

## AMT NEWSLETTER HEADER

# NEWS FROM STATE COUNCILLORS

### HUNTER Kevin Stokes

The meetings of the Hunter Sub-Branch continue to be fairly well attended, despite the cooler weather, with interesting talks by a variety of guest speakers on topics ranging from Myofascial work to treatment for Chronic Fatigue.

Local member Jeff Murray also spoke to the group regarding massage therapists involvement in the 2000 Olympics. I'm sure all will be aware by now that Jeff has been nominated to head the team of volunteer massage therapists to work with athletes at the games. This is certainly a large feather in Jeff's cap and the members of this group (and I'm sure all members) congratulate Jeff on his achievement and wish him all the best in this venture.

Perhaps the best way of supporting Jeff would be to join the team of volunteers at the Games. It would certainly be a rewarding experience.

The branch is receiving an increasing number of enquiries regarding the Association and the benefits of membership. It is satisfying to be able to promote the Association in this way.

The volunteer program of the local group is still well supported with many members willing to give time to help others. One area that needs to be enhanced locally is our involvement with sports events. To this end we have elected a co-ordinator to try and encourage more participation in this area.

The next **Annual Conference (23<sup>rd</sup> & 24<sup>th</sup> October)** draws ever nearer and planning is well under way to

ensure the event will be a success. The staff at Salamander Shores have been most helpful in this regard.

We are organising a worthwhile Trade Display at the Conference covering a wide range of massage related products and services and the dinner cruise on Port Stevens (accompanying Dolphins guaranteed I'm told) will be most pleasant. The range of workshops will be of interest to all massage therapists.

Register now for the most important event in the AMT year.

### MACKAY Valerie Jenkins

The past twelve months have been very busy, but extremely rewarding.

My clinic opened at Mount Pleasant in August and the Massage Therapy School commenced with nine students who will graduate in September.

Last May I held a public meeting to discuss the possibility of forming a Branch of AMT (NSW) Ltd in Mackay. Thirty six people attended and several offered their assistance to form an Executive. (Valerie Jenkins, Rod Legge, Sue Smith, Linda Danvers, John Grosser, Annie Caruana and Don Russell).

I would like to take this opportunity to urge all members to thoroughly read the AMT newsletter as there is so much information in there which is of benefit to our profession – and hence to our patients!

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**Workshops advertised in this newsletter are not necessarily accredited by the AMT. The views, ideas, products or services in this newsletter are not necessarily endorsed by the AMT.**

## **NORTH COAST      Joel Morrel**

### **All points north ...**

We have great news on progress and realignment together with some keen new volunteers (aren't they our very lifeblood?)

A new sub-branch region to be called MID NORTH COAST to include Forster, Taree (don't forget Cooperook), Port Macquarie, Wauchope, Kempsey, Nambucca Heads and all associated areas will be represented by new Regional State Councillor Jan Crombie of Port Macquarie supported by Trudy Musgrave of Kempsey. Both were involved in the recent State council Meeting and after two hard days were still willing to give it a go. We wish them every success.

Falling numbers and increasing work loads had threatened the New England Branch. At the meeting in Armidale on the 17<sup>th</sup> July a framework was put in place. Joel Morrell becomes the Regional State Councillor for the North of the State and will represent both the New England and the new Northern Rivers Sub-Branches. He will be supported in the New England zone by Dianne Hubbard of Armidale as New England Chairperson aided by Tracy McCluskey of Inverell. For the Northern Rivers he will be supported by Sharon Keogh of Casino as Northern Rivers Chairperson aided by Christina Noordhof of Grafton. In addition Trudy Musgrave will act as Joel's Deputy for the whole Northern Region. These office-bearers are all vital in the work of our Association and deserve every support you can give them.

The 17<sup>th</sup> July also saw a very successful meeting in Armidale with ten members present including one new member Dan Alter of Armidale. People came from as far afield as Tenterfield, Inverell, Grafton, Bentleigh (and Nambucca Heads). We plan to run all future meetings as joint activities for the North and hope to feature New England in the first quarter, then Mid North Coast in the second (possibly in conjunction with the ultra marathon). Northern Rivers in the third quarter, thus leaving the fourth quarter clear for people to go to the Annual Conference.

## **BLUE MOUNTAINS      Tamsin Rossiter**

The first six months of 1999 have been productive for our region. In May Jim Walsh ran his Back Pain Workshop in Bullaburra. This was well attended by regional members and a good opportunity to meet members from the Lower Blue Mountains. The day demonstrated the need for more locally run post graduate workshops.

Our regional meetings are continuing with an educational component. At the last meeting a local registered psychologist, Shirley Chapman, talked about anxiety and depression including treatment and referral options for Blue Mountain residents. The meeting in July had Kevin Silvy speaking on the topic of Applied Exercise Physiology.

With the aim of reducing my workload and formalising the management of our region, I am very pleased to have the assistance of Desley Scott and Bev Anderson as Regional Secretary and Treasurer respectively. Many apologies for my absence.

## **ACT                  Chris Howe**

Some of the local members got together on Sunday morning May 30<sup>th</sup> for the first official event organised by our new committee - a networking, getting-to-know-each-other morning tea hosted by Kay Fredericks at the Griffith Massage Centre, ably assisted by Paula Battersby. It was a pretty good turn-out, with a number of members coming along who don't ordinarily attend the general meetings throughout the year, and we even had a few non-members show up to check us out. It was fun to chat about the industry in a relaxed 'non-political' setting, and just get to know some other people on a social level who happen to be therapists.

The committee is working hard to get an ACT Region Sports Team up and running, so that we don't all have to make the trek to Sydney to be involved. We are working on having the AMT Sports Massage workshop held in Canberra, which is a pre-requisite for being on the Sports Team, so hopefully you will be hearing about that soon. In the meantime, Rob Carew is busy making contacts with the local and visiting interstate sporting organisations in anticipation of getting the Team going. He and a few others provided massage at the National Junior Volleyball Championships from July 4-9, and the organisers of the meet have made a donation to the AMT for their services. If you are interested in being on the Team, or have a contact or idea for an event that we can go to, Rob would love to hear from you. Give him a call on 0412-228 960.

Massage Therapy Awareness Week is rolling on, and the organising committee is working hard to make it a good one this year. We have started to raise money by holding fund-raising "student clinics" (run on the same format as Om Shanti College's supervised student practice clinics, with Om Shanti providing the admin.) where members of the public can have a \$20.00, 50 minute massage with a qualified therapist, with the proceeds going towards MTAW. We had

## **ACT (continued)**

our first clinic on June 27 and raised \$240.00, and have 3 more scheduled in July and August. I'd like to thank all those who donated their time. We have some exciting things planned for the Week, such as a Guinness Book of Records attempt for the longest line of simultaneous massages to be held in Garema Place and City Walk, so if you would like to be involved during the Week call Paula Battersby on 6255 1524 or myself on 0411-398 996.

One of the things I've been really keen to get off the ground in Canberra is local Member's Days, and ACT members should all have received a notice about our first one by now. If you haven't already done so, make sure you call Donna Povey on 0416-294 149 or myself to book in. We'll be looking forward to seeing you there.

Finally, the submission date for the Health Professionals Legislation review was extended until July 19<sup>th</sup>, giving me a little extra time to get things together. An unexpected bonus came our way when the Review project team forgot to send a discussion paper to Bill Sneddon, a Newcastle member who is keeping track of what is being done in these reviews nationally for the AMT. The project officer decided that since Bill had received the paper so late, he would be granted right of reply to any submissions that sought to restrict our trade (such as from the Chiropractors and Osteopaths Board). This means that we will actually get to see the submissions and respond to their content - a terrific opportunity for the AMT and the massage therapy industry in general.

## **ILLAWARRA Geoff Webster**

This year we have concentrated on having educational content at all our meetings.

In February there was a demonstration of 'Sun Harmony Oxygen Exerciser'. A German-made machine sold by Networking, the exerciser cradles the ankles and oscillates sideways. The speed and time are adjustable and the recipient feels a very powerful burst of Chi energy when the machine switches off. Clinical applications include stimulation of lymphatic flow and relief from back pain.

At the March meeting we had a talk on Lymphoedema by a lady who has been studying the subject in depth for six years. It was very interesting and informative but a week later we received a bill for \$120.00. There had been no mention of payment from either side so it was quite a shock. Letters and phone calls went back and forth, there was a refusal to pay, a threat of legal action and, after consulting

with Diana Glazer, an agreement was reached. We paid the speaker \$80.00 and offered her a year's membership with the AMT.

In April, Eve Whitehead showed a cadaver dissection video at her house. In May, I gave a demonstration and practise session on chair massage.

We didn't meet in June but at the next meeting in July (too late to be reported on in this newsletter) there will be a panel of senior members answering questions. This will provide an opportunity for other members to ask questions, pick their brains and get the benefit of their experience.

Last November we were asked to provide massage therapists for a large Triathlon near Nowra. Seven of us received \$100 each for about three and a half hours of concentrated work. There was a line up about 40 yards long.

Two of our members have done volunteer work for the Dapto Community Health Centre in their "Recycled Teenagers" programme for over 50s. They have a gentle exercise group and are helping to establish a weekly walking group.

In future we will (of course!) be doing the Nowra triathlon again and there are some other triathlons in the offing. Also, I was given some good ideas from the recent state executive meeting for branch meeting activities.

## MARKETING UPDATE

**Victor Kapustin** Senior Level 1 member

**Harmony Fields.** I am pleased to announce that we have come to a mutual arrangement with Harmony Fields, a supplier of massage balms. A balm is a massage oil in the form of a thick paste with its main base being Bees Wax. The ingredients are excellent and the balm has many advantages over conventional oils. Its economical, non spill formula is a must for every professional massage therapist. Here's the deal:

Normal price - \$27, AMT members price \$25.62.(inc. Tax) . Plus AMT will receive a rebate of .55c for every 500gm jar sold. Just call Harmony Fields 9997 7384 for your FREE samples and Peter will arrange all the paperwork with you.

**Massage Therapy Awareness Week.** Because of time constraints and lack of manpower it was decided again that head office will not be providing any formal input into the week. However members are encouraged to organise an activity for themselves. Big things are being planned for next year.

**Yellow pages.** I have received a letter from Pacific Access regarding the inclusion of adult services in the Massage Therapy heading. We now have their assurance that these practices will and have been eliminated.

## HARMONY FIELDS

### Special deal for AMT members

500gm jars normal price \$27.00 , AMT members \$25.62. The AMT will receive 55c for every jar sold.

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# LETTERS TO THE EDITOR

Dear Editor,

I read with dismay the ill informed, opinionated article written by John Cassidy on successful clinic administration. The article is factually incorrect, it contains mistakes in both spelling and sentence construction, and contains information which is ambiguous.

Patients/clients I have treated do not typically fall into the staggering statistic referred to by the 'old GP'. I believe insurance companies act in good faith and do not make decisions based on complete ignorance. If the author has had problems in the past I don't have to wonder why when I read 'I am a massage therapist and do not diagnose... as long as it takes.' Who does this guy think he is?

I encourage the AMT to repair the damage that has been done to our reputation by retracting the article and in future please refrain from publishing articles that do not reflect our ethical and professional standards.

**Kevin Silvy**, Senior Level 2 Member.

**Editor's apology:** *The editor accepts full responsibility for any spelling and grammatical errors in John Cassidy's article.*

Dear Editor,

I would like to add some comments to the great article by John Cassidy,

Your realistic goals should be negotiated with the referring doctor and formally recorded in your first reporting letter to him so both have on record what is expected. They can be as optimistic as "Aid in Pain Management" or as blunt as "We can only offer Palliative Care pending some more significant Medical Intervention".

Re clinical records: ischaemic zones, palpable spasm and points of pain are written in schematic notation, incomprehensible to anyone but myself so my habit is to report to the referring doctor at least monthly for chronic or long term treatments. I never report to an insurance company but they are free to have copies of any of my doctor's reports.

I raised an eyebrow at the "green band aide" but have had three of my long term clients cancel all treatment after court settlements. I would venture a word of perspective. In the cases of "continuing admitted liability" the client is insulated from any thought of the cost of therapy and frequency of treatment is accepted comfortably.

If the settlement is "full and finished" suddenly personal financial responsibility for treatment conflicts with personal obligations of family. I feel we see not so much miraculous recoveries as a new elevation of the pain threshold: the need to find the kids' school fees, put food on the breakfast table and cover other monetary stresses becomes paramount.

I will not venture into "diagnose verses not diagnose" but I do often make an observation or express an opinion. But whenever I do, I make sure it is supported by the testing procedure and the associated methodology by which I so arrived at that opinion( if necessary with source or full explanation) so any adequately trained practitioner (be they medico or massage therapist) can replicate my work and validate my opinion.

I would like to congratulate John Cassidy on a ground breaking exposition.

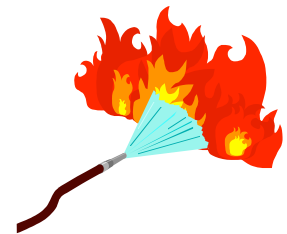
**Joel Morrell**, Senior Level 3 Member

Dear Editor,

**FIRE! FIRE!**

**WHERE? WHERE?**

**HELP! HELP!**



In the last eight years I have been distressed to hear of five incidents of spontaneous combustion causing damage to the clinics and/or homes of personal friends and colleagues in the massage industry. I am wondering how many more have occurred among the thousands of therapists I have not yet been privileged to meet.

I have some information from the N.S.W. Fire Brigades on this very real potential hazard to us, but before going to print I would like to try to get a feel for the full extent of such incidents.

If you have had first hand experience of fire in your clinic, I would greatly appreciate the opportunity to collate any information you can offer. I would particularly appreciate any data from subsequent Fire Brigade Investigations.

If you can help please write to

Joel Morrell 6 Doyle Lane, Nambucca Heads NSW  
2448 or Fax (02) 6568 8333 (please phone first)



# WHAT'S NEW?

**Judy Lovas** Senior Level 3 member

**Smoking cravings are reduced by self massage**  
Hernandez-Reif et al, 1999. *Preventative Medicine*. **28**: 21

## Introduction

Attempts to quit smoking are correlated with increased levels of anxiety, intense cravings and depressed mood. Massage therapy has been associated with reduction in anxiety and improvements in some studies.

## Objective

To determine the efficacy of self massage in reducing the anxiety and withdrawal symptoms associated with attempts to decrease smoking.

## Design

A one month randomised, placebo-controlled pilot study. Subjects in the study group received instruction on how to self administer hand and ear massages. These massages were performed three times daily, when the subjects would normally smoke a cigarette.

Twenty healthy subjects from Florida between the age of 21 and 45 took part in the study. Average consumption of cigarettes was 14.5 per day at the time of recruitment and 85% had smoked for 5 years or more.

## Measures

The State of Anxiety Inventory; Profile of Mood States; withdrawal symptoms measured on a visual analogue scale; long term effects and consumption of cigarettes.

## Results

When comparing baseline scores with scores after one month's treatment, the massage group had significantly lower anxiety scores, lower craving scores and lower withdrawal intensity scores. The massage groups also smoked fewer cigarettes per day in study week 4 (mean = 12) than on week 1 (mean = 16). Meanwhile, the control group reported a significant reduction only in craving intensity.

## Conclusion

Self massage may be an effective adjuvant to alleviate smoking related anxiety and withdrawal symptoms.

## MESSAGE THERAPIST OF THE YEAR AWARD



AMT members are invited to submit a proposal for the **Message Therapist of the Year Award**. If you know of a fellow AMT member who fulfils the following criteria, contact the Head Office with your nomination.

### MUST HAVE:

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

### SUGGESTED REASONS FOR AWARD:

- Industry initiative in
- Business and profession practice management
- Ongoing relevant education
- Principles and practice of massage team leadership
- Development of AMT and related bodies

# DO WE KNOW ENOUGH ABOUT THE HARMFUL INGREDIENTS IN OILS?

**Tina De Louw** General Level Member

Recently reading the Sunday Telegraph (See opposite) a warning on the dangers of body oils by oils expert Nerys Purchon, caught my attention and alarmed me to say the least. I felt obliged to share it with my colleagues and I was given the opportunity to put it in this Newsletter.

What do we know of the ingredients in the daily products which we use?

I feel responsible to my clients and thought that baby oil was safest to use, until I was made aware that baby oil contains Propylene Glycol, which is a harmful ingredient. The problem with Propylene Glycol is that it can be absorbed through the skin. Studies have shown systemic retention (residue throughout).

Propylene Glycol is a colourless, viscous, hygroscopic liquid, used in anti-freeze solutions, in hydraulic fluids, and as a solvent. Also called "propanediol".

A published clinical review showed that Propylene Glycol causes a significant number of reactions and was a primary irritant to the skin even in low levels of concentrations (The American Academy of Dermatologists Inc, 1991).

Before we dismiss this, let us go to the bathroom and check some of the labels. We will find Sodium Lauryl Sulfate (SLS), Sodium Laureth Sulfate (SLES), Propylene Glycol, Aluminium, not to mention hundreds of other chemicals in toothpastes, shampoos, conditioners etc. Could these ingredients have possibly any long term side effects?

There are alternative products available, and as an extension of my service I recommend these to my clients who in turn express their appreciation. This gives me a great feeling.

## Warning on body oils

Aromatherapy is one of the fastest growing alternative therapies, but not everyone realises that essential oils should be diluted, are volatile and are sometimes dangerous, particularly to pregnant women.

Oils expert Nerys Purchon, says there is little or no legislation to control the sale of dangerous oils such as Sassafras which is on the poison schedule, but is freely available at markets.

Ms. Purchon, Author of "Aromatherapy and Aromatherapy Secrets", also warns that synthetic oils abound. They carry none of the therapeutic properties of pure oils and they could possibly be harmful if applied over large areas of the body.

"When your nose becomes accustomed to essential oils, you will be able to easily pick a fraud as they usually have a sweet clinging and quite unpleasant odour compared to the genuine oil," Ms Purchon said.

She says most oils are not suitable to use for children under five, although some such as chamomile and lavender diluted with water or olive and almond oil, may be suitable for babies as young as two or three months.

Essential oil novices should be wary of bottles which do not carry a botanical name. For example, thuja (*Thuja occidentalis*) is sometimes sold as white cedar oil but it is severely toxic.

But Ms. Purchon says the correct aromatherapy oil to use is atlas cedar (*Cedrus atlantica*).

## MASSAGE TABLE AND PILLOW COVERS

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**Margaret Stewart**

**(02) 9862 8943**

## **THE NATIONAL HEALTH AND MEDICAL RESEARCH COUNCIL GUIDELINES FOR INFORMING PATIENTS ABOUT THE RISKS ASSOCIATED WITH MEDICAL TREATMENT**

From NSW Health Dept. Circular, 99/1.

The NSW Health Department strongly favours the use of the National Health And Medical Research Council (NHMRC) guidelines by practitioners when informing patients of the risks associated with medical treatment.

The NHMRC recommends that practitioners discuss:

- The possible or likely nature of the illness
- The proposed approach to investigation and treatment including:
  - what the proposed approach entails
  - the expected benefits
  - common side effects and material risks
  - whether the procedure is conventional or experimental and
  - who will undertake the intervention
- Other options for diagnosis and treatment
- The degree of uncertainty of the diagnosis and any therapeutic outcome
- The likely outcome of not having the diagnostic procedure or treatment, or of not having any procedure or treatment at all
- Any significant long term physical, emotional, mental, social, sexual, or other outcome which may be associated with the proposed intervention, and
- The time and cost involved including any out of pocket expenses.

**Copies of the NHMRC guidelines can be obtained by contacting the Commonwealth Department of Health and Family Services direct on ph. (02) 6289 1555. Although directed at medical practitioners, the guidelines may also be of assistance to nurses and other allied health professionals.**

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# UPDATE ON FRICTION MASSAGE

**Warren Hammer**, Chiropractor, USA.

Probably the most effective soft tissue treatment I have used through the years has been friction massage. James Cyriax, the English orthopedist, developed a functional examination to determine where the friction should be applied, since most of the time the most tender area was not the source of the pain. His theory was based on inducing a traumatic hyperemia, movement of the tissue, increased tissue perfusion and mechanoreceptor stimulation. He was very close to the present-day findings based on sophisticated examination of the tissue. Recent studies using light microscopy, electron microscopy and immunoelectron microscopy have shown that after friction massage there is fibroblastic proliferation and realignment of collagen fibers.

A group called the Performance Dynamics, a subsidiary of Ball Memorial Hospital in Muncie, Indiana, has been involved in researching the effects of friction massage.

They use what they call augmented soft tissue mobilisation, which involves the use of a special instrument in which “controlled microtrauma” leads to regression of fibrosis in various soft tissue structures. They believe that friction massage causes a microtrauma to an area of excessive soft tissue fibrosis or scar. They state: “The micro-injury causes microvascular trauma and capillary hemorrhage, resulting in a localised inflammatory response which serves as the stimulus for the body’s healing cascade and immune/reparative system.” The fibroblastic proliferation is responsible for the repair and regeneration of collagen, since fibroblasts produce fibronectin and synthesize collagen.

While Cyriax preached that friction should be across the fibers, Performance Dynamics states that the friction should be in a longitudinal direction. I feel that a possible barrier should be palpated first, allowing the practitioner to friction toward it, whether the direction is longitudinal, transverse or at an angle. When palpating near the insertion of the supraspinatus, for example, it is very difficult to palpate for a specific direction. I suppose frictioning in any direction will probably work, since the force of the mechanical load is probably the primary stimulant.

A study by Gehlsen et al demonstrated that the fibroblastic proliferation was directly dependent upon the magnitude of the applied pressure by the

instrument. I have over the years always begun friction with a mild pressure, increasing it until numbness of the tissue occurred, and then increasing the pressure to the next bearable level. I only use friction at the neurotendinous and insertion points of tendons, relying on fascial methods for use on the muscle bellies. New cadaver studies have helped in developing new locations for friction massage where there is less overlying muscle in the way.

## CONGRATULATIONS TO VICTOR KAPUSTIN!

**Forget the Hollywood Oscars. The Hills Shire district had its own gala night to beat any to reward its small business achievers.**

Almost 600 local business people, their employees and guests and official sponsors gathered at Castle Hill RSL Club to honour the winners and finalists in the Hills Shire Small Business Awards at a gala dinner.

Victor Kapustin, AMT Senior Level 1 Member, won the Hills Shire Small Business Award in the category of ‘Specialised Small Business’.



# DON'T JUST TREAT THE SYMPTOMS

**Paul Doney** Senior Level 2 Member

If, as massage therapists, all we carried into a treatment was a knowledge of anatomy and massage techniques we could be excused for only working on the areas that the patient told us hurt. However, the results for our patients would often be unsatisfactory. How often have we heard patients report that their friend has massaged the area but it is no better (or even, worse)?

As professionals, two of the most important tools that set us apart are the quality of our structural analysis and a knowledge of basic biomechanics. As a chiropractor who largely uses massage, myofascial release and craniosacral therapy techniques, I know that the ultimate cause of a patient's pain may lie a long way (in time and space) from the spot they are pointing at. A recent experience brought this home to me.

As I packed up benches and displays after a busy session of massage promotion for the AMT, a friend of one of the other massage therapists asked if I could do anything about a tight upper trapezius muscle. Being short of time but wishing to oblige a friend, I did a quick release of the offending upper trapezius and levator scapuli plus the latissimus dorsi on the same side. The error in my approach lay in the word "quick".

Every other member of the public I had seen for 10 minutes of free, introductory massage therapy had given me a brief history. I had done a basic structural analysis and a limited but balanced pattern of muscle release to demonstrate the benefits of massage therapy.

The next morning I was greeted with the news that my "quick" patient had developed a crushing headache 20 minutes after her "massage". She did not sleep that night due to head pain and vomited the next morning.

My initial reaction was surprise. I had hardly touched the woman! No deep tissue work, just 3 minutes of simple myofascial release. Upon reflection though the problem was clear. I had only treated the symptoms.

In the process I had relaxed the muscles which were "complaining" as they compensated for other muscular, ligamentous and stress related problems. The niggling upper trapezius pain was the body's

price for holding the crushing headache at bay. By just treating the symptoms I had opened Pandora's Box

Feeling somewhat contrite I visited the patient at home that morning and performed a thorough history, structural analysis and examination. After that, I systematically worked from feet to skull releasing some muscles, stimulating others, to produce a balanced, relaxed and fluid pattern throughout the body. The headache abated during the treatment. As I worked with the sacrum, pelvis and psoas muscles the patient could feel her suboccipital muscles releasing. The source of the problem lay far from the symptoms.

This experience was a forceful reminder. Never ever rush. Always stop and take the time to analyse the problem. Always do balanced work. Don't just treat the symptoms!



# MASSAGE THERAPY IN THE MEDICAL SYSTEM



## MASSAGE THERAPY FOR HIV+ AND AIDS PATIENTS

**Judy Lovas** Senior Level Three Member

*This year Richard Holland received the Order of Australia Medal (OAM) for his services for HIV+ and AIDS patients. This article highlights the perseverance and dedication that Richard has demonstrated for the past 15 years.*

Richard had no intentions of being a massage therapist. In 1985 he joined a group called Community Support Network which provided a service to care for HIV+ and AIDS patients in their homes. This involved cooking, washing and palliative care. Richard began to massage many of his patients since medical practitioners and other carers would not touch them. He was told that he had a natural gift and consequently did a short, uncertified course in massage therapy and recognised the need to train other carers in the art of touch. Richard then completed a massage course at the NSW School of Massage and Natural Therapies and developed a training program for carers of the dying, people in pain and AIDS patients. The manual included procedures for moving patients, making them more comfortable, massage therapy, emotional issues of the dying and issues that concern carers of the dying.

At this time, Richard and his trained carers experienced much opposition from hospitals and medical administrators. However, staff and social workers began to contact them unofficially since they recognised the benefits for the patients. In the early 1990s, Sacred Heart Hospital officially accepted massage therapy in the hospital and within three months St Vincents, Prince Henry and Prince Alfred hospitals had contacted the organisation, now known as Hands Oz.

A strict protocol of massage therapy was developed. The hands-on service was disciplined with intense training, supervised clinical training and assessment by the hospitals.

Richard and Hands Oz continued their work for much of this decade and have worked with hundreds of patients in various hospitals in Sydney and interstate. The organisation is currently undergoing a period of transition and negotiations are under way to become part of the Aids Council. Richard plans to move to the Blue Mountains to focus on his own health and well being, but will probably continue some voluntary work.

For his tireless and selfless efforts, Richard was awarded the Order of Australia Medal on Australia Day this year. The AMT congratulates him for his contribution towards ensuring that massage therapy is accepted as an integral part of the hospital system for the dying.

Richard encourages every massage therapist "to be passionate about your work, to *just do it*, whether people support you or not. People will be drawn to you if you fight for what you believe in. I recommend that massage therapists do some form of voluntary work, given that we all need to make a living. Voluntary work is very important to give us a balance in our lives and in the end we get so much back".

From the beginning of his career as a massage therapist, Richard experienced much direct hostility from the medical system and worked relentlessly until it was accepted and the benefits realised. Thanks to his work, massage therapy is now available for the dying, ranging from specific remedial techniques to gentle stroking over clothes.

## FLORIDA HOSPITAL CONTRACTS MASSAGE THERAPISTS

*Jody Stork is the owner of Space Coast Massage Institute in Melbourne, Florida. This article is edited from Massage Message, Florida State Massage Association, Winter 98-99.*

Space Coast Massage Therapy Inc. of Melbourne, Florida has recently been contracted by Health First/Holmes Regional Medical Centre to provide complimentary massage to patients and staff. The licensed massage therapists offer massage to every patient, as well as their family members and friends. Doctors and nurses also benefit from this programme.

# SPECIAL FEATURE: MASSAGE THERAPY IN THE MEDICAL SYSTEM

The hospital has funded the program since January 1998 and it has already been a great success. Prior to the current funding, Space Coast Massage & Allied Health Institute provided these services through an internship for graduates of their massage therapy program. Currently there are twelve alternating therapists offering massage at the hospital from 5.30 pm to 9.30 pm, seven days a week. The massage therapists learn to adapt their touch and techniques to a variety of medical conditions and also provide instruction to the patients' families regarding continued care at home using basic massage techniques.

When received regularly over a period of time, massage therapy for chronically or terminally ill people can offer positive results. Nurses have noted that some patients take less medication for hours and even days after a massage. Also, due to increased circulation from massage, tissue repair is faster from problems such as pressure sores. Relief of anxiety and tension has been seen in patients confined to bed or their room. Lack of movement has both physical and psychological effects and the passive exercise offered by massage can improve patients' emotional outlook.

The program has increased the profile and validity of massage therapy amongst doctors and medical staff. As a result, many of the medical professionals skeptical about the benefits of massage therapy in the beginning have rapidly gained a newfound respect for what massage can achieve in the medical setting. Originally, the massage therapists were confined to oncology, neurology and obstetrics. Due to the overwhelming positive response of patients and staff, they now provide touch to the entire hospital.

Jody's advice to others who wish to move from providing free massage to gaining employment with a hospital or other medical setting is: Be patient and don't give up. It took four years for Space Coast Massage Therapy Inc. to move the internship from students to compensated licensed massage therapists. A helpful contact may be a nurse or physiotherapists. Of course, the best contact is an open-minded physician.

## MASSAGE IN A HOSPITAL

**Kelly Casey** General Level Member

In my position as a massage therapist at Delmar Private Hospital on Sydney's Northern Beaches, I primarily practise Swedish massage. Delmar has orthopaedic as well as general surgery so I visit people who have had hip replacements, laminectomies and fusions, shoulder, knee and ankle repairs,

and chest infections requiring IV antibiotics. Recently we have opened a hydrotherapy pool and will have an increasing rehabilitation component. The age of the patients varies widely and the aims of massage in the hospital environment are to reduce muscular discomfort, improve circulation and induce relaxation enabling the patient to cope better with pain.

There is no direct charge to the patients for massage and I frequently meet people who have never before considered massage treatments. Usually massage is not appropriate for the primary condition being treated.

Post-operatively most patients are cautious, in pain and limited in mobility. Joint replacements are most frequently due to the degenerative effect of arthritis so the patients have had reduced mobility for long periods prior to admission. This results in muscle stiffness – particularly when you add a hospital bed and a strange pillow to the equation!

Lower limb surgery requires the use of appliances such as frames or crutches, using unaccustomed muscle groups in the upper body. This is even more so in arthritic patients who may suffer related muscle weakness or atrophy.

Frail and long-stay admissions appreciate attention to pressure point areas like the heels, elbows and sacrum. Verbal reminders regarding the importance of deep breathing and ankle rotations to prevent thrombosis and noticing the need for a podiatrist are all part of the service.

Many patients have had traumatic experiences prior to admission, for example a fall or the discovery of a breast lump. In these circumstances I find that well-developed listening skills are invaluable.

Frequent communication with the Nursing Unit Manager and physiotherapist is essential to ensure that the treatment is appropriate and contraindications of positioning are strictly observed. Quality Control measures within the hospital require biannual Massage Satisfaction Surveys be conducted so that our service is meeting patient needs and this provides excellent feedback. A thorough knowledge of pathology is a prerequisite for working in a hospital environment to ensure that ultimately the experience is a productive and pleasurable one.



## **MASSAGE IN THE NURSING HOME**

**Fiona McKee** General Level Member

When I joined the AMT, one of the ways to gain CEU's was by doing voluntary massage. Anxious to gain points, I offered my services at the hostel/nursing home complex close to where I live. I visited the Hostel Supervisor who passed me on to Administration who made an appointment for me to meet a Board Member. There I explained that I had the expertise, a little bit of spare time, needed CEUs and got on well with older people. Once I had produced my qualifications and signed a document pledging ethical behaviour my application was gratefully accepted. After 3 months, I was given a badge with my name and indicating I was an official volunteer. I also always wear my AMT T-shirt so that I am recognised.

I attend the Nursing Home once a week generally for 2.5 to 3 hours. I massage 10 or 12 residents depending on my time. I usually massage the same ones but sadly the turnover of residents is all too rapid as my section contains the sickest ones.

I have a very good relationship with the Director of Nursing and her staff. Sometimes I have to report injuries I have noticed and they are always followed up.

The physiotherapist has asked me to massage one stroke victim, a lady paralyzed down her right side. She has great determination to get better and is teaching herself to write with her left hand. She has improved greatly over the last 18 months. The divisional therapist is very co-operative making sure this lady is ready for my visit.

The staff often suggest who they think would benefit most from massage – usually the most distressed or frail. Recently a staff member asked me to massage a dying resident knowing it would bring her some comfort. Gently I stroked her face and hands. Normally I massage hands and/or feet. However, one lady in her 50s who has Multiple Sclerosis suggested that I massage her arms as well. She says she gets great relief and benefit from the 20 minutes I spend with her.

The staff are very appreciative and envious, and I have actually massaged a couple of them at my clinic. Occasionally I have attended the funeral service held at the Nursing Home, I have even massaged a family member of one of the residents (privately of course).

When I arrive at the Nursing Home I always get a big welcome. In fact I have come to know a lot of lovely people over the last three years and appreciate the dedication of the staff involved.

## **FROM WOE TO GO OF A MASSAGE THERAPIST**

**Mary Moloney** Senior Level 2 Member

I graduated as a Senior Level 2 massage therapist from Meadowbank TATE in 1993, having spent four years as a part time student. Five years have past but I vividly remember my feelings of uncertainty at the time of graduation. It was scary - what to do now? I had always been part of a large organisation as a registered nurse within a hospital setting and the thought of relying on myself was daunting. Two fellow graduates, a yoga teacher and I decided to set up shop and go into business. However on the day the lease six months lease was to be signed, two of the group reneged.

That left myself and one other graduate. We decided to go ahead thinking that we might lose confidence with a delay. Having spent four years achieving our status we were determined this was not going to happen. We both worked on a part time basis as registered nurses and could not therefore man the clinic fully, and we felt it was important to have a regular salary we could depend on for our livelihood.

It was a great learning experience! We had our guidelines from the business management component of our course and allocated \$5000 each to the venture. We bought all new equipment, material and furniture – we went a bit overboard!! At the end of six months we had established our business and were feeling very tired, so decided quite amicably to divide the equipment and proceeds and set up business as individuals.

I was on my own now, planning to work from home, and the next big obstacle to overcome was permission from my local Council. Not only was I viewed with suspicion, but in fact I was asked if I was planning to open a "House of ill repute"! Had I known it, a letter from TAFE, which is readily available on request, would have been sufficient proof of my authenticity. Having had endless interviews extending over several months, the services of a draughtsman for a detailed plan of the whole house was required. Having a house that was heritage listed did not help. I finally got council permission and it was only on producing an article which I had written for a newspaper on the "Benefits of Massage in a Grieving Situation", that I was really accepted as an authentic massage therapist. The Council fixed an inspection date to view the premises. However, my daughter developed mumps a few days prior to the planned inspection. I informed the council that I would contact when she recovered.

# SPECIAL FEATURE: MASSAGE THERAPY IN THE MEDICAL SYSTEM

Well, I contacted the council and waited and waited for their response and a new date for inspection. A few weeks later I rang to ask what was the holdup and was advised that the inspection took place from the outside and my letter of consent was in the post. Something to bear in mind - the male gender and mumps, even though non-infectious, - do not sit well together.

All the above happened four years ago. Now my business, "Inner care", is well established. I get referrals from some local doctors, orthopedic surgeons, as well as my usual clientele. I visit two nursing homes to give massage and Bowen technique to some residents. I have also recently been appointed as the official massage and Bowen therapist at St. John of Gods Hospital in Burwood. I have volunteered to give a few hours a week to crime victims in my local area, via the Police Department and am waiting to get their go ahead and referrals from them.

Last year I devised an infection control policy for massage therapy which was required as a condition for employment at St. John of Gods Hospital. I have included this here in case it helps other members.

## Infection Control Policy

If a hospital asks you to demonstrate your knowledge of Infection Control Policy here are the important issues to mention:

**Your awareness of international policy for disposal of body waste** – search the Internet for the latest information

## The procedures you intend to adopt to protect yourself and the patient:

- Hands must be smooth and without blemish and nails must be examined for rough areas
- Hands must be washed before and after each client, with particular attention to the webbing between the fingers and under nails
- Hands must be checked for cuts before massaging an infectious patient (rub with methylated spirit or alcohol to see if they sting)
- Don't massage over open lesions – cover or avoid them
- Wipe your table and oil bottle with a germicidal lotion between patients
- Negotiate with nursing staff or a medical officer if you feel there is a problem e.g. if the client is incontinent (risk of infection from body fluids)
- Negotiate with nursing staff to organise for the patient to have a shower before the massage

- A sweat band must be used if you perspire a lot
- Contact with patients must be avoided if you are sick

## Your understanding of law and ethics:

- know your responsibilities to the patient
- avoid disclosure of client's confidential information
- observe strict confidentiality of clientele files
- know patients' rights
- informed consent

## Demonstrate your professionalism:

- what steps you have taken to increase your professional development
- show your knowledge of contraindications
- include your current insurance policy and First Aid Certificate
- enclose a copy of the AMT Massage Practice and Procedure Guidelines.

## MESSAGE THERAPY STUDENTS AT LOTTIE STEWART HOSPITAL, SYDNEY

**Wendy Tooma** Teacher, Meadowbank TAFE

Final year students at Meadowbank TAFE in Sydney regularly massage patients at Lottie Stewart Hospital. The students attend these sessions as part of the Work Placement component of their course. Patients suffer from a variety of debilitating illnesses including Parkinson's and Alzheimer's disease, dementia and spinal injuries. Students are also asked to work with clients in Palliative Care. This is frequently their first experience of working with very sick and dying people.

While many students express some initial anxiety about massaging different clients with a range of problems, all felt the experience was very positive, both for themselves and their clients. One student commented:

*"Yes, I think we made a difference. Even if a client wasn't able to speak to us, they seemed to appreciate what we were doing for them".*

Another student notes that the hospital staff happily anticipated the students' visits. *"After the massages on Friday afternoons, all the nurses say that the patients appear less agitated and much more settled!"*.

Students report that they felt very welcome in the



Hospital. During their frequent visits, many students became familiar with the long-term patients. One student reports that she was extremely upset when a client whom she had been massaging had died. However, the students all felt that these experiences had increased both their skills and confidence in massaging different people with a wide variety of illnesses.

The comments opposite record the impressions of one of the students.

*“The first thing that impressed itself on me was how lucky I am to be healthy and able to go anywhere whenever I like. At the hospital I saw many people who were disabled and not so mobile. The other thing I was deeply moved by was that after I had massaged a female patient in the Huntington’s Unit she held both my hands so tight to express her gratitude. I was reluctant to release her grasp and a feeling of caring for people (especially the patients in the hospital) suddenly occupied my mind strongly. I was so proud of what I had done”.*

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## SPORTS TEAM UPDATE



### SPORTS WORKSHOP

**Diana Glazer** President

A historic occasion saw 10 ARM members join us in a very successful AMT Sports Workshop. In all, 80 people participated to hear the latest news on the Olympics and learn more about Sports Massage, and particularly, pre-event massage. Everyone appreciated the quality of the techniques taught by Byron Smith who is a Senior Level Two member of AMT, a part time teacher at TAFE and an experienced Sports Therapist.

Our intention is to remodel the workshops to a full day format that includes pre and post event massage techniques. Byron will then travel to conduct workshops in some of our sub-branches.

### SPORTS DAY - 27<sup>TH</sup> JUNE, 1999

**Catrin Ulloa** Sports Team Event Co-ordinator

On 27<sup>th</sup> of June, about 80 massage therapists got together for the Sports Massage Therapy Workshop in Kensington. With the Olympics just around the corner it was good to see so many people taking the opportunity to brush up on their sports massage skills. It was also a chance for the AMT to present the “new look” sports team. On this day, pre-event techniques were professionally passed on by Byron Smith. All those who attended picked up a few tricks to add to our repertoire. The day was also a good opportunity to meet colleagues and network.

I hope that many of the participants who are not already part of the Sports Team will realise the experience and fun that can be gained and will ask for an application form from Head Office so they can be included in the next team event.

### UPCOMING EVENT

**1999 RTA CYCLE SYDNEY**  
**19<sup>th</sup> SEPTEMBER 1999**

**Penny Wardle** Sports team Co-ordinator

Once again, Bicycle New South Wales has requested help from AMT to provide massage therapists for this fundraising event. It will commence at North Sydney and wind its way through the streets of Sydney – over the Harbour Bridge, through The Rocks, over Old Glebe Island Bridge, through Five Dock, Concord, Olympic Park, Homebush finishing at Parramatta Park. There are several choices of route ranging from a challenging 50 kilometre route as described above, to a leisurely, relaxing ride around Olympic Park – Homebush Bicentennial Park to the Parramatta River. Massage is provided along the route so that cyclists can stop off to ease tired muscles at various stage of the ride., or to enjoy a recovery massage at Parramatta Park. We have been asked to provide approximately 25 therapists so **if you are available on Sunday 19<sup>th</sup> September please contact Head Office to let us know.**

Cycle Sydney organisers will allocate a place for you and will provide you with lunch, a cap and T-shirt ... and an enjoyable, fun day! RTA also allows free train travel for participants in the event.

So keep this date free and come along!

PS. This event open to any member . Everyone wishing to join in is very welcome – it is a great way to meet other therapists and network while enjoying the entertainment and having fun!

# MASSAGE THERAPY TAKES OFF IN BALLINA

**Neil Potter** Ballina Pacific Sports and Spinal  
Physiotherapy

In Ballina we have a population of 16,500 and enjoy a pleasant lifestyle. Our town is served by a small community hospital, twenty-five practitioners and numerous allied health and alternative medical practitioners.

It is fair to say that Ballina is a conservative town but customers seeking healthcare are quite open-minded. This makes for an interesting client base: people attend for conventional medical management with a recent history of seeking advice from other less conventional providers. In short, while I have practised as a physiotherapist for 20 years (15 years in Ballina in my own private practice), I am constantly being challenged to raise my profile and demonstrate that my service is best.

This led me to gain post-graduate qualifications in Manipulative Therapy and Sports Physiotherapy. I employ a Physiotherapist who also has post-graduate qualifications in Manipulative Therapy.

Our practice was definitely on a sound footing but it became apparent that there was still something missing. I decided to ask an experienced and well respected massage therapist to set up in our rooms. The effect was that we now could offer our customers a more complete service and it was obvious that they were very satisfied with this arrangement.

Today, we utilise Mr Fitzgerald's service for a wide variety of our patients. To mention some areas of particular note:

- Cervico-thoracic dysfunction that will clearly require a longer term recovery with well established dysfunctional muscle and soft tissue changes.
- Elite athletes requiring regular release of overuse muscle tightness.
- Patients who have sedentary occupations with high stress levels respond well to regular massage combined with occasional physiotherapy to address joint stiffness and appropriate exercise and ergonomics.

Out flow of patients is two way:

1. There are massage patients who require more definitive assessment and the establishment of goals and a plan of management.
2. There are physiotherapy patients who are no longer obtaining short term gains and need continued soft tissue work.

In short, this alliance is valued by our clients and the practitioners involved. Communication and exchange of ideas is facilitated and our practice has been able to enhance its reputation as caring and service oriented.

We now face a new challenge – finding spare appointments with the massage therapist!

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## OLYMPIC REPORT

**Jeff Murray** General Level Member

Being Director of Massage for the Olympic and Paralympic Games has been a very tiring and demanding job. As you can imagine there have been literally thousands of therapists applying for only a few positions.

The number of quality applications has been overwhelming. A couple of months ago I was struggling with numbers. Now, unfortunately, I have received so many applications that some therapists will undoubtedly miss out. Sadly, there are only so many positions available for so many.

At present I am finalising the selection of 'probables' and 'possibles'. What I mean by this is that every applicant has been graded as per qualifications, experience and availability. Once everyone has been graded the next task will be to determine which

events/sports require massage therapists at their venues. This part will finally determine the actual numbers required for the Games.

Once I establish which sports require therapists at their venues I will then be able to start playing with numbers. When numbers of therapists have been determined respective therapists will receive a letter advising them that if they wish to continue with their application a probity check (security check) will be carried out. Applicants who wish to continue with their application will be required to fill out appropriate information and return it for further processing.

Until the next report, hang in there, nothing has been finalised I am still processing.

**Editor's note:** for those of you who still wish to put in an application, it is not too late. Please use the application form provided in the June issue of In Good Hands.

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# AMT CALENDAR OF EVENTS

September to December '99

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

DATE	EVENT	CEU
<b>SEPTEMBER</b> 8 <sup>th</sup>	Level 1 Sports Taping Course (Sydney) Sports Medicine Australia Phone (02) 9660 1153	15
25 <sup>th</sup>	Functional Anatomy-Pelvis and Lower Limb. Presented by Darryl McAndrew Om Shanti, Phone (02) 62952323	6
<b>OCTOBER</b> 10 <sup>th</sup>	Knee Construction Workshop (Bondi Junction) Presented by Mark Philip Deal at Peridor Health Schools Phone (02) 9387 2319	40
10 <sup>th</sup> , 14 <sup>th</sup>	Reiki 1 (ACT) Presented by Sandra Morgan Om Shanti College, Phone (02) 6295 2323	10
12 <sup>th</sup>	Nutrition. Presented by Michelle Kirby (6 weekly lectures on Tuesday evenings) Om Shanti, Phone (02) 6295 2323	48
17 <sup>th</sup>	Anatomy Wetlab (Wollongong University) Presented by Darryl McAndrew. Phone 6295 2323	10
16, 17 & 23 <sup>rd</sup>	Sports First Aid Course (Mona Vale), Sports Medicine Australia Ph (02) 9660 1153	95
23-24 <sup>th</sup>	AMT 10 <sup>th</sup> Annual Conference (Salamander Shores) Phone (02) 9369 2998	100/2 days
30, 31 <sup>st</sup> Oct & 6, 7 <sup>th</sup> Nov	Level 1 Sports Trainers Course (Manly) Sports Medicine Australia Phone (02) 9660 1153	120
31 <sup>st</sup>	Workplace Injuries 4 (ACT) Presented by Dion Klien at Om Shanti College Phone (02) 6295 2323	40
<b>NOVEMBER</b> 7 <sup>th</sup>	Level 2 Sports Taping Course (Sydney) Sports Medicine Australia Phone (02) 9660 1153	15
7 <sup>th</sup>	Seated Massage (ACT) Presented by Robert Brown Om Shanti College Phone (02) 6295 2323	10
13, 14 & 20 <sup>th</sup>	Level 2 Sports Trainers Course (Manly) Sports Medicine Australia Phone (02) 9660 1153	95
13 <sup>th</sup>	Muscle Evaluation and Range of Motion (ACT) Presented by Margo Rankin Om Shanti College Phone (02) 6295 2323	10
13 <sup>th</sup>	Reiki 2 (ACT) Presented by Sandra Morgan (ACT) Om Shanti College Phone (02) 6295 2323	10
21 <sup>st</sup>	Hands On Anatomy (Sydney) Sports Medicine Australia, Phone (02) 9660 1153	20
26 <sup>th</sup>	Level 1 Sports Massage Course (Sydney) Sports Medicine Australia, Phone (02) 9660 1153	8