

TABLE TALK

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AMT NEWSLETTER

- April 2017

Mandatory Criminal Checks

As you are aware, AMT is in the process of rolling out mandatory criminal checks for practising members. All practitioners will be required to comply by **1 July 2018**.

At this stage, we are still working on developing and testing the administration infrastructure to collect and monitor criminal check documentation in the AMT database. Essentially, though, the system will be identical to the reporting used for First Aid certification, including the three-year renewal cycle. As with first aid, insurance certificates and CE documentation, members will have the ability to upload certificates within their own membership portal or email documents through to AMT Head Office. We will also implement a similar system of email and SMS reminders in relation to criminal checking currency, though that is obviously quite a long way down the track!

Based on current pricing, the National Criminal Check process will cost around \$15 per annum to maintain, based on the proposed three-year renewal cycle. It is now possible to obtain a national criminal check online from your desk so the application process will not be time-consuming or difficult.

We are currently working in earnest to develop resources and FAQs to support members through the transition to this new requirement. A number of members have enthusiastically dived in and started working on applications for other kinds of checks (Working with Children and Working with Vulnerable People). **Please hold off on taking any action until we have released further information and advice in relation to obtaining a criminal check.**

The new requirement is not designed to pick up minor offences like shoplifting, road traffic offences or minor drug and alcohol offences. Rather, it is designed to screen for serious indictable offences that may impact on your capacity to practise massage therapy safely and honestly, for example, a sexual assault conviction or a dishonesty offence such as one involving fraud.

If you have any queries, concerns or comments, please let us know. We're more than happy to field any questions and provide members with support to get on board.

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AGM reminder

AMT's annual general meeting is just around the corner – 6 and 7 May. We're very excited to be taking the AGM to Perth this year and to be holding two great workshops in conjunction with the meeting. You will find more information on the workshops in the notice at the end of this newsletter.

Don't forget that attendance at the AGM and networking event is free. We encourage all local members to attend. Please RSVP to AMT Head Office as soon as possible if you plan to attend the networking event and meeting only. We're really looking forward to meeting up with some of AMT's west coast members soon!

Don't forget that you can submit a proxy voting form to AMT Head Office if you can't attend the AGM. You'll find the proxy voting form here: https://gallery.mailchimp.com/2c033ae3d11a1f3eb16c464bd/files/33d28191-abfd-44b0-9186-d90387cc2d4b/AMT_AGM_Proxy_Form_2017.pdf

2017 AMT Mini Conference

The program for AMT's 2017 mini conference is all but finalised. This year, the conference will kick off with half a day of plenary sessions, followed by a choice of three long-form workshops that will run for a day and a half. There will also be a one-day post-conference workshop.

The conference will be held at the Rex Hotel in Canberra on October 20 – 22.

We intend to webcast the plenary proceedings live again this year so make sure you note down the dates and times when the full program is released in May if you can't make it in person.

Please stay tuned!

New BUPA professional indemnity insurance requirement – 30 June 2017

This is just a reminder that the new BUPA professional indemnity insurance requirement is fast approaching. All members who wish to remain eligible as providers for BUPA will need to be covered for \$2 million per occurrence by 30 June 2017.

Although most members have systematically been renewing their policies to the new limit over the past year (thank you!), we encourage all current BUPA providers to check their insurance policies to ascertain the current PI limit. You should also review the BUPA Ancillary Provider Terms and Conditions to ensure you remain compliant: <http://www.bupa.com.au/for-providers/ancillary/For-Natural-therapists>

Changes to the CEU system

One of the major themes to emerge from the strategic planning survey undertaken in 2016 was the accessibility of continuing professional development. With a growing membership nationally, access and equity to continuing education are becoming pressing issues for AMT to address.

AMT has commenced a major review of the CEU system, with a focus on providing quality alternatives to members who may struggle to afford the costs associated with travelling to workshops in far-flung parts of the country. We were incredibly excited to express our commitment to this by webcasting the 2016 conference proceedings. Throughout 2017, we will be on the look out for quality CEU opportunities that are accessible for free or low cost online, and regularly notifying members of other ways of achieving CE targets.

Although it will be a fair while before the review of the CEU system is complete, we have already started making some interim changes to refocus on better value and quality CE options. Hopefully members will have noticed the recent email pointing out some quality continuing education opportunities that are available for free online, thus allowing anyone to complete a substantial portion of their CE from home, when convenient. Many members have enthusiastically submitted reviews of Pain Cloud podcasts and the Massage Therapy Journal Club episodes. It is deeply heartening to see how positively received these new CE activities have been. Those who have already participated have commented on the profound impact on their clinical practice - how it's forcing them to rethink, in a positive way, their approach to treatment and their communication with clients.

As part of the broader review process, we have begun to withdraw some CE options that we consider to be of low or limited value. Please be reassured that we are only withdrawing a small number of activities and we're committed to providing higher quality, better value alternatives to members nationally.

We ask you to note the following changes:

1. The AMT home study modules have been withdrawn. This is due to the fact that they have not been reviewed and updated for many years, so some of the material is now quite out of date. We hope to re-jig and re-launch the pathology module, and the law and ethics module in time.
2. We will now only award peer review points to the member who gives the treatment, not the treatment receiver as well. We have revised and updated the peer review form to include a page that requires you to record information about assessment and treatment. You can access the new peer review form here: <http://www.amt.org.au/downloads/ceus/AMT-Peer-Review-Form.pdf>

Also, we'd like to remind members that client reviews and AMT forum participation were phased out as CEU activities last year. However, we have repurposed the client review form as a client feedback form that you may find useful for quality assurance purposes in your clinic. You can download the new version of the form here: <http://www.amt.org.au/downloads/practice-resources/AMT-Client-Feedback-Form.pdf>

Meet the AMT Directors: Gabby Griffiths

This edition of the 'Meet the Directors' series introduces Gabby Griffiths. AMT sat down for a fast and furious interview with Gabby to find out about her career, her motivations for becoming involved with AMT and what she likes to do in her spare time.



What field of massage therapy do you practice?

I am a qualified remedial massage therapist but I also incorporate manual lymphatic drainage into my work.

What was it about a career in massage therapy that caught your attention?

I was very sporty and active as a child - I studied classical ballet for 11 years, fenced, played tennis and hockey - so I always wanted to work with sports injuries. I didn't get into physiotherapy when I finished high school so I kind of fell into a science degree majoring in pharmacology and physiology. This helped to fuel my interest in the health and wellbeing of the tissue bath that nourishes the systems!

After the birth of my third son 13 years ago, I needed to reinvent myself and do something that better supported the family as my main priority. I decided to go back to study. Specialising in the musculoskeletal system interested me more than learning how to rehab all the systems of the body. Thus my love affair with massage began! In hindsight I am so glad I chose this profession instead of physiotherapy: I feel as if I came full circle to what I'd always wanted to do.

What has surprised you most about working in the massage field?

Although there are undoubtedly some health professionals who don't value massage therapists or the work they do, there are many others who make you feel like a valued and important part of the health care team. It's gratifying to have other health professionals that you consider leaders in their respective professions referring to you and endorsing you.

What are three things you wish you'd known starting out?

1. That it would take me about 18 months before I really get a foothold in terms of establishing a practice
2. That having a referral network is vital to the care of my clients (find people who refer back, and who talk you up, not devalue you and your contributions).
3. That it's ok to make a few mistakes and missteps as long as you keep learning, developing and growing.

How did you first get involved with AMT? Why did you join?

I joined AMT in 2008. I specifically chose AMT because it wasn't the largest association so I thought I wouldn't just be a number.

What aspects of AMT do you find you are most passionate about?

The networking and support from other members. This is particularly crucial in a field where the risks of isolation as sole practitioners are prevalent.

What do you wish other people knew about AMT)?

That AMT is so much more than just an administrator of health fund provider numbers. I wish all AMT members understood how much energy and passion is invested in building a coherent community and driving the professionalisation of the industry generally.

How long have you been a Board member?

Since the middle of 2016.

What do you bring to the AMT Board?

I am still finding my feet - it's a steep learning curve. But I am passionate about giving back to the profession that has given so much to me.

What does being an AMT Board member give back to you?

A chance to get away from my professional and private life in Melbourne and focus on something else, and make a contribution.

What do you do when you aren't working?

I have 3 active boys who play a lot of sport, so I spend a lot of time on sidelines or in the car. My middle son is ranked in the top 500 tennis players in the country. I also have a father in an aged care facility because of dementia and a mother who is now living alone so taking care of my family is very important to me.

Saving for...

What are savings? I have kids.

I procrastinate by ...

Wanting to find the 'right way' to do things. I'm an obsessive-compulsive, anally-retentive perfectionist with a massive fear of failure. If I can't do things properly then I delay doing them at all!

Case study: Health Fund Audit

In the last newsletter, we featured a story by Clyde Andrews about his experience of undergoing a private health insurance fund audit of his client files. In this anonymous case study, an AMT member generously shares their story of what happened when a private health fund sent a letter of demand for a refund of over \$2500 on services that could not be identified as remedial massage.

For practitioners working in clinics where payments, claims and receipting are not under your own control (for example, monies are processed by a receptionist), there are attendant risks around leakage of personal provider number details and even fraud, either intentional or due to poor protocols. Make sure you discuss these risks with the practice manager or clinic owner, and ensure that there are adequate protocols and policies in place to protect against misuse of your numbers. You can also ask the practice manager to complete AMT's provider number use agreement, which is available for download here: <http://www.amt.org.au/downloads/practice-resources/AMT-Use-of-provider-numbers-agreement.pdf>

Here is our member's story ...

After completing my Diploma back in 2009, I spent the first three years of my new career as a massage therapist working in day spas and beauty salons that also offered remedial massage treatments. However, it wasn't until I started a new job in 2012 that I was asked by an employer to obtain health insurance provider numbers. I actually didn't really know all that much about it other than that it meant my clients could get rebates for their treatments. The incentive to get provider numbers was that my employer allowed me to have one free treatment per month.

This may sound quite shocking but I don't remember previously being told much about client notes and the importance of keeping detailed accounts of client visits, due to a mixture of not working in clinics and studying at an RTO that didn't have the greatest materials/class content in this area. I certainly didn't even think much of it until November last year when I was contacted by my now former "employer" (I was actually contracting to the business) and informed that an audit had been carried out by nib. Shortly after this heads up, nib contacted me via letter directly with a request for a refund of remedial massage claims adding up to thousands of dollars, based on the fact that the treatments rebated were not remedial in nature. The letter informed me that I had ten days to pay.

This could not have come at a worse time in my life: I had just arrived in the UK after finding out my partner's father had passed away.

I carefully reviewed the list of treatments that were deemed non-claimable by nib and, for the first time, I started to properly understand what was required of me as a therapist - chiefly far more detailed client notes. However, it also came to my attention that my provider numbers were being misused by other staff on recommendation of management. My numbers had been used for treatments that had been given by other practitioners, some of whom were not even trained in remedial massage or even qualified in massage therapy at all. Also, when a claim didn't immediately go through HICAPS the first time, critical details were amended, such as type of treatment or the date the treatment occurred, to allow the rebate to be paid.

I was not alone: there were other qualified therapists who had worked in the business who were in the same boat. However, unlike some of the non-AMT members caught up in this drama, I was deeply thankful to have the wonderful support of my Association. AMT gave me advice on the best way to approach nib and, since I was overseas at the time and couldn't access my records, they immediately contacted nib on my behalf and requested an extension on the time to respond to their demand. They also opened up a dialogue with nib directly in an effort to understand the situation and be proactive in getting everyone on the same page. AMT also strongly advocated on my behalf, questioning who was liable for the bulk of the repayments since I had not collected the funds from the treatments but rather invoiced the business on a percentage/piece rate basis - the requested refund was far more than the payment I received for performing the treatments.

nib considered the evidence and the case that was put on my behalf, and informed me via another letter that I had been absolved of responsibility for the refund payment due to my status as a contractor to the business. I had not received the payments or issued the receipts so the liability was identified as belonging to the business. PHEW!

As far as I can gather, the business has been in the midst of an ongoing legal battle with nib. The whole matter has prompted me to have open conversations with my former employer about their responsibility in all this, to avoid it in the future.

Although it was a hugely stressful experience, I completely support what nib is doing. I want to work in an industry that's regulated and taken seriously. I just had to learn the hard way. Thankfully, my new workplace takes record keeping extremely seriously and I have had a crash course in keeping comprehensive client records since starting there early last year. I am now confident that my records could withstand the scrutiny of any insurer.

I have also learned that my providers numbers are my responsibility and that I won't ever stand for their misuse behind my back again. I hope my cautionary tale helps other therapists to avoid ever having to deal with this.

Being a health fund provider: your responsibilities as a health professional

Having a provider number is a real responsibility with real contractual obligations. When a health fund issues you with a provider number, you agree to their terms and conditions of use. You should know the terms and conditions of use and abide by them. You should review those terms and conditions periodically as part of your ethical and professional responsibilities as a health care provider. The agreement you enter into when you get a provider number is between you and the health fund. It is not between you and AMT, or AMT and the health fund.

AMT has separate agreements in place with the health funds that govern how we report eligible members to them (and who is eligible) but that's completely separate from your individual contract with each fund. AMT has to take those agreements very seriously as well: our compliance and reporting burden is massive and time consuming. But, if we ever screw up, that's health fund numbers gone for everyone.

The AMT Board and past executives have worked hard to establish and maintain these provider agreements on behalf of AMT members. The agreements between AMT and the funds involve a mutual undertaking to honour the spirit and letter of the conditions as they are laid down.

Standards of Care: Maintaining Clinical Records

The privilege of achieving provider status and working as a healthcare professional also comes with a set of professional and ethical responsibilities. These responsibilities are comprehensively encapsulated in the AMT Code of Practice.

If you are complying with the standards laid down in the AMT Code of Practice then you can be confident that you also meet the provider terms and conditions set by individual health funds. As a service provider for a specific fund, you should be aware that you are bound by the provider terms and conditions of that fund. It is crucial to keep abreast of your obligations. The AMT Board strongly recommends that you review both the AMT Code of Practice and the various health fund provider terms and conditions to ensure that you are operating in accord with expected standards.

The AMT Code of Practice can be accessed online at: <http://www.amt.org.au/amt/code-of-practice.html>

The various health fund provider terms and conditions are available for download here: <http://www.amt.org.au/members/health-fund-info.html>

Maintenance of appropriate clinical records is particularly crucial for manifold reasons. Be aware that the health funds have the right to audit your practice at any time and may request copies of client files and treatment plans. Health funds can and do take action to recover funds from providers if the records they keep do not clearly show that a rebatable, remedial massage has taken place. Sometimes this recovery of funds can amount to thousands of dollars worth of claims.

The AMT Board has also commenced a program of audits of members to ensure that record keeping is in line with the standards in the Code of Practice.

Aside from the Code of Practice, AMT has made available useful resources to help you maintain appropriate treatment records. These include case history / intake forms and informed consent templates. These practice resources can be downloaded here: <http://www.amt.org.au/members/practice-templates.html>

Say no to fraud

The exponential growth in health insurance fraud over the past five years represents one of the biggest threats to the advancement of our industry. AMT takes an extremely dim view of members who compromise the provider agreements we have worked so hard to initiate and uphold by being slack or dishonest in receipting treatments.

Over the past year, the AMT Board has taken action to remove members who have committed insurance fraud. The provider numbers issued to you by AMT and the individual funds are yours and yours alone. They are issued on the understanding that you will continue to honour your basic obligation to be ethical and honest in your dealings with your clients and the third party insurers that subsidise the cost of client treatments with rebates.

The following are all examples of insurance fraud and will not be tolerated by the AMT Board:

- Allowing another therapist to use your provider number(s)
- Pre-signing receipts for use by other therapists
- Using another therapist's provider number for a treatment performed by you (for example, when you are not registered as a provider with a particular fund but a colleague is)
- Issuing receipts for a service and/or treatment you did not provide.
- Backdating receipts
- Falsifying any information on a receipt (for example, issuing a receipt in the name of another family member when a client has reached the limit of their own claims)
- Splitting receipts - writing receipts for two half-hour treatments when the treatment was for one hour.

Sophisticated fraud detection software now gives the funds an unprecedented capacity to crosscheck and spot inconsistencies in receipting.

If a client is pressuring you to do the wrong thing and falsify receipts, say no.

If a colleague is pressuring you to do the wrong thing and falsify receipts, say no.

If an employer is pressuring you to do the wrong thing and falsify receipts, say no.

Please do the right thing by AMT, by the private health insurers, by your colleagues, by the industry at large and by your clients.

MEDIBANK PAYMENT INTEGRITY PROGRAM

In mid-April, Medibank will be mailing ancillary providers nationally as part of their ongoing payment integrity program.

Medibank evaluates the service profile of recognised ancillary providers and compares their profile to their peers. Where significant variations are identified, the provider is sent a copy of their service profile along with a request from Medibank to meet or provide additional information to explain the variations. Medibank accepts there is a degree of industry variation and, when looking at service profiles, we take into account industry standards, national and state trends, demographics and different specialties. At the conclusion of this process, an assessment will be made as to whether the provider remains a recognised provider with Medibank.

Only a very small number of AMT members are expected to receive this correspondence.

North Shore and Northern Beaches (NSNB)

by Sarah Gowans

The NSNB Branch held its first meeting for 2017 in February, with our newly elected executive – Chairperson Anthony Gould and Secretary/Treasurer Sarah Gowans - settling into their roles. With over 30 members in attendance to kick off the year, we had a great vibe at the meeting. Everyone got involved in the discussion around suggested topics for the year ahead. Our speaker for the night was our resident TCM expert, Melissa (Yanking Lan). She presented a wonderful, hands-on workshop which was enthusiastically received by all in attendance. We also discussed how we each take time to nurture and look after ourselves, and the importance of self care generally. We did some exercises to support our arms, shoulders and neck.

I would like to thank all members for their support of AMT, and their commitment and passion for the massage profession. We are looking forward to sharing this knowledge and passion throughout our 2017 meetings!

Our next meeting is scheduled for Wednesday 19 April at 10am. The venue will be advised when participants RSVP. The speaker will be Dave Moore and the topic is record keeping and pricing calculations for successful massage businesses. Please email Sarah at sarahmgowans@gmail.com to RSVP.

ACT

by Jessica Cameron

Our first meeting of the year was held in March. Thanks to Cheryl Parkes, one of our branch members, we were treated to a presentation from Tina Allen who spoke about her Liddlekidz Foundation and how she came to work in Paediatric Massage. Tina travels 365 days a year around the world with her husband and son, promoting the benefits of paediatric massage and teaching classes. Meeting attendees thoroughly enjoyed Tina's talk and fired a barrage of questions at her.



ACT Branch members with Tina Allen

Blue Mountains

by Ariana Mckay

We started the year by welcoming local members to our branch Annual General Meeting in March.

Our aim is to keep members updated on the latest changes and news from the industry and AMT. For the year ahead, we plan to have educational meetings, workshops and squeeze in a few massage swaps! We hope 2017 will be productive and exciting to members.

Please join us for a meet & greet at our next gathering and take the opportunity to have a fun night with local therapists:

Date: 1 May 2017

Time: 6.00pm

Where: CWA Penrith, 1 Tindale Street, Penrith NSW 2750

New members are welcome. We look forward to seeing you at our next meeting!

Ariana Mckay

arianamckay@hotmail.com

0425 285 610

Illawarra

by Linda White

We had a fantastic roll up for our first presentation of 2017 with 26 people in attendance. Matt Whalan presented a session on working with knee and ankle injuries. There was a slide show presentation on revision of the anatomy of the knee and ankle, then associated injuries and the current method of treatment for these injuries. Matt stressed the importance of the role of the massage therapist in treating these injuries and how massage helps in the rehabilitation of the client.

He also drew our attention to the importance of loading on our bodies whether, it be physical, mental or emotional loading. This not only applies to the athlete or the weekend sport player but also to the massage therapist. He encouraged us to look at our workload not only in terms of massaging but also the work we do at home, our family time, study time, or anything else that occupies our minds and bodies.

Our next meeting will be a presentation evening to be held on Tuesday, 30 May 2017 in the Bottlebrush Room, Corrimal Community Centre, Short Street, Corrimal, commencing at 7.00pm (cost \$10). It will be a networking get together with revision on working with knee and ankle Injuries (with Patricia Colvin).

AMT Illawarra meets on the last Tuesday of every month at Corrimal Community Centre (unless otherwise notified) commencing at 7pm. We look forward to enjoying your company!

Linda White

AMT Illawarra

0417 671 007

AMT has released its Research Round-Up - a summary of open access massage therapy research released over the preceding month, including hyperlinks to the full free text articles available online. Here is the latest list of current open access research:

Effect of Abdominal Skin Massage and Warming Therapy on the Pain and Anxiety in Breast Cancer Patients Who Underwent Hormone Injections

Jun JH, Lee YO & Lee S.

Asian Oncol Nurs;16(4); 226-233.

The purpose of this study was to identify effects of abdominal skin massage and warming therapy on the pain and anxiety to breast cancer patients who underwent hormone injections. The subjects for the study were 60 breast cancer patients who underwent hormone injections (20 in the control group, 20 in the abdominal skin massage group, and 20 in the warming therapy group). Abdominal skin massage was conducted following KSMA's (Korea science massage association) advice and warming therapy was executed at 48°C for 20 minutes. After abdominal skin massage and warming therapy, subjective (Visual Analogue Scale, VAS) and objective (facial expression and vocal change) pain scores were significantly decreased ($p < .001$). Also, Anxiety state was significantly decreased compared to the control group ($p = .043$). The results of this study indicate that abdominal skin massage and warming therapy were highly effective in alleviating pain and anxiety in patients who underwent hormone injections.

<https://synapse.koreamed.org/search.php?where=aview&id=10.5388/aon.2016.16.4.226&code=1139AON&vmode=FULL>

Massage Therapy for Pain and Function in Patients With Arthritis: A Systematic Review of Randomized Controlled Trials

Nelson NL & Churilla JR.

Am J Phys Med Rehabil. 2017 Feb 7. doi: 10.1097/PHM.0000000000000712. [Epub ahead of print]

The primary aim of this review was to critically appraise and synthesize the current evidence regarding the effects of massage therapy as a stand-alone treatment on pain and functional outcomes among those with osteoarthritis or rheumatoid arthritis. Relevant randomized controlled trials were searched using the electronic databases Google Scholar, MEDLINE, and PEDro. The PEDro scale was used to assess risk of bias, and the quality of evidence was assessed with the GRADE approach. This review found seven randomized controlled trials representing 352 participants who satisfied the inclusion criteria. Risk of bias ranged from four to seven. Our results found low- to moderate-quality evidence that massage therapy is superior to non-active therapies in reducing pain and improving certain functional outcomes. It is unclear whether massage therapy is more effective than other forms of treatment.

<https://www.ncbi.nlm.nih.gov/pubmed/28177937>

The Relaxation Effects of Hand-Massage Therapy on Autonomic Nervous System Function and Emotions Among Patients Receiving Palliative Care

Sato T & Maruyama R.

Poster for Physiology 2016 (Dublin, Ireland): Proc Physiol Soc 37, PCB146

One of the basic concepts of the WHO Definition of Palliative Care (2002) is to increase the quality of life (QOL) by relieving suffering, regardless of the stage of cancer. Therefore, investigating and reporting the relaxation effect of massage, aimed at providing palliative care, is a pressing need at present. The purpose of this study was to verify the changes in autonomic nervous activity and emotions resulting from the application of our hand-massage method (HM) to a patient in need of palliative care, as well as to clarify the physiological and psychological effects of HM. The participants included 1 female and 5 male patients, who received palliative care for pain.

Effectiveness of Massage Therapy in Improving Symptom in Children with Allergic Asthma: A Randomized Clinical Trial

Goli H & Shabestari MS.

BMJ Open 2017 7:doi: 10.1136/bmjopen-2016-015415.52 B

Patients with asthma suffer from dyspnea, cough, wheeze in their daily life and this may be by stress and anxiety. Massage may promote relaxation and relieve symptoms. Thus, it is appropriate to explore the effectiveness of massage on symptom in patients with asthma. This study was a randomized controlled trial that was performed in the Immunology and Allergy Clinics of Tabriz University of Medical Sciences, Iran. Sixty children with allergic asthma were invited to participate in this study; only 58 of them agreed. They were divided into two groups at random. Subjects in the massage therapy group received a 30-minute massage therapy by their parents at home before bed time every night for 4 weeks in addition to the standard asthma treatment. The control group received the standard asthma treatment alone for 4 weeks. Both groups were given a diary to monitor symptoms. Symptom scores in the massage group were improved significantly compared with the control group, and the rate of dyspnea, cough and wheeze in the experimental group than the control group were reduced by approximately 45%, 56% and 52% respectively. The findings suggest that massage might reduce anxiety in patients with asthma and may have a beneficial effect on symptoms of asthma, such as dyspnea, cough, and wheeze.

http://bmjopen.bmj.com/content/7/Suppl_1/bmjopen-2016-015415.52

The Effects of Massage Therapy in Hospitalized Preterm Neonates: A Systematic Review

Álvarez MJ, Fernández D, Gómez-Salgado J, Rodríguez-González D, Rosón M & Lapeña S. *International Journal of Nursing Studies*, 69, 119-136.

The aim of this study was to perform a systematic review to identify, evaluate and summarise studies on the administration of therapeutic massage to preterm neonates during their stay in the NICU, and to assess their methodological quality. The studies reviewed implemented a wide variety of interventions and evaluation methods, and therefore it was not possible to perform a meta-analysis. A total of 23 articles met the inclusion criteria and were thus included in the review; these presented a methodological quality ranging from 1 to 5 points (with a mean of 3 points). Most studies reported that the administration of various forms of therapeutic massage exerted a beneficial effect on factors related to the growth of preterm infants. The causes indicated by the researchers for these anthropometric benefits included increased vagal activity, increased gastric activity and increased serum insulin levels. Other demonstrated benefits of massage therapy when administered to hospitalised preterm infants included better neurodevelopment, a positive effect on brain development, a reduced risk of neonatal sepsis, a reduction in length of hospital stay and reduced neonatal stress. Although based on a qualitative analysis of heterogeneous data, the present review suggests that a clear benefit is obtained from the administration of massage therapy in hospitalised preterm infants, a finding which should encourage the more generalised use of massotherapy in NICU clinical practice.

[http://www.journalofnursingstudies.com/article/S0020-7489\(17\)30043-3/abstract](http://www.journalofnursingstudies.com/article/S0020-7489(17)30043-3/abstract)

Effectiveness of massage therapy on the range of motion of the shoulder: a systematic review and meta-analysis

Yeun YR. *J Phys Ther Sci*, 29(2):365-369. doi: 10.1589/jpts.29.365. Epub 2017 Feb 24.

This study was conducted to identify and analyze the degree of effect of massage therapy on the range of motion of the shoulder. The meta-analysis was based on 7 studies, covered a total of 237 participants, and used a random-effects model. The effect size estimate showed that massage therapy significantly improved shoulder range of motion, especially flexion (SMD: 18.21, 95% CI 1.57-34.85) and abduction (SMD: 22.07, 95% CI 5.84-38.30). The review findings suggest that massage therapy is effective in improving shoulder flexion and abduction.

https://www.jstage.jst.go.jp/article/jpts/29/2/29_jpts-2016-761/_pdf

Effect of Massage Therapy in Cancer Patients

Alves M, de Agrela GJ, Gomes MH & Gomes BP. *International Journal of Clinical Medicine*, 8, 111-121.

The increase in longevity and incidence of chronic diseases reveals an increased importance in terms of public health. The oncologic illness is a debilitating and progressive pathology with need for prevention and symptomatic relief. In order to find the answer to the question: "What is the effect of massage therapy in cancer patients?" we have reviewed the empirical literature indexed in databases online, finding only 21 articles published between 1990 and 2015. It was possible to verify some of the effects of massage therapy, particularly in relieving pain, decreased anxiety, depression and nausea and increased wellbeing. However, it was not found the effect of this intervention on the relief of suffering and the quality of life of patients. With the heterogeneity of methodologies, studies suggest the development of more homogeneous research, materials and methods to assess the effects of massage therapy in cancer patients.

http://file.scirp.org/pdf/IJCM_2017022314535877.pdf

Assessment, Treatment Goals and Interventions for Oedema/Lymphoedema in Palliative Care

Cobbe S, Real S & Slattery S. *Int J Palliat Nurs*. 2017 Mar 16;23(3):111-119. doi: 10.12968/ijpn.2017.23.3.111.

Little is known about the treatment of oedema in palliative care patients. The aim of this study is to outline the assessment, goals, and interventions for patients with oedema. A 6-month chart review of a specialist physiotherapy-led oedema service was carried out. Of the sample group (n=63), 28.6% of patients had lymphoedema, 15.9% had non-lymphatic oedema, 46% had mixed oedema and 9.8% had lymphorrhoea; 58 patients (92%) had cancer. The most common interventions were providing education (100%, n=63), using compression garments (58%, n=37), bandaging (51%, n=32), exercise (38%, n=24), lymphatic massage and kinesio-taping (35%, n=22 each). Treatment regime differed depending on the type of oedema present. Treatment goals were pragmatic: the most common were to maintain skin quality (54%, n=34), reduce limb volume (52%, n=32), and improve quality of life (48%, n=30). Palliative care oedema can be treated using manual methods, including compression and massage. Goals differ from other oedema populations. Research is hampered by lack of suitable measures to record skin changes and quality of life.

<http://www.magonlinelibrary.com/doi/abs/10.12968/ijpn.2017.23.3.111?journalCode=ijpn>

Effectiveness of a Treatment Involving Soft Tissue Techniques and/or Neural Mobilization Techniques in the Management of Tension-Type Headache: A randomized controlled trial

Ferragut-Garcías A, Plaza-Manzano G, Rodríguez-Blanco C, Velasco-Roldán O, Pecos-Martín D, Oliva-Pascual-Vaca J, Llabrés-Bennasar B & Oliva-Pascual-Vaca Á.

Arch Phys Med Rehabil. 2017 Feb;98(2):211-219.e2. doi: 10.1016/j.apmr.2016.08.466. Epub 2016 Sep 10.

The objective was to evaluate the effects of a protocol involving soft tissue techniques and/or neural mobilization techniques in the management of patients with frequent episodic tension-type headache (FETTH) and those with chronic tension-type headache (CTTH).

DESIGN: Randomized, double-blind, placebo-controlled before and after trial.

SETTING: Rehabilitation area of the local hospital and a private physiotherapy center.

PARTICIPANTS: Patients (N=97; 78 women, 19 men) diagnosed with FETTH or CTTH were randomly assigned to groups A, B, C, or D.

INTERVENTIONS: (A) Placebo superficial massage; (B) soft tissue techniques; (C) neural mobilization techniques; (D) a combination of soft tissue and neural mobilization techniques.

MAIN OUTCOMES MEASURES: The pressure pain threshold (PPT) in the temporal muscles (points 1 and 2) and supraorbital region (point 3), the frequency and maximal intensity of pain crisis, and the score in the Headache Impact Test-6 (HIT-6) were evaluated. All variables were assessed before the intervention, at the end of the intervention, and 15 and 30 days after the intervention.

RESULTS: Groups B, C, and D had an increase in PPT and a reduction in frequency, maximal intensity, and HIT-6 values in all time points after the intervention as compared with baseline and group A ($P < .001$ for all cases). Group D had the highest PPT values and the lowest frequency and HIT-6 values after the intervention.

CONCLUSIONS: The application of soft tissue and neural mobilization techniques to patients with FETTH or CTTH induces significant changes in PPT, the characteristics of pain crisis, and its effect on activities of daily living as compared with the application of these techniques as isolated interventions.

<http://www.sciencedirect.com/science/article/pii/S0003999316309583>

Review of Randomized Controlled Trials of Massage in Preterm Infants

Niemi AK.

Children (Basel). 2017 Apr 3;4(4). pii: E21. doi: 10.3390/children4040021.

Preterm birth affects about 10% of infants born in the United States. Massage therapy is being used in some neonatal intensive care units for its potential beneficial effects on preterm infants. This article reviews published randomized controlled trials on the effects of massage in preterm infants. Most studies evaluating the effect of massage in weight gain in premature infants suggest a positive effect on weight gain. Increase in vagal tone has been reported in infants who receive massage and has been suggested as a possible mechanism for improved weight gain. More studies are needed on the underlying mechanisms of the effects of massage therapy on weight gain in preterm infants. While some trials suggest improvements in developmental scores, decreased stress behavior, positive effects on immune system, improved pain tolerance and earlier discharge from the hospital, the number of such studies is small and further evidence is needed.

<http://www.mdpi.com/2227-9067/4/4/21/htm>

A Comparison of Outcomes of Asymmetry in Infants with Congenital Muscular Torticollis According to Age upon Starting Treatment

Lee K, Chung E & Lee BH.

J Phys Ther Sci. 2017 Mar;29(3):543-547. doi: 10.1589/jpts.29.543. Epub 2017 Mar 22.

The purpose of this study was to compare the outcomes of asymmetry in infants with congenital muscular torticollis (CMT) according to the age when treatment was started. 102 infant CMT patients under the age of 6 months were selected. The subjects were divided into a group that started treatment before six weeks (n=55) and a group that started treatment after six weeks (n=47). Asymmetry was evaluated by determining the difference in the thickness of the two sternocleidomastoid muscles (DTSM) using ultrasonography, head tilt (HT) based on a physical examination, and the torticollis overall assessment (TOA). Patients received ultrasound and massage therapy for 30 minutes, in conjunction with passive stretching exercises, 3 times a week. Following the intervention, the DTSM, HT and TOA showed significant differences in the two groups. The DTSM of the group that started treatment before six weeks was significantly better than that of the group that started treatment after six weeks. The results of this study suggest that early intervention is more effective than later intervention.

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5361030/>

Effects of Friction Massage of the Popliteal Fossa on Blood Flow Velocity of the Popliteal Vein

Iwamoto K, Mizukami M, Asakawa Y, Endo Y, Takata Y, Yoshikawa K & Yoshio M.
J Phys Ther Sci. 2017 Mar;29(3):511-514. doi: 10.1589/jpts.29.511. Epub 2017 Mar 22.

Friction massage (friction) of the popliteal fossa is provided for the purpose of relieving pain related to circulatory disorders by improving venous flow in the lower legs. The purpose of this study is to verify the effects of enhancing the venous flow based on measuring the blood flow velocity of the popliteal vein before and after providing friction to the patients. Fifteen healthy male university students participated in the study. The Doppler ultrasonography (DU) was used to measure the blood flow velocity of the popliteal vein, in order to verify the effects of enhancing the venous flow by comparing the measured values before and after a friction massage. The result of comparing the blood flow velocity before and after providing friction showed that there was a significant increase after friction. This study proved that friction to the popliteal fossa is effectively enhances venous flow by increasing the blood flow velocity in the popliteal vein.

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5361022/>

Effects of Manual Lymph Drainage for Abdomen on the Brain Activity of Subjects with Psychological Stress

Shim JM, Yeun YR, Kim HY & Kim SJ.
J Phys Ther Sci. 2017 Mar;29(3):491-494. doi: 10.1589/jpts.29.491. Epub 2017 Mar 22.

The present study investigated the effects of manual lymph drainage for abdomen on electroencephalography in subjects with psychological stress. Twenty-eight subjects were randomly allocated to undergo a 20-minute session of either manual lymph drainage or abdominal massage on a bed. Analysis of electroencephalograms from the manual lymph drainage group showed a significant increase in relaxation, manifested as an increase in average absolute, relative alpha activity and a decrease in relative gamma activity. Our results suggest that the application of manual lymph drainage from the abdomen provides acute neural effects that increase relaxation in subjects with psychological stress.

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5361017/>

Abdominal Massage For Neurogenic Bowel Dysfunction in People with Multiple Sclerosis (AMBER - Abdominal Massage for Bowel Dysfunction Effectiveness Research): Study protocol for a randomised controlled trial

McClurg D, Goodman K, Hagen S, Harris F, Treweek S, Emmanuel A, Norton C, Coggrave M, Doran S, Norrie J, Donnan P, Mason H & Manoukian S.
Trials. 2017 Mar 29;18(1):150. doi: 10.1186/s13063-017-1890-y.

Multiple sclerosis (MS) is a life-long condition primarily affecting younger adults. Neurogenic bowel dysfunction (NBD) occurs in 50-80% of these patients and is the term used to describe constipation and faecal incontinence, which often co-exist. Data from a pilot study suggested feasibility of using abdominal massage for the relief of constipation, but the effectiveness remains uncertain. This is a multi-centred patient randomised superiority trial comparing an experimental strategy of once daily abdominal massage for 6 weeks against a control strategy of no massage in people with MS who have stated that their constipation is bothersome. The primary outcome is the Neurogenic Bowel Dysfunction Score at 24 weeks. Both groups will receive optimised advice plus the MS Society booklet on bowel management in MS, and will continue to receive usual care. Participants and their clinicians will not be blinded to the allocated intervention. Outcome measures are primarily self-reported and submitted anonymously. Central trial staff who will manage and analyse the trial data will be unaware of participant allocations. Analysis will follow intention-to-treat principles. This pragmatic randomised controlled trial will demonstrate if abdominal massage is an effective, cost-effective and viable addition to the treatment of NBD in people with MS.

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5372315/>

Manual Calf Massage and Passive Ankle Motion Reduce the Incidence of Deep Vein Thromboembolism after Total Hip Arthroplasty

Imai N, Ito T, Suda K, Miyasaka D & Endo N.
J Orthop Sci. 2017 Mar 24. pii: S0949-2658(17)30073-8.
doi: 10.1016/j.jos.2017.03.006. [Epub ahead of print]

Venous thromboembolism is one of the general complications following total hip arthroplasty, wherein various preventive treatments have been recommended. Several studies reported that venous thromboembolism incidence after total hip arthroplasty was similar in patients who were administered prophylaxis with a conventional mechanical procedure alone, and those who were administered pharmacological anticoagulation therapy. Therefore, the optimum methods of prophylaxis are still controversial. The purpose of this study was to investigate whether manual calf massage and passive ankle motion could lower the risk for venous thromboembolism after total hip arthroplasty. We retrospectively reviewed the data of 126 consecutive patients undergoing elective primary unilateral total hip arthroplasty wherein manual calf massage and passive ankle motion were performed after the surgery at our hospitals between January and October 2014. The 138 patients of the control group underwent total hip arthroplasty using the same surgical approach and pre- and postoperative protocols without this mechanical prophylaxis between January and December 2013. This mechanical prophylaxis was performed simultaneously 30 times during approximately 10 s; these procedures were repeated thrice immediately after total hip arthroplasty. Duplex ultrasonography was performed to observe the veins of both legs in all the patients on postoperative day 7. The incidence of deep vein thrombosis was 6.52% and 0.79% in the control and manual calf massage and passive ankle motion groups, respectively. The odds ratio for the manual calf massage and passive ankle motion groups was 8.72. Performing this mechanical prophylaxis reduced the incidence of venous thromboembolism after total hip arthroplasty. This mechanical prophylaxis is not only simple and easy, but is also safe and inexpensive. We therefore recommend that manual calf massage and passive ankle motion be performed in patients who will undergo total hip arthroplasty, if deep vein thrombosis does not exist before the surgery.

[http://www.journaloforthopaedicscience.com/article/S0949-2658\(17\)30073-8/pdf](http://www.journaloforthopaedicscience.com/article/S0949-2658(17)30073-8/pdf)

A Critical Review of Manual Therapy Use for Headache Disorders: Prevalence, profiles, motivations, communication and self-reported effectiveness

Moore CS, Sibbritt DW & Adams J.
BMC Neurol. 2017 Mar 24;17(1):61. doi: 10.1186/s12883-017-0835-0.

Despite the expansion of conventional medical treatments for headache, many sufferers of common recurrent headache disorders seek help outside of medical settings. The aim of this paper is to evaluate research studies on the prevalence of patient use of manual therapies for the treatment of headache and the key factors associated with this patient population. This critical review of the peer-reviewed literature identified 35 papers reporting findings from new empirical research regarding the prevalence, profiles, motivations, communication and self-reported effectiveness of manual therapy use amongst those with headache disorders. While available data was limited and studies had considerable methodological limitations, the use of manual therapy appears to be the most common non-medical treatment utilized for the management of common recurrent headaches. The most common reason for choosing this type of treatment was seeking pain relief. While a high percentage of these patients likely continue with concurrent medical care, around half may not be disclosing the use of this treatment to their medical doctor. There is a need for more rigorous public health and health services research in order to assess the role, safety, utilization and financial costs associated with manual therapy treatment for headache. Primary healthcare providers should be mindful of the use of this highly popular approach to headache management in order to help facilitate safe, effective and coordinated care.

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5364599/>

Managing irritable bowel syndrome: The impact of micro-physiotherapy

Grosjean D, Benini P & Carayon P.

J Complement Integr Med. 2017 Mar 17. pii: /j/jcim.ahead-of-print/jcim-2015-0044/jcim-2015-0044.xml. doi: 10.1515/jcim-2015-0044. [Epub ahead of print]

Irritable bowel syndrome (IBS) has a complex pathology, high prevalence and large impact on patients' quality of life. As conventional therapy may yield unsatisfactory results, a more holistic approach may be desirable. The current study assessed the effect of micro-physiotherapy on the severity of IBS symptoms. In a double-blind study, 61 recurrent IBS patients were randomised to two sessions of micro-physiotherapy or sham micro-physiotherapy. Inclusion criteria were the presence of ≥ 1 IBS symptom from abdominal pain, constipation, diarrhoea or bloating. Exclusion criteria were previous major intestinal surgery and the presence of chronic diseases. The mean patient age was 53.5 ± 15.3 years. Micro-physiotherapy consisted of micro-palpation examination to identify osteopathic lesions, followed by micro-massage to stimulate self-healing. The control group underwent a sham procedure. The presence and severity of symptoms was assessed at baseline and at 1-month follow-up by the same gastroenterologist. Two patients did not complete the study. There was a significant difference in percentage of patients that improved after the first session, at 74 % for the micro-physiotherapy group and 38 % for the sham group, respectively ($p=0.005$). After the second session, the initial improvement was maintained in both groups, although with no further gains, and the differences between the study groups remained significant ($p=0.007$). Micro-physiotherapy significantly improves IBS symptoms and should be explored further for use in mainstream healthcare.

<https://www.ncbi.nlm.nih.gov/pubmed/28306531>

Responsiveness of Myofascial Trigger Points to Single and Multiple Trigger Point Release Massages: A randomized, placebo controlled trial

Moraska AF, Schmiede SJ, Mann JD, Butryn N & Krusch JP

Am J Phys Med Rehabil. 2017 Feb 28. doi: 10.1097/PHM.0000000000000728. [Epub ahead of print]

This study aimed to assess the effects of single and multiple massage treatments on pressure-pain threshold (PPT) at myofascial trigger points (MTrPs) in people with myofascial pain syndrome expressed as tension-type headache. Individuals ($n = 62$) with episodic or chronic tension-type headache were randomized to receive 12 twice-weekly 45-min massage or sham ultrasound sessions or wait-list control. Massage focused on trigger point release (ischemic compression) of MTrPs in the bilateral upper trapezius and suboccipital muscles. PPT was measured at MTrPs with a pressure algometer pre and post the first and final (12th) treatments. PPT increased across the study timeframe in all four muscle sites tested for massage, but not sham ultrasound or wait-list groups ($P < 0.0001$ for suboccipital; $P < 0.004$ for upper trapezius). Post hoc analysis within the massage group showed (1) an initial, immediate increase in PPT (all P values < 0.05), (2) a cumulative and sustained increase in PPT over baseline (all P values < 0.05), and (3) an additional immediate increase in PPT at the final (12th) massage treatment (all P values < 0.05 , except upper trapezius left, $P = 0.17$). Single and multiple massage applications increase PPT at MTrPs. The pain threshold of MTrPs have a great capacity to increase; even after multiple massage treatments additional gain in PPT was observed.

<https://www.ncbi.nlm.nih.gov/pubmed/28248690>

Real-World Massage Therapy Produces Meaningful Effectiveness Signal for Primary Care Patients with Chronic Low Back Pain: Results of a Repeated Measures Cohort Study

Elder WG, Munk N, Love MM, Bruckner GG, Stewart KE & Pearce K.

Pain Med. 2017 Mar 14. doi: 10.1093/pm/pnw347.

[Epub ahead of print]

While efficacy of massage and other non-pharmacological treatments for chronic low back pain is established, stakeholders have called for pragmatic studies of effectiveness in "real-world" primary health care. Primary care providers referred eligible patients for 10 massage sessions with community practicing licensed massage therapists. Oswestry Disability Index and SF-36v2 measures obtained at baseline and postintervention at 12 and 24 weeks were analyzed with mixed linear models and Tukey's tests. Additional analyses examined clinically significant improvement and predictive patient characteristics. Of 104 enrolled patients, 85 and 76 completed 12 and 24 weeks of data collection, respectively. Group means improved at 12 weeks for all outcomes and at 24 weeks for SF-36v2's Physical Component Summary and Bodily Pain Domain. Of those with clinically improved disability at 12 weeks, 75% were still clinically improved at 24 weeks ($P < 0.01$). For SF-36v2 Physical and Mental Component Summaries, 55.4% and 43.4%, respectively, showed clinically meaningful improvement at 12 weeks, 46.1% and 30.3% at 24 weeks. For Bodily Pain Domain, 49.4% were clinically improved at 12 weeks, 40% at 24 weeks. Adults older than age 49 years had better pain and disability outcomes than younger adults. Results provide a meaningful signal of massage effect for primary care patients with chronic low back pain and call for further research in practice settings using pragmatic designs with control groups.

<https://www.ncbi.nlm.nih.gov/pubmed/28340086>

April 2017		CEUs
29-30	Myofascial Cupping Technique™. Presented by David Sheehan. Gold Coast, QLD Contact 03 9481 6723 or info@comphs.com.au www.comphs.com.au/	70
29	Rocktape Introduction Course - Full Day. Presented by Rocktape. Kalgoorlie, WA Contact 08 9379 3400 or education@rocktape.com.au rocktape.com.au	35
30	Headaches Online Study Module. Developed by Bradley Collins. Contact info@thetherapyweb.com www.thetherapyweb.com This course can be started anytime throughout the year and can be completed at your own pace	25
30	Rocktape Movability Course - Full Day. Presented by Rocktape. Kalgoorlie, WA Contact 08 9379 3400 or education@rocktape.com.au rocktape.com.au	35
May 2017		CEUs
1	Blue Mountains Branch Meet and Greet. Penrith, NSW. Contact Ariana 0425 285 610	15
6-7	Chinese Cupping Therapy. Presented by Master Zhang Hao. Strathfield, NSW Contact 0416 286 899 www.asrt.edu.au	70
6-7	Myofascial Cupping Technique™. Presented by David Sheehan. Randwick, NSW Contact 03 9481 6723 or info@comphs.com.au www.comphs.com.au/	70
6	Tricky Tarsals. Presented by Jenny Richardson. Perth, WA Contact info@amt.org.au Read more or register by downloading the workshop flyer here	35
6	Annual General Meeting. Perth, WA. Contact info@amt.org.au Read more here	15
6	Rocktape Introduction Course - Full Day. Presented by Rocktape. Brisbane, QLD Contact 08 9379 3400 or education@rocktape.com.au rocktape.com.au	35
7	Working Nerves of the Lower Limb. Presented by Colin Rossie. Perth, WA Contact info@amt.org.au Read more or register by downloading the workshop flyer here	35
7	Rocktape Introduction Course - Full Day. Presented by Rocktape. Launceston, TAS Contact 08 9379 3400 or education@rocktape.com.au rocktape.com.au	35
7	Rocktape Introduction Course - Full Day. Presented by Rocktape. Sydney, NSW Contact 08 9379 3400 or education@rocktape.com.au rocktape.com.au	35
12-13	The STRAIT Method™ Scar Tissue Release Seminar Foundations. Presented by Marjorie Brook. Sydney, NSW Contact terrarosa@gmail.com www.terrarosa.com.au	70
12-13	Introduction to Scoliosis. Presented by Colin Rossie. Perth, WA Contact info@amt.org.au Read more or register by downloading the workshop flyer here	70
13	Blackroll Trainer Certification. Presented by Leigh Whitehead. Sydney, NSW Contact terrarosa@gmail.com www.terrarosa.com.au	35
14-15	Scar Tissue Release for the Thoracic Region. Presented by Marjorie Brook. Sydney, NSW Contact terrarosa@gmail.com www.terrarosa.com.au	70
18	Evidence based Relaxation Therapy: Physiological & Psychological Benefits. Presented by Dr Judy Lovas. North Melbourne, VIC. For information and bookings go here	15
19-21	Onsen Techniques ® Volume II - Functional Assessments and Treatments of the Lower Body. Presented by Jeff Murray. Kingscliff, NSW. Contact info@beyondmassage.com.au www.beyondmassage.com.au	105
20	Rocktape Introduction Course - Half Day. Presented by Rocktape. Canberra, ACT Contact 08 9379 3400 or education@rocktape.com.au rocktape.com.au	20
21	Rocktape Introduction Course - Full Day. Presented by Rocktape. Rockhampton, QLD Contact 08 9379 3400 or education@rocktape.com.au rocktape.com.au	35
21	Rocktape Introduction Course - Full Day. Presented by Rocktape. Cairns, QLD Contact 08 9379 3400 or education@rocktape.com.au rocktape.com.au	35
26	Evidence based Relaxation Therapy: Physiological & Psychological Benefits. Presented by Dr Judy Lovas. Nedlands, WA. For information and bookings go here	15
27	Blackroll Trainer Certification. Presented by Leigh Whitehead. Perth, WA Contact terrarosa@gmail.com www.terrarosa.com.au	35
27	Rocktape Introduction Course - Full Day. Presented by Rocktape. Perth, WA Contact 08 9379 3400 or education@rocktape.com.au rocktape.com.au	35

Calendar of events

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30	Illawarra Branch Meeting. Corrimal, NSW. Contact Linda White 0417 671 007	15
31	Understanding Fibromyalgia Online Study Module. Developed by Bradley Collins. Contact info@thetherapyweb.com www.thetherapyweb.com This course can be started anytime throughout the year and can be completed at your own pace	25
June 2017		CEUs
2-3	Clinical Orthopedic Manual Therapy of the Low Back and Pelvis. Presented by Joe Muscolino. Bondi Junction, NSW. Contact terrарosa@gmail.com www.terrарosa.com.au	70
4-5	Clinical Orthopedic Manual Therapy of the Upper Extremity. Presented by Joe Muscolino. Bondi Junction, NSW. Contact terrарosa@gmail.com www.terrарosa.com.au	70
10	Rocktape Movability Course - Full Day. Presented by Rocktape. Brisbane, QLD Contact 08 9379 3400 or education@rocktape.com.au rocktape.com.au	35
11	Rocktape Introduction Course - Full Day. Presented by Rocktape. Townsville, QLD Contact 08 9379 3400 or education@rocktape.com.au rocktape.com.au	35
17	Mid-North Coast Branch Meeting. Port Macquarie, NSW. Contact Leigh Stevens 0434 084 501	15
17-18	Chi-Acupressure Massage. Presented by Master Zhang Hao. Strathfield, NSW Contact 0416 286 899 www.asrt.edu.au	70



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2017 AMT Annual General Meeting and Workshops

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

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

ABOUT THE WORKSHOPS

Tricky Tarsals (Saturday 6 May)

Presented by Jenny Richardson

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

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

Working nerves of the lower limb (Sunday 7 May)

Presented by Colin Rossie

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

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

ABOUT THE PRESENTERS

Jenny Richardson

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

Colin Rossie

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

Registration info

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

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

TOTAL \$ _____

Cheque or Money Order (made out to AMT)
EFT (see payment details below)
Or please debit my visa/mastercard

Please bring towels, bolsters and pillows

Please indicate if you can bring a massage table YES NO

AMT Membership number: _____

PLEASE PROVIDE YOUR DETAILS BELOW

First name: _____ Surname: _____

Address: _____

Phone number: _____ Email address: _____

Cardholder's Name: _____

Card Number:

Cardholder's Signature: _____ Expiry Date: _____ / _____

PLEASE NOTE AMT DOES NOT ACCEPT THIRD PARTY PAYMENTS

AMT REFUND POLICY

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

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BSB: 062-212
Account Number: 1034-0221

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