.com.au](mailto:bowenst@iprimus.com.au)

Ph: 03 52555229  
Mb: 0419380443

Visit our website at [www.nsthealth.com](http://www.nsthealth.com)

