

## Chairperson's Message

by Annette Cassar

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Welcome, members, to 2017. I hope you all had a Merry Christmas and Happy New Year. The start of the year has been memorable with most of the country experiencing very high temperatures. Please remember to remain hydrated during and after treatments. It's important to look after yourself.

To kick off 2017 I'd like to announce that our AGM is to be held in Perth on 6th and 7th May. The event is to be incorporated within two one-day workshops, with a social networking event on the Saturday evening. The two workshops are Jenny Richardson presenting her "Tricky Tarsals" workshop and Colin Rossie presenting his workshop "Working with Nerves of The Lower Limb".

AMT has chosen Perth as the destination for the AGM as we are a national association and, therefore, believe it is important to ensure we provide equal opportunities to all our members.

For myself 2017 is going to be a year of change. I will be stepping down from the chairperson's role at the AGM, although I will continue to be a member of the Board for the next twelve months. During this time I will be supporting the new chairperson and will continue to give my position as director the utmost respect and professionalism the position deserves.

2017 will see the roll-out of mandatory criminal checks for all practising members. The introduction of mandatory criminal checks is part of AMT's broader commitment to public safety. The administrative infrastructure to collect and store criminal checks is under way



and will be in place to begin receiving documentation by the 1st July this year. The positive response to this program is evidenced by the number of people already uploading their criminal checks, which has delighted the Board. This demonstrates AMT members' commitment to professionalise the industry and deter rogue therapists from tarnishing this wonderful, caring profession.

The Board is currently working on a mentoring program which will be available to members who feel they would benefit from hearing from an experienced therapist who has done the hard yards and those who feel they can contribute advice to promote professional thriving practices and exceptional therapists. A mentoring partnership can be rewarding to both parties and also offers members an opportunity to develop communication



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skills, expand your viewpoints and consider new ways of approaching situations.

AMT's annual conference is being held in Canberra in October. AMT is currently negotiating with the venue (the Rex Hotel) to finalise details. After last year's 50th birthday conference extravaganza, this year will follow the mini-conference format. The conference committee are working hard to put together a great mini-conference which will be informative and enjoyable for all members.

With a full, productive year ahead for AMT I hope you've managed to look forward to what you want to achieve in 2017. Whatever your goals I wish you the best.

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## Secretary's Report

by Rebecca Barnett

Over the past few years, AMT Head Office has received a steadily escalating number of queries from members regarding their employment conditions: questions about subcontractor agreements, awards, minimum wages, superannuation and use of provider numbers at particular clinics.

Subscribers to AMT's Facebook group page ([www.facebook.com/groups/amtnetworking/](http://www.facebook.com/groups/amtnetworking/)) would also be aware of the ongoing posts and dialogue relating to subcontracting, superannuation entitlements and the gig economy (occasionally referred to as the "uberisation" of massage therapy, where the public is lured into seeking on-demand massage therapy via a smartphone app, potentially forcing yet more massage therapists into agreements with app developers that perpetuate unstable working environments with no guaranteed income. These sorts of arrangements also often pressure working therapists into compromising their professional standards, particularly in the area of record keeping).

At AMT's 50th anniversary conference last year, I briefly spoke about the Association's industrial relations agenda. AMT obviously isn't a union and we don't presume to operate like one. We can inform, support, guide and refer members to help but we can't legally represent members in the workplace. The predominance of subcontracting within the massage therapy profession presents a significant workforce development issue and AMT remains committed to educating therapists and employers about their entitlements, responsibilities and obligations within the Australian workplace relations system.

"Why does this stuff matter?" I hear you ask. "At least people are getting work. Why not just maintain the status quo?"

I guess the simple answer is there are a lot of unlawful practices going on. But there's also a more significant and deeply human set of considerations.

***"If AMT Head Office has evidence of members sham contracting or misclassifying fellow members, what then? What advice do we give to the parties implicated and how do we represent them fairly?"***

For every subcontracting agreement I have seen, there's a personal story attached and many of these are quietly, mundanely, achingly heartbreaking: there's the 63 year old therapist who has basically worked as a "full time contractor" for 15 years and doesn't have a single day of personal leave or holiday leave accrued and faces a retirement without superannuation; there's the therapist who was financially penalised for taking time off to attend a family member's funeral because it was in the contract; there's the loyal "contractor" who worked full time for ten years, including Saturdays and evenings, and never received penalty rates; and then there's the mobile sports massage therapist who travelled one hour each way for a two-hour gig and then had superannuation payments unlawfully deducted from her hourly fee once she earned over the \$450 threshold for a calendar month. I could go on ...

On the flip side, there are the compliant employers who are doing the right thing, paying staff all their entitlements but competing on an uneven playing field against those who are unlawfully short changing their staff. (This is actually something that both the Australian Taxation Office and the Fair Work Ombudsman take an extremely dim view of.)



Unless we address these practices head on, how can we expect to create long term, stable work opportunities for new graduates and established practitioners who may never have worked in a permanent position during their career as a massage therapist?

When I spoke at the AMT conference last year, I referred to "an epidemic of sham contracting" that is impacting on the livelihoods of AMT members. Perhaps this terminology is unhelpfully provocative, though, as it embeds the presumption of volition; of wilful, knowing exploitation. I suspect the reality is more nuanced and complex: that there are many clinic owners who are misclassifying workers through ignorance or because "everybody in the industry does it that way" (which, incidentally, is one of the myths about subcontracting we're meant to be avoiding). It's worth noting that I have seen many examples of unlawful contracts that have been drawn up by solicitors who appear to have no grasp of employment law or the National Employment Standards. What is a clinic/business owner to do if they pay a professional to give expert advice and service but the professional gets it wrong? The bad news is that Fair Work and the ATO can take action or impose penalties regardless.

The majority of the subcontract agreements I have seen have been for massage therapists engaged by physiotherapists, chiropractors and spa owners. As frustrating and confronting as many of these agreements are, it wasn't until I started seeing agreements ~between~ AMT members that I realised the full implications of the challenge that AMT faces in addressing the issue of non-compliance.

If AMT Head Office has evidence of members sham contracting or misclassifying fellow members, what then? What advice do we give to the parties implicated and how do we represent them fairly?

We obviously want and expect our members who are employing other AMT members/massage therapists to get this stuff right. AMT is happy to provide support and guidance to both member-employers and member-employees to navigate the workplace relations system.

Over the past few years, AMT has published a lot of information and resources about contracting, employment and superannuation. In October last year, we also SMSed nearly 3000 members with a link to an ATO clip about subcontracting myths. (This message subsequently went viral on social media and was viewed by thousands of massage therapists.)

Both the ATO and the Fair Work Ombudsman have lots of tools, resources and a help line to assist business owners with compliance. If you are employing massage therapists in any capacity, please make use of these resources. There's a list of hyperlinks at the end of this report to get you started.

At a Board meeting late last year, AMT directors grappled with the invidious problem of how best to represent and support members on both sides of the workplace relations fence, that is, both employers and employees.

The Directors remain committed to AMT's ongoing education campaign about workplace entitlements and employer obligations and continue to offer full support to members who are acting in good faith to get it right when they engage massage therapists to work

in their business/clinic. However, the Board also reached the unavoidable conclusion that AMT cannot in any way facilitate or support unlawful practices and businesses that sham contract or misclassify employees as contractors or renege on compulsory superannuation guarantee and tax obligations. To this end, the Directors resolved that, where AMT holds concrete evidence of a business engaging in unlawful employment practices and/or breaches of tax law, AMT will withdraw provider numbers from clinic addresses attached to that business. If the business owner is also an AMT member, the Board may consider taking some form of disciplinary action.

#### **Moratorium period till May 31**

We acknowledge that compliance is complex, difficult and costly. We also understand that many business owners may be making mistakes rather than wilfully perpetuating unlawful practices for financial gain. For these reasons, we are asking all AMT members who engage massage therapists in their business to prioritise having all your agreements reviewed over the next few months to ensure they are lawful. Take advantage of the Fair Work and ATO help lines to ask questions and get advice—they're actually there to assist you. If you drew up contracts or agreements without seeking legal advice, invest in having them redrawn by a solicitor with knowledge of employment law. If you don't have an accountant, get one—accountants have expert knowledge of tax and superannuation requirements and are ethically and professionally obligated to ensure that your business is compliant with tax provisions. If you already have an accountant and a lawyer and they're giving you conflicting advice, be worried! You'll need to seek advice directly from the ATO and abide by the ATO's ruling.

The AMT Board is giving businesses until May 31 to ensure they are compliant with Fair Work and ATO provisions. After that date, AMT will start removing provider number access from clinic addresses where we hold evidence of unlawful practices. This will apply regardless of whether the business owner is an AMT member, an allied health professional or a spa owner.

Let's all work together to get this stuff right and ensure that our profession can support long-term, stable, flourishing careers in massage therapy. **■amt**

#### **ATO small business assist:**

[www.sba.ato.gov.au/](http://www.sba.ato.gov.au/)

#### **ATO small business after hours call back service**

13 28 66

#### **ATO: Employee or contractor? Avoid the myths**

<https://tinyurl.com/zgqwnjh>

#### **ATO Super guarantee eligibility tool**

<https://tinyurl.com/hvy5bgz>

#### **Fair Work info line**

13 13 94

#### **FWO online inquiry**

<https://tinyurl.com/zkohaff>

#### **FWO small business help page**

<https://tinyurl.com/zz2pcln>

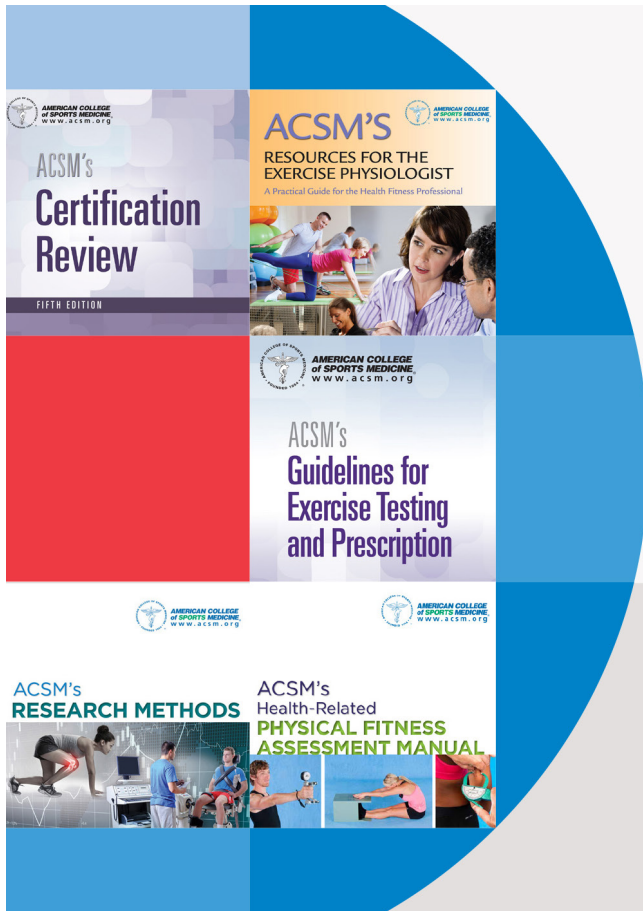
#### **FWO Contractors and Employees - What's the difference**

<https://tinyurl.com/j5oz2el>

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## Case Study: Workplace Relations

by Anita Mack

As Confucius said, “true wisdom is knowing what you don’t know.” If you read the secretary’s report on page 3 this saying may now make a lot of sense. What do you know about your employee/employment status? Is what you think you know correct in accordance with the law? Have you checked? Following is an account of one AMT member’s experience with discovering her business didn’t meet Fair Work standards.

When Natalie\* bought her practice a little over seven years ago, she continued to operate the business in the same manner as the previous operators—that is, with what she thought were sub-contractors. It made sense to her, after all, she’d worked in the same conditions (as a sub-contractor) herself before becoming a business owner.

After a number of years, following attendance at an AMT conference and listening to other therapists discussing workplace relations, Natalie became worried she was doing everything wrong. She decided to find out more.

After having a look at the Australian Taxation Office (ATO) and Fair Work websites Natalie realised the profession of massage therapy fell under an award, “Health Professional and Support Services Award 2010”, which she hadn’t previously been aware of. She consulted with Fair Work and was advised that some of her staff may come under “Health Professional Level 1 Pay – Point 1”.

On the Fair Work website Natalie completed the quick quiz to check whether her staff were employees or sub-contractors. “I completed the quiz a few times in different ways—providing different answers—and it always came back as ‘employees’”.

She contacted AMT head office for assistance and support moving forward.

Natalie now pays more than the minimum award rate as she believes a casual staff rate of \$27.03 per hour is too low. “The award is too low for what we do in our training. I pay well above the award rate but have let the staff know what that hourly rate is. All my staff are casual and are paid the minimum three hours even if there is no client. Even if they have two hours of clients booked I still need to pay them for the three hours. In the free time they help around the office and tidy things up.”

“I pay my staff their superannuation and taxes. They also receive pay slips, which you are required to do. If you have a good computer program it will show how much super to pay. Setting up the super account takes up to fifteen minutes. It takes me about five minutes at the end of each month to pay my staff their super. Paying staff super isn’t really that bad.” In addition, equipment from towels to oil and work shirts are also supplied by Natalie.

Coincidentally, Natalie was then randomly selected for an audit by Fair Work. As a consequence of that audit she was required to repay missing income to employees for the period of time she had incorrectly hired them. Be aware, you may still be liable for associated costs for any breaches in the previous seven years no matter whether the business was previously owned by a different operator during that time. Seven years is how long you are required to keep time and wage records for audit purposes.

Be aware anyone can be audited. In November 2016 the Fair Work Ombudsman announced plans to audit a large number of randomly selected

businesses across both New South Wales and Victoria.

The upcoming campaigns should act as a timely reminder that all businesses must ensure they understand and comply with their workplace obligations. It doesn’t matter how large or small your business is, or what type of business you operate, every business owner needs to comply with employment regulations or face heavy penalties.

In addition (as reported by AMT Secretary Rebecca Barnett on page 4) the AMT Board is giving businesses until May 31 to ensure they are compliant with Fair Work and ATO provisions.

For demonstration purposes *In Good Hands* tried the employee/contractor tool in much the same way Natalie did (in this case the ATO employee/contractor decision tool has been used:

[www.ato.gov.au/Calculators-and-tools/Employee-or-contractor/](http://www.ato.gov.au/Calculators-and-tools/Employee-or-contractor/).

Like Natalie, each time the tool found the result to be ‘employee’ for tax and super purposes. Below is a copy of one such attempt.

### Employee/contractor decision tool result (attempted 28th October, 2016):

1. Who do you pay to do the work?
  - ☒ The individual worker (including a sole trader—an individual who controls and manages their business)
  - ☐ A company
  - ☐ A partnership
  - ☐ A trust
  - ☐ Labour hire firm (also known as an employment/recruitment agency)
2. Is the worker hired as your apprentice, trainee, trades assistant or labourer?
  - ☐ Yes
  - ☒ No

\* Names and other identifiers have been changed to protect privacy. This case study is a summary of actual events.

3. Does the worker have an Australian business number (ABN)?

- ☒ Yes
- ☐ No
- ☐ Unsure

NOTE: Just because the worker has an ABN does not mean they are a contractor.

4. Do you allow the worker to pay someone else to do this work?

Tip: answer 'yes' if the agreement allows the worker to pay another person to do the work.

- ☐ Yes
- ☒ No

5. The amount you pay the worker is based on a:

- ☐ Set amount per period (eg, you pay an award rate, annual salary or an hourly, daily or weekly rate)
- ☒ Price per item or activity (piece rates) (eg, you pay a fruit picker \$2 per kilogram of fruit picked)
- ☐ Quoted price for an agreed or predetermined result (your business gets a quote from the worker to complete a specific job, and you pay that amount when the job is completed)

6. Who is responsible for providing the majority of the equipment, tools, plant, or motor vehicle needed to do the work?

- ☐ You, the business
- ☒ The worker
- ☐ No equipment, tools, plant or motor vehicle are needed to perform the work

7. Do you pay your worker an allowance or reimbursement to cover their expenses for providing the tools and equipment needed to perform the work?

- ☐ Yes
- ☒ No

8. Select what your worker needs to provide to perform their work

- ☒ Tools or equipment (eg, hand tools or minor equipment)
- ☐ Heavy machinery and/or other assets (eg, a large truck, forklift, ground penetrating radar or advanced computer electronics)
- ☐ Motor Vehicle (eg, a ute used to transport work tools and equipment—don't select if only used for private travel to and from work)

9. It is likely your worker is eligible for super - would you like to find out?

- ☒ Yes
- ☐ No

10. Is the worker paid \$450 or more (before tax) for any calendar month in the relevant quarter?

- ☒ Yes
- ☐ No

11. Is the worker under 18 years of age?

- ☐ Yes
- ☒ No

12. Is the work of a domestic or private nature for you personally?

- ☐ Yes
- ☒ No

13. Is the worker paid under the Community Development Employment Program (CDEP)?

- ☐ Yes
- ☒ No

14. Is the worker paid as a non-resident for work done outside of Australia?

- ☐ Yes
- ☒ No

15. Is the worker paid as a non-resident for work in the Joint Petroleum Development Area (JPDA)?

- ☐ Yes
- ☒ No

16. Is the worker paid as a foreign executive holding certain visas?

- ☐ Yes
- ☒ No

## RESULT:

### Worker is an employee and you need to pay super

Based on the information you have provided:

- your worker is an employee for tax and super purposes
- you need to pay super for your employee.

### Difference between employees and contractors

This result was reached by applying the key factors the courts use to determine whether a worker is an employee or contractor to your specific working arrangement.

### Super

When you pay your employee \$450 or more (before tax) in a calendar month, you have to pay super in addition to their wages.

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# The Silent Training Load

by Peter Garbutt

## Loading and illness/injury

The International Olympic Committee put out a 2-part paper in 2016 (Schwellnus et al., Soligard et al.) regarding injury and illness in athletes. In these papers several issues were touched on that can help to prevent these roadblocks to athletic performance and enhance the health of our athletic community. One of the factors discussed in these papers was the concept of including psychological load as one of the parameters in an athlete's training load. Whilst not an entirely new concept, it is certainly one not often discussed. Psychological stressors were noted as coming from a variety of areas such as negative life events, daily stressors and sports related stress. It also covered less changeable variables such as personality type, anxiety and stress susceptibility and maladaptive coping strategies. All of these areas have been implicated in increasing athlete load, impacting areas such as timing and co-ordination, fatigue and muscle tension and also decreasing immunity.

## The conversation

The conversation surrounding psychological load and training is one that needs to exist between coach and athlete, athlete and treating practitioner and when necessary, treating practitioner and coach. This often-avoided area of personal interest needs to become an acknowledged and considered part of load and injury management. Unless there is an openness to this topic, we close our eyes to potentially the x-factor of so many ongoing causes behind broken training and the perpetually broken athlete.

A coach programs training based on physiological factors in and around competition needs. This will often have different phases of strengthening, recovery and technique. The coach is an expert on the physical requirements of the athlete within their sport, the technical

and skill requirements of the sport and the competitive mindset for achievement. With the consideration that we bring to the table now of psychological load, it is important the coach is having the conversation with the athlete that creates an awareness of these off-field loads that need to be considered in the coaches programming for the athlete.

The treating practitioner can tend to get caught up in the patho-anatomical side of injury management and be treating and making recommendations based on this alone. The practitioner may be well versed in the requirements of the sport of the athlete and as such well equipped to make return to play recommendations and rehabilitative programs. It is generally also left to the treating practitioner to make comments on the aetiology of the injury. Treating practitioners need to be cognisant of the impact of psychological load as a contributor to system overload in the first place and as a confounder for return to play programs. It would not be unusual for the treating practitioner to be the instigator of this discussion and this concept as they sort through the potential points of overload and initiators of breakdown in the system that results in injury. Thus, the conversation of psychological load must be one that is held in the treatment room. It is one that must be monitored and maintained.

The athlete is the only person in this conversation that can make it work. It is important that we are making athletes aware of the importance of psychological load, giving them a safe environment to discuss these issues, and having them prepared to come to the table with this part of their overall load. Only once the athlete is engaged in this process can it become viable and useful.

One of the interesting comments in the IOC paper was that significant negative life events can make the athlete more

vulnerable to magnify day to day stressors and their potential impact. This is certainly one to be aware of.

## The Competitive Mindset

One of the things that makes anyone an athlete is a sense of competition. This can vary greatly and is often a pre-determiner of the level of competition that any given athlete will reach. This competitive spirit might be with others in their field, or it might be simply within themselves, wanting to do the best that they can. Understanding this as a driver is essential to managing the conversation about training load and the role of psychological loading.

The competitive mindset says "I must do more". This might translate as more speed, more distance, more weight, more sessions, better technique or more of everything. It might be more than the competitor, it might simply be more than yesterday, last week or last year. Whatever the comparator within this equation, there is always the requirement of an outcome that has the athlete further advanced than they were. Left unchecked, we see an athlete go through a continuum described by Fry et al. (1991) of homeostasis → acute fatigue → functional overreaching → non-functional overreaching → overtraining syndrome → death. Managing to stay within the first three parts of this continuum using balanced training and recovery cycles is the challenge for every athlete, coach and treating practitioner. This becomes a more challenging playing field when the consideration of decreasing one of the above 'more' factors to balance out an unseen, unmeasurable load such as psychological load is in play.

The competitive mindset needs a justification that a lighter session will create gains in the long term. It is from here the role of the educated treating practitioner and coach are important to help show value in the management of load that will keep the athlete training.



The concept that psychological load can lead to injury and illness needs to be well explained. Once this is understood, the poor training session might start to make sense. The one where the athlete simply "couldn't lift themselves to the challenge". This is often met with feelings of self-doubt and the need to train harder next time. Here we then see the competitive mindset driving an athlete down into a spiral of more overload as the psychological load increases and there is an attempt to combat this with a greater training load. The competitive mindset that makes a champion, can also be the insurgent tearing the athlete apart from within.

### Missed training and performance

Much work has been done in recent years on the impact of missed training and performance. Ben Raysmith and Mick Drew (2016) devised algorithms based on five years of data from Australian track and field athletes that demonstrate what many coaches have preached for a long time, that the athlete able to be most consistent with training will come out ahead of the athlete who works harder but breaks down and misses training. This research started to bring an appreciation of the impact of detraining effects and the importance of an accumulative build of an athlete over long periods.

Furthering this work, we have seen studies demonstrating the importance of gradual return to sport following a break from the likes of Tim Gabbett, Peter Blanch and Mick Drew (Blanch & Gabbett, 2016, Charlton & Drew, 2015, Drew, Cook & Finch, 2016). This work speaks very specifically about loading and follows on nicely from the previous work on missed training and performance.

These papers also become an important part of our conversation with the athlete regarding psychological load and how it can tip the scales on injury and illness. Here is our portal to reasoning with the competitive mindset. This allows for an understanding between athlete, coach and treating practitioner that managing these loads together and considering the athlete as a whole can work towards decreasing the risk of missed trainings. When missed trainings are reduced we

ultimately create better performance and the competitive mindset is satisfied that taking the foot off the pedal can be a step forward.

### Management strategies

The IOC papers focus very much on the elite end of sport and here we see sophisticated monitoring of athlete wellbeing and suggestions on implementing resilience strategies and stress management skills. In private practice, this might be a good opportunity to make a referral to your friendly neighbourhood sports psychologist.

Certainly, within the scope of most treating practitioners would be using some sort of stress assessment which might lead to a referral to a sports psychologist or a discussion with the athlete regarding potential to moderate training during times of increased stress. These strategies used in conjunction with a simple training load app and guidelines such as the Acute:Chronic Workload Ratio as described by Peter Blanch and Tim Gabbett (2016) can see our recreational athletes being managed with the best available strategies.

The first step to combatting this silent injury risk is being aware and having the conversation. So many athletes and coaches give no more than a cursory acknowledgement, or even that, to the impact that psychological load might have on their training and potential for injury or repair. It's time that we all became a part of this conversation for not only our elite athletes, but our recreational athletes that are quite possibly the most at risk.

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Following a science degree from Sydney University, majoring in Anatomy and Physiology, Pete went on to complete his Masters degree in Chiropractic in 1995. Pete was awarded his Masters in Sports Chiropractic Science in 2000.

Having served as President of Sports Chiropractic Australia between 2007 and 2013, and President of the ACT branch of Sports Medicine Australia between 2009 and 2016, Pete now holds office as President of the International Sports Chiropractic Federation (FICS).

With interests in running and stand up paddle board racing, Pete owns a multidisciplinary healthcare clinic in Canberra and lectures both within Australia and internationally on running technique and chiropractic sports injury management.

In 2016 Pete published his first book 'The Running Machine – A User's Guide' and was awarded Chiropractor of the Year by the Chiropractors Association of Australia.

## Practitioner Profile: Christine Taylor

by Anita Mack

***As reported in the January newsletter, AMT member Christine Taylor won a scholarship to do a nationally accredited Infant Massage course. AMT caught up with Christine to find out more about her, her scholarship win and career.***

Like many AMT members, Christine hasn't always been a massage therapist, although she believes it is something she should have done years ago as she has always been a tactile person. Instead she took a slow route to get here, starting her career as a veterinary nurse. After working with animals for a few years she changed direction and trained as a blackjack dealer at Jupiters Casino on the Gold Coast—where she met and then married her husband, Mark (27 years ago!).

After travelling the world the couple settled in Windaroo (Qld) and had two fantastic kids. Christine chose to be a stay-at-home Mum as she “believed this would give my children the best start in life”. Once it came time for her to start working again she held a variety of jobs, initially buying a mobile coffee van business which she ran for four years before working as a manager for the franchise. Following this Christine started training as a remedial massage therapist while working for a local bakery and Liquorland. “I saw a course at Q Academy and decided to sign up and train. My friend also signed up at the same time which was fabulous as we were able to study together and bounce ideas off each other. I am eternally grateful for Rhonda’s support and help as I don’t think I would have completed phase one without her motivation.”

Looking back over her therapy career, Christine recognises this time period, while working and studying, as her biggest challenge.

The massive workload couldn't have been completed without the support of her family and Rhonda.

Armed with a Diploma of Remedial Massage she continued to work at the local stores until she had built up her massage business. “I have finally arrived at a wonderful place where my work/life balance is balanced. I have also arrived at a place where I know for sure happiness is not achieved by buying stuff. It is in the love and relationships of your family and friends and clients.”

Now also trained in RITM SCENAR and NLP Therapy, Christine runs her remedial massage clinic from home. Her business, The Lighthouse Experience, has mums-to-be and new parents as her client base. She is looking forward to sharing the skills she will learn attending the scholarship-funded “Baby in Mind” course and having a direct and positive impact locally.

The infant massage course is Christine's first scholarship win. After finding the scholarship online she decided to apply because “it looked really interesting and [the content] dovetails into my way of thinking—that is, helping people to help themselves”.

“As a foster parent of traumatised babies, I have seen first-hand the importance of learning ‘how’ to touch appropriately. In today’s society it is becoming such a taboo to touch another human being and I think we are losing a vital part of who we are. Children are growing into teenagers and adults who don’t know how to touch. I hear first-hand stories of abuse and can only wonder if the need for human contact and this lack that we have created has caused this. To learn about gentle, respectful touch from your parents as a baby and to know what loving touch and its appropriate boundaries feels like, I think must help to return us to something better.



Christine Taylor

I live in an area of mixed demographic. We have a young population and many are just starting their families. I would like to be able to offer help to these young mums and dads to ensure their health and well-being is supported and some of these problems prevented.”

Christine and Mark became foster parents as a way to contribute to their community and to provide a safe haven for a child for part of their life. Being a foster parent has taught Christine to trust her instincts and that “children in care are very alone and very abandoned—the system is very flawed—[it’s] opened my eyes to misery and pain being suffered daily right under our noses.”

While being a foster parent hasn't directly influenced Christine's remedial massage career, it has helped her “to be less judgemental and more empathetic because until you walk in someone else's shoes you don't ever know what their life is like for them. Without knowing details I am able to offer kindness and a willingness to listen without judgement. I think this helps my clients to be calm and relaxed which is where I believe that healing happens... We all bring our life experiences and biases to the table. I care passionately about all of my client's welfare. They have been guided to me for a purpose and I do my best to help them on their healing journey.”

Following from this it is no surprise that Christine finds the most exciting part of what she does is "seeing the look on my clients face when I ask them to [repeat] a movement that ten minutes ago they couldn't do and they do it. Never fails to make me smile."

In her down time Christine goes to the gym and walks daily with her husband and dog. On Sunday you will find her at Kakadu Kayaks. As well as being an avid reader she loves to go to the movies. She lives a vegan lifestyle and is a passionate supporter of Sea Shepherd.

Christine's admiration for her clients and her desire to "tread lightly" on this planet is reflected by her outlook on life. "I talk a lot. Empathetic and full of energy. Mark says I am persistent, kind and generous and loving. I say I am blunt and to the point which I think saves on a lot of mucking around!"

Many people inspire me for a variety of reasons. I love Leilani Munter who is a leading vegan eco-warrior and winning Nascar driver amongst many other things. Freya Hoffmeister who kayaked around Australia on her own makes me think of all the things I said I couldn't do and now begin to realise that, yes actually, I can reach targets previously in the too hard basket. Paul Watson from Sea Shepherd is another person who leads from the front and constantly challenges me to act. Anyone who has been injured or has suffered from adversity and manages to pick themselves up and 'get on with it' gets my vote of approval. These people constantly amaze me and give me many reasons to be grateful and thankful for the many blessings in my life including my wonderful husband Mark and my children Zane and Chelsea and her partner Zach."

Reflecting on her life Christine is "extremely proud of my kids and all that they have achieved and the people that they have become. I am grateful for the opportunities that have come my way and I am thankful that I was able to reach out and grab onto them [to] have a go. I am blessed to have met Mark, the rock to which I swim when the waves wash over my head."

Looking to the future, Christine wants to continue to increase her skills as a remedial therapist. Having participated in Teal Sock Day last year she hopes to do this again (and would like to encourage all massage therapists to get behind "this wonderful charity event that supports 'safe touch'"). On a personal note she has travel at the top of her list—or maybe marry the two and attend training at a lovely location like Hawaii.

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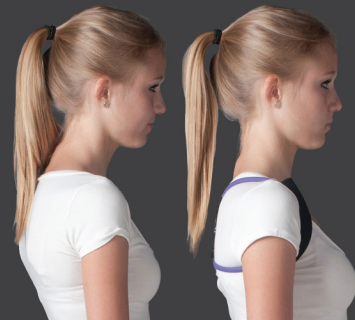


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# Paediatric Massage Therapy Practice

by Tina Allen

Massage is beneficial to almost anyone, but children in particular have an essential need for touch. Touch stimulates our brains in many ways (Ardiel & Rankin, 2010), most noticeably in our Limbic Cortex, which is the area of the brain that allows us to generate emotions and allows us to make connection with others (Swenson, 2006). In children, touch not only furthers growth and development, it is biologically necessary for their survival and can be a vital source of healing and healthy development (Ardiel & Rankin, 2010).

## How is paediatric massage practice different from adult-based massage practice?

Children are different from adults in numerous ways, and as such, so is a paediatric massage practice. For the healthcare professional inspired to practice paediatric massage, there are many considerations to prepare for providing developmentally appropriate touch therapy (Allen, 2015).

Healthcare providers often use the term paediatric to describe children in a healthcare or hospital setting, some will say that word paediatric is an “umbrella” term that covers all of the patients in that facility from birth to age of discharge from the hospital (often 18 years of age). While others recognise that paediatric is simply defined as healthcare of children, which may refer to therapies and interventions being provided in the hospital setting, but can also relate to children who are developing typically.

Some practitioners believe that massage therapy is only used to treat medical and healthcare indications, but paediatric massage is also used in conjunction with general healthcare, as an adjunct and preventative method of therapeutic intervention. Paediatric massage is used in a variety of settings, from spas and professional private clinical practices to hospitals, palliative care/hospices and child development centers.

## Education Matters

Further training and education is required to feel fully confident providing paediatric massage. Neither standard medical training, nor massage therapy education, provides healthcare providers with the customised training necessary to best provide the best treatment orientated care to this population.

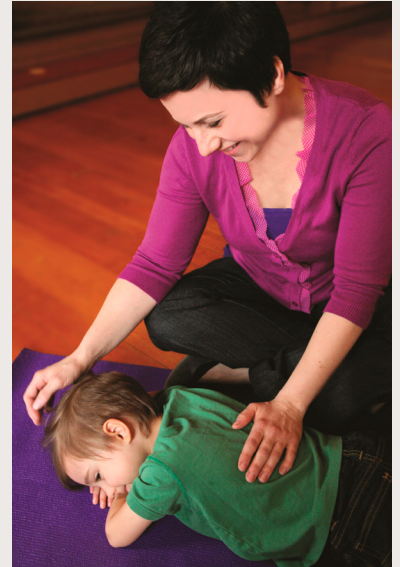
Children have different physical, emotional and developmental needs than adults, and paediatric massage is designed to address these individual childhood considerations. As young people are growing, their bodies undergo significant physical and developmental changes. Some of these developmental considerations include recognising their skin is thinner, more fragile and has much more compact sensory receptors. Their bones are not yet completely fused or ossified and often require a more gentle approach. These considerations are of great importance to those practicing hands-on therapeutic techniques.

Not only do we consider a child's physical size, developmental aspects and growth in our treatment plan, but also employ cognitive considerations and age-appropriate language adaptations, as we build trust and rapport (Figure 1).

## Client Considerations

Obtaining informed consent and permission prior to beginning a massage session establishes respect and understanding of the benefits of healthy touch. In the case of paediatric massage, this may require input from a parent/guardian or another healthcare provider responsible for the child's medical treatment and care.

For children we adapt all of our care to include an individual and unique approach. Adapting techniques to their needs and preferences establishes trust and communication (Figure 2). As paediatric massage therapists, we always do our best, using age-appropriate language, to communicate adaptations



**Figure 1.** Understanding physical and developmental requirements of children is of great importance (Image courtesy of Tina Allen)

and possibilities with the type of therapeutic session we can provide. Many adult clients do not have a good understanding of the range of modalities and techniques under a massage therapist's scope of practice. So, it is not surprising that this can take some explanation when working with children. When you take the time to explain options and choices to the child you plan to work with it helps to establish the foundation of a successful therapeutic session.

## Safety First

As in any therapy provided for the care of children, safety and efficacy is of the utmost importance. Physicians, other healthcare staff and parents will look to the paediatric massage therapists for careful scrutiny of a child's healthcare needs prior to providing massage therapy, and in devising an effective treatment plan. When working with paediatric clients, in a private practice, we may first ask parents to complete a detailed health history.





**Figure 2.** Adapting techniques to the child's needs (Image courtesy of Tina Allen)

For a child with medical needs, communication with healthcare personnel provides massage therapists with essential information to develop an effective plan and approach for care. In the healthcare system, such as a paediatric hospital, we review the treatment and medical charts fully, along with asking any pertinent questions of the attending medical team.

Asking a physician or healthcare provider to simply sign a medical release will not be all that is required when working with children with a variety of healthcare considerations. Not all medical personnel have a background or training in the indications, precautions or contraindications for the use of paediatric massage.

This is where the professional therapist must perform their due diligence prior to the child's massage session.

For the therapist wishing to work in the medical environment, careful collaboration is imperative and taking the time to nurture those relationships is especially important.

### Collaboration

Creative collaboration is important when implementing paediatric massage therapy appropriately. Whether it is explaining thoroughly and collaborating with the child to help design their

session. Or, their parents and caregivers who wish to work together on the best treatment plan. As healthcare providers, we work to convey the best way in which massage therapy can be an adjunct to other treatment the child may be receiving.

One of the messages we work to convey to other healthcare providers is that paediatric massage therapy is an evidence-informed therapy that can complement the medical care, and therapies, that is already being provided. Otherwise, the massage therapist may be met with challenges from other medical and healthcare professionals who may not see massage therapists as equals, or worse, as competition. It is an important part of collaboration to communicate how we can work with other professionals to reach the goal of paediatric massage becoming an integral part of an integrative healthcare approach.

### Ethical Considerations

As a therapist, you must always adhere to the guidelines mandated within the area (geographic location) you are practising. When working with paediatric populations it is especially important to have a solid grasp of legal mandate as well as ethical considerations due to the fact that not everyone has a clear understanding of pediatric massage therapy. Clarity and consistency will help develop a professional understanding of nurturing touch as an important part of every child's life.

Within a paediatric healthcare practice privacy, safety and care is of the utmost importance. While these same qualities are important for all clients, children require a practice of extra special care.

By learning and following a professional code of ethics, you will not only be able to better assist clients, their families and other healthcare providers through interactions, but will also ensure you are received as a professional service.

### Need and Determination

Unfortunately, not all geographic areas, private massage practices or healthcare facilities offer the services of those trained in paediatric massage. As families and professionals become more aware of the benefits of paediatric

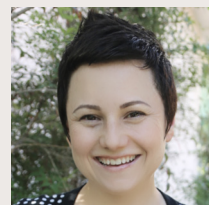
massage therapy, there is an increasing need for professional practitioners with specialised experience and education to fill these healthcare needs. Numerous studies demonstrate the effectiveness of paediatric massage therapy as a noninvasive therapy when safely provided by trained healthcare practitioners.

Today, more and more people in the general public understand the benefits of massage therapy for adults. However, we are still practising in a profession not everyone understands. So now it is more important than ever to push forward with a consistent and professional, healthcare oriented message in the description and application of paediatric massage therapy.

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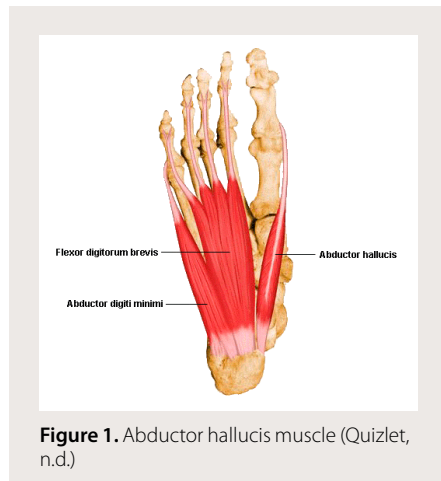
Tina Allen L.M.T., C.P.M.M.T., C.P.M.T., C.I.M.T., is the founder and director of the Little Kidz Foundation. She is an international author, lecturer and authority on infant and paediatric massage therapy. Allen has written renowned publications globally and received numerous awards for her healthcare advocacy work. Allen travels in a tour bus 365 days a year teaching courses internationally and is the proud mother of Otis.

Tina will present her paediatric massage courses in Sydney (Children's Hospital at Westmead) & Perth (Cancer Wellness Centre at Wanslea House) during March & April, 2017. Contact her at [www.LittleKidz.com](http://www.LittleKidz.com).

## Clinical Perspective: Abductor Hallucis

by Paul Conneely

The abductor hallucis muscle is found on the medial side of the foot or instep (Figure 1). Its origin is on the medial calcaneal tubercle (part of the heel bone) as well as parts of the inferior surface of the calcaneus and the fibres on the medial side of the plantar fascia (the third layer of the plantar muscles). Insertion is into the medial side of the great toe proximal to the first phalanx (proximal joint).



For most people, when the abductor hallucis muscle contracts it causes the great toe to move medially a few millimetres. Note there are exceptions, for example, in sprinters, especially those who came through the ranks of beach sprinting (through shifting sand) as young life savers, the muscle can move their great toe at least 30 degrees medially.

The abductor hallucis has a major role in tree climbing (an important requirement for early mankind and still for some communities today). Things we used to do not that many thousand years ago. If you were to examine this muscle in a native coconut tree climber, you would see they have large abductor hallucis muscles and can curve their feet and great toe to the shape of the coconut tree..

The man known as the grandfather of rehabilitation medicine, Vladimir Janda (1983), found the muscles of the lower limb work by eccentric loading—biomechanically opposite to what anatomists described many years ago.

A classic story you might hear from a client goes something like this: 'I got out of bed today and I thought I was walking on broken glass. After eight strides the pain reduced greatly. After being at work and getting up

around lunchtime I had only to hobble for four steps before the pain reduced'. Typically this type of case is attributed to plantar fasciitis and treated by stretching and/or eccentrically loading the calf. However, often plantar fasciitis seems stubborn and slow to heal.

Plantar fasciitis in itself is a misnomer as heel pain is not an 'itis' (which means: inflammation of) as there is almost nil blood vessel activity when viewed on ultrasound. Also, it should be noted that as obesity rates rise, cases of plantar fasciitis go up.

I was fascinated by this clinical story and consequently spent two years observing this muscle (Conneely, 2017). In particular, the question I wanted answered was, how does the foot know it is morning and lunchtime? The answer is: muscle tone constantly changes (Janda, 1983). When you lie down your muscle tone reduces—this is why you treat people lying down. Upon rising in the morning muscle tone is at its lowest, so it takes a number of steps for the abductor hallucis to contract and, because of the increased muscle tone, it takes slightly less steps at lunchtime.

Taking on board this information I ultrasounded people who had a classic history of plantar fasciitis. We performed ultrasonography at 8am and again at 12 noon. We found it took them about eight strides to activate their abductor hallucis at 8am and four strides at lunchtime in most of the 64 people who participated in the study (Conneely, 2017).

When you look at this muscle, it appeared much larger in the affected foot than the unaffected one. When asked if they got cramps in the muscle that pulls their great toe medially, 50% identified it occurring (Conneely, 2017). Palpation showed a very tender muscle, usually with a tender band in it. With ultrasound we found the muscle had the largest cross sectional area at the mid-point on the medial foot between the medial malleolus and the navicular bone.

My treatment is to dry needle this spot and then use cold spray along the muscle followed by stretching. An alternate to dry needling which works well is ischaemic compression. After this is performed, stretching of the muscle for 20 seconds is essential.

**Eccentric muscle action is an overall lengthening of a muscle while under load. Concentric muscle action is the shortening of a muscle under load.**

The outcomes of my study found that 64% of participants had no pain post treatment despite the pain having previously been present from between two weeks and nine years (Conneely, 2017).

Interestingly, the study found that when the muscle is dysfunctional it shows on an ultrasound changing from a grey colour to black. Ten minutes post treatment (needling) the colour of the muscle was almost normal colour. Another finding was that the cross sectional diameter of the muscle reduced by 10.4% with a further 2% reduction at 4 weeks follow up (Conneely, 2017).

So next time you see someone with medial heel pain, before you assume it is typical 'plantar fasciitis', ask yourself, could it be the abductor hallucis muscle?

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*Dr Paul Conneely has degrees in medicine and surgery, a Masters in Pain Medicine and a degree in MusculoSkeletal Medicine. He now is a senior lecturer in the University of Wollongong's School of Medicine. Dr Conneely commenced teaching 'muscle medicine' in 1995. Since then he has introduced new and productive treatment methods to over 6700 therapists in all states of Australia and overseas.*

*Dr Conneely will be running a number of workshops in 2017, including his Talus Biomechanics workshop at 'The Centre' Randwick on the weekend of 17-18 June, as well as 1 and 2 day workshops for the 'hands-on' therapist—tips and tricks to make a therapist's life easier with methods to save their hands and fingers. Visit [www.musmed.com.au](http://www.musmed.com.au) to find out more.*



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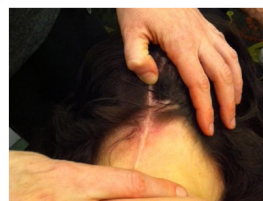
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# Vaccination and the Massage Industry

by Andrew Shepherd

Although childhood vaccination is not often a topic that arises in most massage practices, there is one group of clients that it is very relevant to: pregnant women.

Many massage therapists take on postgraduate training in pregnancy massage and some therapists make pregnancy and baby massage their mainstay of practice. I will say from the outset that vaccination is well and truly outside the scope of practice for massage therapists. However, first-time mums and mums-to-be tend to be anxious about the numerous facets of being pregnant and being a good parent to the new little person in their life, so will likely confide in their therapist about these things.

There is a growing anti-vaccination movement worldwide. Suspicion and misunderstanding on the safety issues of childhood immunisation is on the rise. Although this movement began somewhat earlier, it came to a head in 1998 when former surgeon, Andrew Wakefield\*, had a minor study published in the prestigious British medical journal, *The Lancet*, which proposed a causal link between the measles, mumps and rubella (MMR) vaccine and autism. The study was quickly debunked by further and larger studies (Sathyanarayana Rao & Andrade, 2011), was retracted by *The Lancet* (The Lancet, 2010) and Wakefield was later exposed as a fraud and subsequently de-registered as a medical practitioner (Triggle, 2010).

However, the damage had already been done. The panic the paper originally caused in new parent populations around the world, that the MMR vaccine may cause autism in their children, meant large groups of children did not receive the vaccine. As a consequence, diseases such as measles (which can be fatal) began to see an increase in cases (Leask, Booy & McIntyre, 2010). Mumps has been known to cause sterility in males and Rubella (German Measles) is well known in causing congenital defects such as blindness.

More recently, Wakefield made a film in 2016 called *"Vaxxed: From Cover Up to Catastrophe"*, a plethora of false information on vaccination and conspiracy theory. The film was banned

around Australia (Spooner, 2016, Hansen, 2016), but of course this has caused further fear and mistrust about vaccination in global populations.

Vaccination is the single best preventative measure against common diseases implemented by medicine in modern history. Smallpox was a major killer even into the mid twentieth century. One in four people who contracted the disease died from it. Smallpox has now been eradicated by the smallpox vaccine (WHO, n.d.). Numerous other vaccines have allowed our populations to live longer and more healthy lives. Yes, there is a small chance of reaction to a vaccination and in very rare cases, where there have been underlying health complications of which the recipient has been unaware, there have been fatalities. But the risk of becoming sick from the diseases the vaccines prevent is thousands of times greater than the risk of having a reaction to the vaccination itself (Department of Health, 2015).

There is also a phenomenon known as "herd immunity" meaning if greater than eighty percent of a given population is immune to a particular disease it confers that immunity to the twenty percent that are not. Vaccination ensures acquired herd immunity. If rates of vaccination in a population fall below eighty percent then the diseases gain traction in that population (Willingham & Helft, 2014). Indeed, in some areas where this has happened, diseases such as measles and whooping cough are on the rise.

So getting back to how all of this is relevant to massage therapists. If you are treating anyone, in particular a pregnant or post-natal client, who brings up the topic of vaccination and asks your opinion, first and foremost, you MUST state it is not within your scope of practice. Even so, all of us should be aware of the information stated above if the topic arises. Although all people in this country still have a right to a personal opinion and have a right to not vaccinate, to take an anti-vaccination stance as a therapist and provide this to a client exposes them, their child and the people around them in the community to an avoidable health risk. Furthermore, if anti-vaccination advice is given to a parent and they fail to immunise their child and the child subsequently becomes sick, that therapist may be exposed to litigation.

If massage therapists want to be taken more seriously by mainstream primary health care, this is one public health initiative the massage profession should embrace. Always refer any client who is concerned about vaccination to their general practitioner, obstetrician or paediatrician. ■amt

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**\*Ed. Note: For further information about the Wakefield controversy refer to Bad Science by Ben Goldacre**

Andrew Shepherd is a fully qualified and accredited Chiropractor and Remedial Massage Therapist who works collaboratively with local GPs and other allied health care professionals to ensure that clients receive the best and most appropriate care available. With a view to providing the highest quality of chiropractic care, Andrew established Mosman Chiropractic and Massage at the beginning of 2009. With over 19 years' experience in the allied health industry, he has a firm belief in treating individuals as more than the sum of their parts and a keen interest in maintaining his clients' health not only with chiropractic and massage therapy but also with dietary and lifestyle advice and rehabilitative exercises which can be performed by people of all ages.





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## State of the evidence: January 2017

by Rebecca Barnett

Research in the field of massage therapy is booming. A search on the term 'massage' in Google Scholar resulted in over 20,000 entries for 2016 alone. A large body of empirical evidence supports the established effects of massage therapy for the following conditions and populations:

### Cancer

Over the last five years, evidence for the positive effects of massage therapy in the management of cancer patients has continued to burgeon, with many new Level 1 and 2 studies being published. Although massage therapy is clearly not a treatment for cancer itself, it 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.

A substantial body of systematic reviews supports the efficacy of massage therapy in treating the side effects of cancer, including a Cochrane Systematic Review in 2004 (Fellowes et al), which was updated in 2008.

The largest single study of massage and cancer was conducted at the Memorial Sloan-Kettering Cancer Centre, where 1290 patients were treated with massage therapy over a three-year period (Cassileth & Vickers, 2004).

The most recent systematic review and meta-analysis of massage and cancer pain populations concluded that massage therapy appears to be promising for reducing pain intensity/severity, fatigue and anxiety in cancer populations compared to the active comparators evaluated. The authors concluded that patients should consider massage therapy as a therapeutic option to help manage their cancer pain (Crawford et al., 2016).

A 2015 Cochrane review (DeGroef et al.) found manual lymphatic drainage (MLD) was well tolerated and safe for individuals with breast-cancer related lymphoedema. The authors concluded MLD may offer additional benefit to compression bandaging for swelling reduction, with those experiencing mild to moderate lymphoedema benefitting most from adding MLD to an intensive course of treatment with compression bandaging.

### 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.

There are five systematic reviews of massage and low back pain, including a Cochrane Systematic Review in 2008 (Furlan et al.), which was updated in 2009. The most recent review, published by the Ottawa Panel in 2012 (Brosseau et al.), 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.

There are five systematic reviews of neck and shoulder pain, including a Cochrane Systematic Review in 2012 (Patel et al.) which concluded that massage therapy provides short-term relief of mechanical neck pain. A systematic review published by the Ottawa Panel in 2012 (Brosseau et al.) reached a similar conclusion.

A 2013 meta-analysis and systematic review (Kong et al.) also showed massage therapy to be an effective intervention that may provide immediate relief of neck and shoulder pain.

A 2014 systematic review (Cheng & Huang) found moderate evidence of massage therapy on improving pain in patients with neck pain compared with inactive therapies but no evidence of improvement in dysfunction.

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

A 2015 meta-analysis (Yuan et al.) examined trial data to assess the effectiveness of various styles of massage therapy for relief of fibromyalgia symptoms. This review showed most styles of massage therapy consistently improved the quality of life of fibromyalgia patients, with some styles having superior effects.

The most recent systematic review and meta-analysis of massage therapy for pain examined 67 articles published between 1999 – 2013, investigating the use of massage therapy on musculoskeletal pain, headache, visceral pain, chronic pain, including fibromyalgia, spinal cord pain, and venous insufficiency populations. The results demonstrate that massage therapy effectively treats pain compared to sham treatment, no treatment and active comparators. Compared to active comparators, massage therapy was also beneficial for treating anxiety and health-related quality of life (Crawford et al., 2016).

## 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 (Moyer et al.), reductions in trait anxiety and depression were identified as massage therapy's largest effects. A number of studies also show massage therapy increases oxytocin, which may be one of the mechanisms by which it mediates anxiety.

A 2011 quantitative review (Moyer et al.) debunked the hypothesis that massage therapy reduces cortisol. It found massage therapy's effect on cortisol is generally very small and, in most cases, not statistically distinguishable from zero. The authors concluded cortisol reduction cannot be the cause of the well-established and statistically larger beneficial effects of massage on anxiety, depression and pain.

## Pre/Post-operative

A significant body of RCTs demonstrate 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 acupressure stimulation of the P6 acupoint significantly reduced post-operative nausea and vomiting and the need for antiemetics (Lee & Fan).

A recent systematic review and meta-analysis found massage therapy as a non-pharmacological strategy applied in the early days of postoperative cardiac surgery in patients in the intensive care unit was associated with reduction in pain and anxiety (Miozzo et al., 2016). A 2015 systematic review of research studies published between 2000 and 2015 also found six studies reporting that massage therapy improves the post-operative outcomes in patients after cardiac surgery (Ramesh, 2015).

## Pregnancy/Labour/Post-natal

A significant body of evidence supports the efficacy of massage, particularly during labour. A 2012 Cochrane Systematic Review (Jones et al.) found evidence that massage improves the management of labour pain with few adverse side effects.

Another 2012 Cochrane review (Smith et al.) found that massage may have a role in reducing pain and improving women's emotional experience of labour.

However, a 2016 systematic review (Hall et al.) of manual therapies for pregnancy-related back and pelvic pain found positive effects for manual therapy (mainly massage therapy and osteopathy) on pain intensity when compared to usual care and relaxation but not when compared to sham interventions. There is currently limited evidence to support the use of complementary manual therapies as an option for managing low back and pelvic pain during pregnancy.

## 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 (Vickers et al.). A 2006 Cochrane review also found evidence of benefits in connection with mother-infant interaction, sleeping and crying and on hormones influencing stress levels (Underdown et al.). A 2013 meta-analysis concluded massage therapy may be a safe and cost-effective practice to improve weight gain and decrease the hospital stay of clinically stable pre-term infants (Wang, et al.).

A 2007 review (Beider & Moyer) 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.

## 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 massage therapy may serve as an alternative or complement to other therapies for the management of behavioural, emotional and other conditions associated with dementia (Viggo Hansen et al., 2006).

## Athletes/Sports/Exercise

There is some evidence from systematic reviews that massage therapy is effective in reducing delayed onset muscle soreness and enhancing recovery after strenuous exercise (Ernst, 1998, Best et al., 2008). A number of RCTs have also shown positive effects of massage on pain and recovery after strenuous exercise.

However, a recent systematic review found the effects of massage on performance recovery are rather small and partly unclear but can be relevant under appropriate circumstances (for example, short-term recovery after intensive mixed training). The review concluded it is questionable whether the limited effects justify the widespread use of massage as a recovery intervention in competitive athletes (Poppendieck et al., 2016).

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 massage therapy, physiotherapy, relaxation and chiropractic spinal manipulative therapy might be as effective as propranolol and topiramate in the prophylactic management of migraine (Chaibi et al., 2011). A number of RCTs investigating 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. A 2012 RCT of Swedish massage for osteoarthritis of the knee revealed significant improvements across a range of measures compared to usual care (Perlmann et al., 2012). This dose-finding study built on an earlier study that produced similar results (Perlman et al., 2006).

A study released in 2013 found twice weekly, self-massage of the quadriceps muscle improved pain, stiffness, physical function and knee range of motion in adults with diagnosed knee osteoarthritis (Atkins & Eichler, 2013).

## Hypertension

Some preliminary evidence, based principally on case series, indicates 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, with increases in blood pressure noted for potentially painful massage techniques (Cambron et al., 2006).

A 2015 meta-analysis (Xiong et al.) demonstrated that massage combined with antihypertensive drugs may be more effective than antihypertensive drugs alone in lowering both systolic and diastolic blood pressure. The reviewers also concluded that massage appears beneficial for reducing systolic blood pressure for hypertensive patients as compared with antihypertensive drugs.

A 2015 scoping review (Nelson) summarises the current knowledge of the mechanisms of action of massage therapy on blood pressure. Six potential blood pressure mediating pathways were identified, with current theories suggesting massage therapy exerts sympatholytic effects through physiologic and psychological mechanisms, improves hypothalamus–pituitary–adrenocortical axis function, and increases in blood flow, which may improve endothelial function.

## HIV

A 2010 Cochrane Review (Hillier et al.) found evidence to support the use of massage therapy to improve the quality of life of people living with AIDS/HIV. A 2013 clinical trial showed massage therapy to be effective in the treatment of depression in HIV patients (Poland et al., 2013).

■amt

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# Calendar of Events

March 2017		CEUs
18	Rocktape Introduction Course - Full Day. Presented by Rocktape. Gold Coast, QLD Contact 08 9379 3400 or education@rocktape.com.au rocktape.com.au	35
18-19	Hot Stone Massage. Presented by Master Zhang Hao. Strathfield, NSW Contact 0416 286 899. www.asrt.edu.au	70
18	Rocktape Introduction Course - Full Day. Presented by Rocktape. Adelaide, SA Contact 08 9379 3400 or education@rocktape.com.au rocktape.com.au	35
18	Rocktape Introduction Course - Full Day. Presented by Rocktape. Canberra, ACT Contact 08 9379 3400 or education@rocktape.com.au rocktape.com.au	35
19	Rocktape Introduction Course - Full Day. Presented by Rocktape. Melbourne, VIC Contact 08 9379 3400 or education@rocktape.com.au rocktape.com.au	35
24-25	Onsen Techniques ® Volume I - Structural Assessments and Treatments of the Thoracolumbar, Sacral and Pelvic regions Presented by Jeff Murray. Kingscliff, NSW Contact info@beyondmassage.com.au www.beyondmassage.com.au	70
25-26	Tricky Tarsals. Presented by Jenny Richardson. Adamstown, NSW Contact info@amt.org.au Read more or register by downloading the workshop flyer here	70
25-26	Myofascial Cupping Technique™. Presented by David Sheehan. Melbourne, VIC Contact 03 9481 6723 or info@comphs.com.au www.comphs.com.au/	70
28	Illawarra Branch Meeting. Corrimal, NSW. Contact Linda White 0417 671 007	15
30	Blue Mountains Branch Annual General Meeting. Lawson, NSW. Contact Ariana 0425 285 610	15
31	The Shoulder Online Workshop. Developed by Bradley Collins Contact info@thetherapyweb.com www.thetherapyweb.com	25
April 2017		CEUs
1	Rocktape Introduction Course - Half Day. Presented by Rocktape. Adelaide, SA Contact 08 9379 3400 or education@rocktape.com.au rocktape.com.au	20
7-11	Advanced Certificate in Integrated Cupping Therapy. Presented by Bruce Bentley. Sydney, NSW Contact 03 9576 1787 or 0435 410 799 www.healthtraditions.com.au	175
7-9	Master Class in Traditional East West Cupping. Presented by Bruce Bentley. Sydney, NSW Contact 03 9576 1787 or 0435 410 799 www.healthtraditions.com.au	105
10-11	Modern Cupping Therapy. Presented by Bruce Bentley. Sydney, NSW Contact 03 9576 1787 or 0435 410 799 www.healthtraditions.com.au	70
15	Mid-North Coast Branch Meeting. Port Macquarie, NSW. Contact Leigh Stevens 0434 084 501	15
21-25	Advanced Certificate in Integrated Cupping Therapy. Presented by Bruce Bentley. Brisbane, QLD Contact 03 9576 1787 or 0435 410 799 www.healthtraditions.com.au	175
21-23	Master Class in Traditional East West Cupping. Presented by Bruce Bentley. Brisbane, QLD Contact 03 9576 1787 or 0435 410 799 www.healthtraditions.com.au	105
24-25	Modern Cupping Therapy. Presented by Bruce Bentley. Brisbane, QLD Contact 03 9576 1787 or 0435 410 799 www.healthtraditions.com.au	70
25	Illawarra Branch Meeting. Corrimal, NSW. Contact Linda White 0417 671 007	15
29-30	Myofascial Cupping Technique™. Presented by David Sheehan. Gold Coast, QLD Contact 03 9481 6723 or info@comphs.com.au www.comphs.com.au/	70
29	Rocktape Introduction Course - Full Day. Presented by Rocktape. Kalgoorlie, WA Contact 08 9379 3400 or education@rocktape.com.au rocktape.com.au	35
30	Headaches Online Study Module. Developed by Bradley Collins. Contact info@thetherapyweb.com www.thetherapyweb.com	25
30	Rocktape Movability Course - Full Day. Presented by Rocktape. Kalgoorlie, WA Contact 08 9379 3400 or education@rocktape.com.au rocktape.com.au	
May 2017		CEUs
1	Blue Mountains Branch Meet and Greet. Penrith, NSW. Contact Ariana 0425 285 610	15
6-7	Chinese Cupping Therapy. Presented by Master Zhang Hao. Strathfield, NSW Contact 0416 286 899 www.asrt.edu.au	70
6-7	Myofascial Cupping Technique™. Presented by David Sheehan. Randwick, NSW Contact 03 9481 6723 or info@comphs.com.au www.comphs.com.au/	70
6-7	Tricky Tarsals. Presented by Jenny Richardson; Working the nerves of the lower limb. Presented by Colin Rossie. Perth, WA. Contact 02 9211 2441 or info@amt.org.au www.amt.org.au	70
12-13	Introduction to working with scoliosis. Presented by Colin Rossie. North Perth, WA. Contact 02 9211 2441 or info@amt.org.au www.amt.org.au	70

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## ACCREDITED KINESIOLOGY TAPING FULL DAY COURSES

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**Hobart**

Sun March 12

**Melbourne**

Sun March 19

**Perth**

Sat February 25

**Adelaide**

Sat March 18

**Kalgoorlie**

Sat April 29

**Albury**

Sun February 26

**Canberra**

Sat March 18

**Launceston**

Sun May 7

**Nth Sydney**

Sun February 26

**Gold Coast**

Sat March 18

**Sydney**

Sun May 7

See our website for course dates & locations, including half day, full day & our advanced courses.

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# 2017 AMT Annual General Meeting and Workshops

<b>Workshops:</b>	<b>Saturday 6 and Sunday 7 May 2017</b> 9.00am – 4.30pm	<b>Cost:</b>	<b>\$380 members (both days)</b> <b>\$200 members (single day)</b> <b>\$440 non members (both days)</b> <b>\$240 non members (single day)</b> <b>\$320 students (both days)</b> <b>\$170 (single day)</b>
<b>AGM:</b>	<b>Saturday 6 May 5.00pm</b>		
<b>Where:</b>	<b>The Boulevard Centre</b> <b>99 The Boulevard, Floreat, Perth</b>		
<b>Reward:</b>	<b>35 CEUs per workshop</b> <b>15 CEUs AGM only</b>	<b>Please bring:</b>	<b>Massage table, towels,</b> <b>pillow/bolsters</b> <b>Your own lunch</b>

The AGM and networking event are free for all AMT members. Why not join AMT directors, colleagues and friends for drinks and nibblies?

## ABOUT THE WORKSHOPS

### Tricky Tarsals (Saturday 6 May)

#### Presented by Jenny Richardson

The feet are the base for the rest of the body. Do you know how to really get someone's whole foot moving again, not just the range of motion at the ankle? Learn how to assess the movement of the foot and ankle, mobilise the joints and work on fascial densifications that restrict ROM. Understand how the patterns of movement of the foot affect the knee, hip and upper body.

Feet are fun – you can see a lot of change in a short time if you know where to go to find the restrictions.

### Working nerves of the lower limb (Sunday 7 May)

#### Presented by Colin Rossie

Often under-diagnosed or ascribed to musculoskeletal or fascial structures, possibly up to 25% of complaints that present in the remedial massage setting may be neural in origin. Aside from obvious radicular pains and neuropathies like sciatica, working nerves alone can often decisively and effectively treat other lower limb conditions, such as plantar fasciitis and some compartment syndromes.

Working the femoral or obturator nerves can treat even some groin and knee pains. This workshop draws on the neural manual therapy work of physiotherapists David Butler and Michael Shacklock, osteopath Jean Pierre Barral and Rolfer Don Hazen.

## ABOUT THE PRESENTERS

### Jenny Richardson

Jenny is the owner of Canberra Myotherapy and has been practising massage and myotherapy for over 10 years. She is passionate about understanding how the body works and using this to help clients with chronic pain. Jenny is a perpetual learner and has brought together material from a range of sources for her workshop "Tricky Tarsals".

### Colin Rossie

Colin Rossie is a Certified Advanced Rolfer®, Rolf Movement Integration practitioner, remedial massage therapist and Fascial Fitness instructor. He is a life member of AMT and a foundation member of the Fascia Research Society. In addition to ongoing Rolfing and remedial massage training, his continuing education has included visceral manipulation; neural mobilisation with physiotherapists, osteopaths and Rolfers; Fascial Fitness Training; and Rolf Movement training.

# Registration info

Members who do not wish to attend the workshops are warmly invited to attend the AGM and networking event on Saturday evening, commencing at 5.00pm. There is no fee to attend this portion of the program but we do need you to RSVP. Please telephone or email head office if you wish to attend the AGM only.

Attending	Members	Non-members	Students
Both days	\$380.00	\$440.00	\$320.00
Tricky Tarsals only	\$200.00	\$240.00	\$170.00
Lower Limb only	\$200.00	\$240.00	\$170.00
AGM/networking	\$0	\$0	\$0

TOTAL \$

Cheque or Money Order (made out to AMT)

EFT (see payment details below)

Or please debit my visa/mastercard

Please bring towels, bolsters and pillows

Please indicate if you can bring a massage table

YES

NO

AMT Membership number:

## PLEASE PROVIDE YOUR DETAILS BELOW

First name:

Surname:

Address:

Phone number:

Email address:

Cardholder's Name:

Card Number:

Cardholder's Signature:

Expiry Date:

/

## PLEASE NOTE AMT DOES NOT ACCEPT THIRD PARTY PAYMENTS

### 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 826  
Broadway NSW 2007  
or email [info@amt.org.au](mailto:info@amt.org.au)