In Good Hands

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

September 2002

PRESIDENT'S MESSAGE

By Geof Naughton

Our Annual Conference is rapidly approaching! Organisation is well in hand and I am confident that this year's event will be as good as previous years. It's not too late to book if you haven't already done so. Just complete the booking form enclosed with this newsletter or download one from our website. I am looking forward to catching up with friends I haven't seen since last year.

Speaking of our website, we are currently in the process of upgrading it so if you have any ideas about what you would like included, please email Head Office.

Inside this newsletter, you will also find notification of AMT's Annual General Meeting (AGM). This will be held at Wentworth Falls on Sunday 22nd September. Please note that you do not have to pay to attend the AGM. You will see from the Agenda that there are two motions to be put by the Treasurer. The first one relates to indexing our fees and charges, which will make it easy for the Executive to make decisions on these matters and should prevent us getting to the point where we need to raise our fees by a large amount. The second motion relates to raising our current membership fees. Membership fees have not changed since 2000 and we have reached the point where they need to be raised to continue to fund the activities of the Association.

I urge you to support both of these motions.

As the Association grows, so does the workload in Head Office. The health funds are also increasing the amount of work for Head Office staff. You will see from this Newsletter that we have reached agreement with regard to provider recognition for our members with another nine health funds. I am sure you will all agree that this is good news!

I have heard an allegation that one or two of our members are issuing receipts in their name for treatment that was carried out by another practitioner who is not a member of AMT and/or is not qualified to offer health fund rebates. This sort of activity not only contravenes the AMT Code of Ethics, it is also illegal. AMT will not tolerate this and any member found guilty of this type of activity will be expelled from the Association. You can only issue a receipt for treatment carried out by yourself. Receipts issued in the name of a business or clinic must clearly show the name and membership number of the practitioner who carried out the treatment.

I have sought legal advice on this issue from Adrina Chia, AMT's solicitor. I quote from her letter of 15th August:

> *"It is imperative that all members do not authorise, or by their omission, allow another person, to sign receipts with that member's name printed on it. Such a practice may amount to misleading and deceptive conduct and therefore is a breach of Section 42 of The Fair Trading Act NSW 1987. Please note that in order to maintain our standards as professionals, the Association may be obliged to report any such instances to the Department of Fair Trading and appropriately sanction any offenders."*

Still on the subject of Health Funds. MBF have recently modified their requirements for provider recognition. This change will not affect AMT members who already have provider status with MBF. Please read the notice on Page 12 of this Newsletter carefully to clarify your situation.

The full listing of Health Funds appears on Page 14 and should answer any of your questions in relation to provider status. Special thanks to Melanie Elsey for her efforts in this department.

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NEWS FROM THE STATE COUNCILLORS

NORTHERN RIVERS Sharon Keogh

We held our annual Sub Branch meeting on Saturday 29th June in Casino. It was nice to welcome a few new members into the fold.

With litigation on the steady increase, we plan to run a workshop covering this issue as it applies to massage therapy. To this end, we are hoping to secure the services of Don Spence, a lecturer at the University of New England who specialises in Law and Ethics in Complementary Medicine. We thought this could dovetail into our other activities during Massage Therapy Awareness Week.

I now have three 'Assistant Events Coordinators' to help all these grand plans see the light of day: Christina Noordhof, Fiona Henderson and Merryn Pennington have recklessly promised to do whatever I ask them to ... well, maybe not those words exactly but good enough for me. Thanks girls!

We plan to do radio interviews and newspaper articles during Massage Therapy Awareness Week. We are also hoping to get our act together sufficiently to have a display/info day at one of our major centres.

Recently I attended a 'Sports Medicine' taping workshop in Lismore. It was quite a good evening. Curiously though, the advertising blurb for this workshop and others on sports medicine in the same series, did not actually target massage therapists at all. It read something like "If you are a sports trainer, coach, physio, chiro or member of the public then these courses are for you …". I think I will put fingers to keys and write to the organisers – it will be interesting to see if I get a reply!

That's all from me so keep those cards and letters rolling in with all your wonderful ideas … (a girl can dream, can't she?!).

ACT Malcolm Coulter

After having nothing to report in the June Newsletter let's hope I can make amends in this edition. Firstly, I would like to extend my thanks to Rob Carew for his work in co-ordinating the ACT Sports Massage Team. Rob has a keen interest in sport, especially at an elite level, and it is this passion that has made him the driving force behind the success of the Team.

On 27th June, 35 therapists attended a local members meeting. There was a presentation by Dion Klein who is the president of Fitness ACT (the local Fitness Instructors Association). He spoke about initiatives in the corporate sector involving massage and other fitness related activities. Dion co-ordinates the Corporate Challenge in the ACT each year, taking themes of fitness and health into workplaces throughout Canberra. He was enthusiastically supported by Brett Fletcher who has quickly established a successful massage business as a direct result of involvement in the 2002 Corporate Challenge.

Robert Brown also gave a presentation based on his recent attendance at a Smart Ball workshop. His talk tied in well with the previous speakers as it had direct applications to office-related conditions.

The relationship between the fitness industry and the massage therapy profession continually appears evident. A fitness instructor with good health science skills needs only to add massage therapy skills to their repertoire to become an excellent, well-rounded therapist. A qualified massage therapist who adds fitness instructor skills to their knowledge will also create a more complete treatment package. Local members such as Alan Ford, Derek Zorzit and Sonja Haynes are examples of practitioners who have successfully created this marriage of skills.

I am increasing my liaisons with Fitness ACT to nurture growth in our industries both individually and collectively.

Two Stretch and Strengthening Exercise workshops have been held in the ACT over recent months. One was held on 12th May and the other was held on 21st July. Both these days were extremely well attended with participants gaining knowledge that can be readily applied to common client conditions. These workshops are accredited for continuing education points for both AMT members and fitness instructors.

September will be a very busy month for the branch. Massage Therapy Awareness Week will be held from Sept 9th to Sept 14th inclusive. There will be displays and activities at the Canberra Hospital all week and at various shopping centres on Sat 14th. Thanks to Paula Battersby, John Mason, Robert Brown and Pat McCudden for their involvement.

The AMT Annual Conference is also on in September just in case anyone hadn't noticed. Thanks to Tamsin and her team for vision, effort and endurance.

On the weekend September 28th and 29th there will be a Fitness and Health Expo held at the National Convention Centre in Canberra. This will be an opportunity for massage therapists to gain inroads and exposure to the fitness market. The Expo is an initiative of Dion Klein from Fitness ACT.

I have made two visits to Head Office recently and must give special thanks to the lovely and talented team of Mel and Jen. You are the dynamic duo!

LETTERS TO THE EDITOR

DIVERTICULOSIS

Recently I treated a client who is a keen sportswoman and is usually healthy. She presented with left lumbar and groin pain.

The usual lumbar tests did not give me any strong indication of colon problems, nor did the client mention anything pertaining to that area during the history.

However palpation revealed a great deal of heat emanating from this region. Following through from my learning many years ago, I checked the client's eyes and confirmed my assessment for treatment of diverticulosis pain.

I would like to know (or be updated on!) the following issues:

1. Apart from referral to her doctor, what treatment is safe to perform for immediate pain relief?
2. Is home heat advisable or can it create (further) herniation?
3. Is it safe to do gentle colon massage?

Pearl Varcin

RUBBER STAMPS

I have just completed my last provider application form for the Health Funds. I feel that my time would be much better spent massaging my clients than filling out these applications. I will be advising my clients to complain directly to their health fund if their claims for my treatments are unsuccessful. I have come to this decision for the following reasons:

1. The time invested in filling out these forms is not profitable as most of my clients do not come to see me just because they can claim their treatments.
2. Some funds require a different provider number for each practice address and I have seven practice addresses. Even though two of these addresses are only used twice a year and two others are used twelve times a year, health insurers still see fit to issue numbers for them.
3. The cost of issuing receipts with unique provider numbers has become prohibitive. It is impractical to have printed tax invoice books for each address, so I am forced to contend with multiple rubber stamps. Here is a summary of what I needs stamps for:
   - WorkCover Victoria (4 provider numbers and 2 item numbers)
   - 7 health funds who issue their own provider numbers (49 provider numbers and 7 item numbers)
   - 7 addresses
   - 1 ABN
   - My AMT membership number

This comes to a grand total of 71 rubber stamps. At an average of $14.95 each we come to a grand total of $1061.00 (in other words, a lot of massages!).

I also have to factor in the time it takes to sort through this plethora of stamps in search of the right one for the right address/insurer/item number etc just to produce a simple receipt. On the basis of, say, $40.00 an hour I estimate it costs me $3.30 just to issue a receipt.

Incidentally, there are not many health insurance providers who advertise the fact that they will only recognise claims from a massage practitioner they have granted provider status to.

I also noticed in the last issue of In Good Hands that even more insurance companies will be requiring a discrete provider number … more rubber stamps to add to my impressive collection!

Graham Thomas

MESSAGE FROM SPENCER JONES INSURANCE BROKERS

Combined Liability Insurance Premiums

As you would no doubt be aware, the insurance market is undergoing massive change. Some of you may even have anticipated substantial premium increases. We are pleased to advise that the increase has been limited to 25%.

We also advise that your Policy will now be subject to an Excess of $250.00 i.e. you have to pay the first $250.00 of any claim made against you.

There is a limited number of information packs available at AMT Head Office which contain full details of Spencer Jones' insurance cover. Please call the office if you require further information.

TREASURER'S CORNER

by Joel Morrell

Last time I put on the Treasurer's hat for the Newsletter we covered the difference between '**the cost of being**' and '**activity cost**' and suggested the latter should always pay for itself. The former is membership driven and should only cover the services that are provided for all members, irrespective of whether they are metro or rural, pro-active or re-active, young or old, new or ancient monuments like the writer.

A key Association activity is Liaison with Health Funds and this workload is growing even faster than membership. In recent years, utilisation of paid staff in place of volunteers has been a very successful move and needs to be streamlined. To this end I wish to talk about increasing fee levels and a better planning approach from the previous system of putting off fee increases until we are financially desperate.

At the moment the Association is in a sound financial position. Careful money management has created a good base for our future.

However we will be more effective if we can fine tune cash flow on a regular basis. I will be moving a motion at the Annual General Meeting that the Association adopts a long term policy of AWOTE-related indexation in relation to fees and charges. AWOTE (Average Weekly Ordinary Total Earnings) has replaced an over-politicised CPI as the cardinal indicator for our Australian business climate and makes a logical base for planning to retain our financial stability.

If adopted this will mean that the AWOTE trends will provide a ceiling for any possible changes, while variations in membership level will determine how far we stay below that ceiling. Trends will be reported in the Newsletter on a regular basis and each AGM will confirm what proportion will come into effect on each subsequent January 1st. You can find progress figures on the internet at www.abs.gov.au - go then to Key National Indicators, and then to Incomes.

I look forward to presenting this new policy to you at the AGM. If you have questions in the meantime my contact details are as follows –
Joel Morrell (Treasurer inter alia) **New Address:** 35 Eggleton St, Hyland Park, Nambucca Heads NSW 2448 phone and email unchanged (02) 6568 8333 and arn@tsn.cc

Functional Outcomes for Compensable Bodies

A Workshop Review by Jeni Parsons

Those of us who were up early on the cold Sunday morning of July 7th were well rewarded by attending David Owen's workshop. David discussed the need for reliable and accurate reporting that is essential when dealing with clients who have insurance companies or WorkCover paying for their treatments. Insurance companies want proof that a client is benefiting from treatment – "they felt better at the end of a massage" will not do! We learnt that we have three outcomes to measure: pain, impairment and disability.

Pain can be measured by filling out prepared questionnaires, which can be re-done at a later date and kept as a record for comparison. These include the Headache Disability Index (HDI), Neck Disability Index, and the Disability of Arm, Shoulder, and Hand (DASH). They comprise of a range of questions about how the client feels their pain affects certain activities in their life. The questions receive a numeric value for the answers circled, which give a total figure for each test.

Impairment can be measured by using two simple tools – the tape measure and the goniometer. Though not many of us have a goniometer, I was interested to see how easy it is to report changes in our client's progress after treatment by using a tape measure. Goniometers are fairly cheap to buy (about $50) and can give an accurate reading of a joint range of motion.

To measure disability the client can be given a specific movement to repeat within a set time frame and the therapist records the number of repetitions achieved. If this test is repeated at regular intervals as treatment progresses the therapist can easily see if treatment is improving the client's capacity for everyday activity.

These tests can be repeated at set times e.g. after every 10 visits and, as all of the tests have a numeric value, they can be compared easily. Insurance companies appreciate accurate reporting, especially if it indicates your client is improving after treatment.

I walked out of the workshop armed with new ways to implement record keeping in my clinic. And I walked straight to the supermarket to buy myself a tape measure!

FIBROMYALGIA SYNDROME AND ASSOCIATED PROBLEMS

Fibromyalgia and Chronic Fatigue: Why are they often lumped together?

By Joel Morrell

Fibromyalgia Syndrome (FMS) and Chronic Fatigue Syndrome (CFS) are often discussed as if they were identical conditions and they do indeed have many common characteristics. In this article, we will address the issue of commonality. The differences will be discussed in the next instalment.

The greatest commonality is the impact both conditions have, not only on the sufferers in basic physical terms, but on them and their families in terms of whole lifestyle impact. Last year, The Journal of Advanced Nursing published and important study in this area by Pia Asbring. This article will concentrate on that study.

Asbring opens with the statement that both conditions are characterised by 'a complex of problems common to many chronic illnesses' but unlike most of these 'there is some chance of becoming well again'. Their common features include the presence of marked variations between individuals, episodic fluctuations, and being so-called criteria diagnoses. By way of distinction Asbring cites "Symptoms of CFS are, among other things, tiredness and exhaustion, muscle pain, muscle weakness, sore throat, fever, headaches, impaired memory, concentration difficulties and sleep disturbances" (Fukuda *et al*, 1994, Komaroff 1994). Fibromyalgia patients report symptoms such as aches, pain, stiffness and lack of muscle strength as well as tiredness, exhaustion, headaches, swelling, numbness, bowel problems and sleeping difficulties (Wolfe *et al*, 1990, Olin 1995)'.

Now on a cursory reading these lists may appear to be virtually identical. But remember these publications aggregate the symptoms of many subjects, and many do not manifest all or even the majority of the listings. So it is worth looking back to see what came first (i.e. predominates) for either condition. As we have stated elsewhere, in FMS **pain** predominates and in CFS **exhaustion** predominates.

Asbring further discusses the prior paucity of studies on CFS and Fibromyalgia 'that focus primarily on the biographical disruption in the individual's life and its consequences … '. She stresses the importance of caregivers, relatives and friends grasping the changes that the subjects are experiencing in consequence of physical limitations:

> "It is not least important to illuminate such aspects in relation to CFS and fibromyalgia, which can both be regarded as so-called low status illnesses, in the sense that some medical staff and sections of the public question their nature and even their existence. existence. This controversy makes them atypical in the medical world. There is a risk that sufferers of these illnesses are not taken seriously, either by staff within the health care and medical services or by others'. While this view is likely to be called controversial or at least confrontational it does align with the view often expressed by sufferers in Australia that both FMS and CFS were not diagnosed "by my first attending physician".

In the discussion, Asbring states "While comparing CFS and Fibromyalgia in regard to degree of biographical disruption in relation to identity, strategies for coming to terms with the newly arisen identity and expressed illness gains, the concomitant problems appear to be the same, as these two illnesses have overlapping symptom profiles. However, one major difference was observed, in that women with CFS described the biographical disruption as somewhat greater. Further research is needed to understand this difference". From my own client contact, I would presume to suggest a starting point for such research. CFS clients often state "some days I can't even get out of bed" while FMS clients often state "I have to keep busy, it helps me manage the pain".

References

Asbring, P., (2001) *Chronic illness – a disruption in life: identity-transformation among women with chronic fatigue syndrome and Fibromyalgia* Journal of Advanced Nursing 34(3), 312-319

Fukuda, K., Straus, S.E., Hickie, I., Sharpe, M., Dobbins, J., Komaroff, A & the International Chronic Fatigue Syndrome Study Group (1994) The chronic fatigue syndrome: a comprehensive approach to its definition and study, *Annals of Internal Medicine* 121, 953-959

Komaroff, A., (1994) Clinical presentation and evaluation of fatigue and chronic fatigue syndrome. In *Chronic Fatigue Syndrome* (Straus, S., ed), Marcel Dekker, New York, pp 61-84

Olin, R., (1995) Fibromyalgi – ett neuroendokrinologiskt syndrom? [Fibromyalgia – a neuroendocrinological syndrome] *Läkartidningen* 92, 755-763

Wolfe, F., Smythe, H., Yunus, M., Bennet, R., Bombardier, C., Goldenberg, D., Tugwell, P., Campbell, S., Abeles, M., Clark, P., Fam, A., Farber, S., Fiechner, J., Franklin, M., Gatter, R., Hamaty, D., Lessard, J., Lichtbroun, A., Masi, A., McCain, G., Reynolds, J., Romano, T., Russell, J. & Sheon, R. (1990) The American College of Rheumatology 1990 criteria for the classification of Fibromyalgia: report of the multicenter criteria committee. *Arthritis and Rheumatism* 33, 160-172

AT Ankle Circles

by John K. Pollard, D.C.

As a member of an association or two I am always hoping that when I read the association newsletter there will be a well-written article or two that applies directly to my daily life in that profession. With luck this article might even contain the germ of a technique or approach that could motivate me even further with that updated edge of a professional. I like to believe that I've had access to the latest professional info about health (in this circumstance) at least a couple weeks before Elle McPherson tells everyone in weekly woman's world. With this goal in mind, I asked myself recently…

> "What is the most helpful technique for the most under-treated area I can think of to share with my AMT brethren? Hopefully, this concept or technique would be so worthwhile that it might precipitate life-changing events; for example something like saving a frustrated ankle/knee client from an operation."

… the words 'AT Ankle Circles' came to mind.

A bit more explanation might help. The artistic and conceptual aim of Articular Therapy is to define and create procedures that **Test**, **Treat** and **Train** a client's articular movements in a single procedure. The purpose is to gain a more concentrated result during the equivalent period of time. For example, if you tested 1 minute, treated 1 minute and trained 1 minute, that would equal 3 minutes of what might be called THT: Total Healing Time. Now, if you tested 3 minutes, treated 3 minutes and trained 3 minutes that would equal nine minutes of THT. So if you can do all three in the same 3 minutes your treatment time becomes very high-value and the carryover of your client practising the same exercises twice a day 'seals the deal'.

The following AT Ankle Circles Test/Treat/Train procedure does this pretty well. You will find it a very effective treatment protocol for ankle, foot and knee problems.

ANKLE INTRODUCTION

If I had to pick the joint that was…

- the most important in the body
- the most overlooked and undervalued
- the one most health professionals know least about and do the least with

… I would pick the ankles. Given the fundamental importance of the ankles to human locomotion, this is a huge under-sight. During movement the ankles represent the exact point of mechanical transfer between our body weight and the ground. When standing they provide the foundation point of stability for every joint above them. In my AT practice I enjoy an 'Ankles First' policy, and 6 out of 10 my chiro clients need exactly this policy to some degree.

As you know, the ankle is formed by the talus of the foot being held beneath and between the coupling of the tibia and fibula. The anatomic movements of the ankle are usually described as: dorsiflexion (toes moving towards knee) and plantar flexion (toes moving away from knee). This is all well and good, but the real action or non-action in the ankle occurs when you try to rotate them – in other words, circumduction. Here is the procedure I use in my office described in two-sections. Begin practising with the dorsi rotations and, when you feel comfortable, move to the more problematic and fruitful plantar circles tests. Try them on your next ankle/knee client!

ANKLE: DORSI ROTATION TEST

The following procedure involves keeping the ankle in dorsiflexion (when the toes and foot are pulled toward the knee).

The Client:

Client is prone, with feet and ankles just over the edge of the table. Instruct as follows:

> "*Point your toe down towards the floor. Pretend there is a long pencil attached to your toe and, using your toe, draw a circle on the floor about the size of a grapefruit.*"

The Practitioner:

Practitioner is facing the client, looking straight down at the ankles. Make sure the client is rotating their ankle as you have described. Use your hands to give them movement guidance if need be. **During client motion give the ankle a firm back and forth fingertip massage to determine what it feels like. Move your fingertips all around the joint during the movement.** This would be identical to what Osteopaths call transverse frictional massage (TFM). Ask your client to perform 4 to 6 ankle rotations clockwise and anti-clockwise on both ankles to see which one is 'thicker'. At some point during client movement, grip the whole ankle lightly with both hands to assess resistance and 'thickness'.

Findings:

Normal Joint - Both directions of movement are easy for the client to make. The ankle fascia feels smooth and functional all around the ankle joint.

Fixation Pattern: One (or both) ankles are thicker than normal. There are bumpy, gritty, jerky bits to the movement. There is an unusual and/or distinct pattern of fascia build-up. Client has to lift leg to even turn ankle or experiences cramping. Client also experiences pain and/or restriction where you feel fascia build-up. Typically there is a history of ankle injury. If this has not emerged from your case history now is the time to ask.

Clinical Notes:

If there is any normalcy in the ankle it is usually in dorsiflexion. You can often find a 90% normal dorsiflexion with a 60% abnormal Plantar Flexion. When you find fixation, usually one ankle is distinctly tighter than the other. You might find one ankle 'all over the joint' with strange, atypical movement patterns. This is certainly hypermobile and probably the symptom side. You are best working on the most fixated ankle on a 2:1 ratio. As you begin working on the fixated side, the client will typically advise you that the other ankle is the one 'that's the problem'. Get used to this. Try ten rotations clockwise, and then ten rotations anti-clockwise using a firm TFM during the movements. See if you can pick which direction is worse, if either. Then swap and repeat on the 'good side'. Finish one more round on the fixated side, possibly treating the fixated direction on a 2:1 ratio as well. So if the left ankle rotation is worse going clockwise, work with TFM clockwise rotation 2:1 to anticlockwise. Make a note in your files of the worst ankle side as well as the worst ankle direction on that side, if applicable.

ANKLE: PLANTAR ROTATION TEST

Plantar flexion is when the foot and ankle are pointed away from the knee. This is definitely going to be the worst of the two movements. **If dorsiflexion was bad, plantar flexion will be worse.**

The Client:

If proceeding from previous test, client is asked to move back up the table (headwords), still prone, with feet and ankles on the table and toes pointing away. Keep the front of the ankle touching the table as much as possible. Instruct as follows:

"Keeping your toes pointing away as much as possible, pretend there is a long pencil attached to your toe. Trying not to lift your leg, use your big toe to draw a circle on the wall behind you about the size of a grapefruit."

The Practitioner:

While the client is plantar rotating their ankle, watch that s/he does not use the leg to lift the ankle completely off the table (unless they absolutely must to perform the action). This will usually be a magnitude more difficult than the dorsi movement. As before, treat the ankle during the test using a firm fingertip TFM massage as you assess the fixation. Move your fingertips **all around the joint** during the client movement concentrating on the most fixated fascia. Check both clockwise and anti-clockwise movements.

Findings:

Normal Joint: Both directions of movement are easy for the client to make. The ankle fascia feels smooth and functional. There is no need to lift the leg in the air as the front of the ankle can comfortably remain in contact with the table.

Fixation Pattern: Client has to lift their foot off the table to even pretend to make the movement. There is often a distinct area of fascia build-up around the malleoli. This could be lateral or medial build-up, anterior or posterior. Client often experiences toes cramping and pain during movement. Fingertip pressure on the fascial build-up can elicit client pain response.

Clinical Notes:

This is typically the worst fixation of the ankle. We never really make this motion during 'normal' life, yet this is a key consideration for ankle function. This movement is loosely similar to pulling back on a bow and arrow. Without the ability of the ankle to 'seat back' the ankle is compromised moving forwards. When first testing this movement the client often experiences cramping in the toes. This is a good thing as the client is now more aware of this restriction. Client awareness is crucial in AT as it brings the client actively to the process. Once they finally feel a fixation, they want to make it go away. Use TFM on the most fixated ankle using a 2 to 1 ratio. It is also probable that one direction on a single foot (clock or anticlock) will be distinctly worse than the other. If you like efficiency, work the most fixated direction on a 2 to 1 ratio.

Conclusion

At the end of your treatment both you and your client will experience a dramatic increase in his or her ability to draw the ankle circles unassisted. As they do this at home, twice a day, the next time you see them their ankle joints will be even healthier.

This AT ankle circle procedure is phenomenal for treating symptoms of knee, foot and ankle problems. But don't wait for symptoms - make it the first thing you try on a client. Try it on your kids, your parents, spouse or friends. Check as many people as you can of as many ages as you can and compare how the ankles move at different ages with different bodies. Keep your ears and heart open when clients describe the many frustrations and times they have given up trying to treat exactly what your fingers are doing.

But the ultimate value of the AT Ankle Circles is that they represent an exercise your client can perform twice daily in what I call a 'lifestyle-easy' manner. If you email me at johnpollard@bigpond.com or send a self addressed stamped envelope to John Pollard, 170 Oak Rd, Kirrawee, NSW, 2232, I would be happy to send you the A5-sheet that I give all my ankle patients so you can use it in your clinical situation. I am very proud of this exercise because, not only do my clients seem to be doing it, they keep on doing it. For some it has even become like brushing their teeth, something they do twice daily as a health maintenance routine. When you test/treat/train their ankle circles a second, third and fourth time and witness the changes this exercise produces, you will find it very easy to help your clients remain motivated to do the ankle circles between visits.

ATTENTION!

HEALTH FUND UPDATE

MBF has recently changed their criteria and now require all Massage Therapists seeking Provider Status to have a minimum of '**100 hours supervised clinic**'.

The Good News: all AMT members who currently have Provider status with MBF (i.e. have had a client claim a rebate) will remain eligible as Providers for MBF if they continue to meet all other criteria.

All members who have never had a client claim a rebate from MBF will be required to meet this new criteria for endorsement and automatic inclusion on AMT Health Fund lists. Documented proof must be sent to AMT Head Office along with a copy of your receipt (one for each practice address).

Please check your transcripts or with your college to make sure you have a minimum of 100 hours of supervised clinic. If we already have this information in your file, you do not need to send it again.

More Good News: We have been able to add nine new health funds to our lists for Senior Level members who meet the criteria for Status C. (Westfund has raised their criteria from Status A to Status C; please check with them regarding your Provider status).

SOFTWARE TRIAL

Have you ever wondered if there was a computer software program that could make your massage practice a bit more manageable? Would you like to try a copy of a new programme that is designed from the ground up for the single massage practitioner? A Sydney Software Developer is seeking AMT members in active practice to test a new software program created to track a professional massage practice.

AMT members who contribute feedback towards improving ease of use will receive a major discount when the software is officially released. If you are an AMT member interested in receiving a **FREE** evaluation copy for testing and evaluation purposes, please contact: **Massage Practice Software at (02) 9542 4967** to leave your mailing details so a Beta test CD can be sent to you.

Stop Press - Allan Border, renowned Australian cricketer and former Test Captain, is planning a 'Trek for Kids' walking from Sydney to Brisbane emulating the efforts of Ian Botham who marked his retirement with a Charity Walk across the UK as a thank you for his fans.

Allan has had this project in mind for some time but Sydney to Brisbane is a long way and needs a lot of planning. AMT (NSW) has been asked to help with practical, hands-on support and a keen group of members will see that Allan is cared for every night of his Trek. Allan starts on October 8th from the Sydney Cricket Ground and will finish in Brisbane on November 7th. A full report will appear in the December Newsletter.

DEADLINE!

The deadline for the December issue of In Good Hands is

November 1st

If you have any queries please contact Rebecca Ba

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Email: rebeccabarnett@bigpond.com

Health Fund Status

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

Status Levels:

A. (Formerly 1) All AMT practitioner levels

B. (Formerly 1A) All practitioner levels with:
- One million dollars current insurance
- Current Senior First Aid (Level 2) certificate

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

D. (Formerly 3) As per C above and have sent a copy of a client receipt to Head Office for verification

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

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

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

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

AMT Calendar Of Events

September to December 2002

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

		CEUs
SEPTEMBER 19-23	Myofascial Release 5 – Craniosacral Anatomy Theory, Dissection and Anatomy Museum Presented by Paul Doney Peridor Health Schools, Bondi Junction. Ph/Fax: 93880699	300
21, 22nd	AMT Annual Conference Wentworth Falls College of TAFE (please see insert for more details)	100
28-30th	Onsen Muscle Therapy Assessments and Corrections of the Cervical and Thoracic Spine Presented by Jeff Murray Sport and Spine Physiotherapy Rooms, Newcastle. Ph: (02) 49694375	120
OCTOBER 3, 10, 17, 24, 31st	Practice Management, Legal Issues and Marketing Skills Presented by Mark Philip Deal Peridor Health Schools, Bondi Junction. Ph: 93872319	75
5-7th	Onsen Muscle Therapy Assessments and Corrections of the Thoraco-lumbar and Sacral Spine Presented by Jeff Murray Sport and Spine Physiotherapy Rooms, Newcastle. Ph: (02) 49694375	120
25-28th	Myofascial Release 1 – Fundamentals (32 hours). Presented by Paul Doney Peridor Health Schools, Bondi Junction. Ph/Fax: 93880699	160
25-28th	Infant Massage Instruction – Certification Course Presented by Heidi McWilliam Westmead Children's Hospital. Ph: 98376326 (Certification courses available in other states, Ph: 98376326)	105
NOVEMBER 9th	Case Histories: Assessment and Exercise Prescription Presented by Michael Woods The Way College, Byron Bay. Ph: 6685 6500	30
23rd	Taping Joints (a.m.) Presented by Michael Woods The Way College, Byron Bay. Ph: 6685 6500	15
23rd	Client Self-Management (p.m.) Presented by Michael Woods The Way College, Byron Bay. Ph: 6685 6500	15
DECEMBER 2nd	An Introduction to Infant Massage for Professionals Presented by Heidi McWilliam Westmead Children's Hospital. Ph: 98376326 (Sessions available in other states, Ph: 98376326)	5