

# TABLE TALK

www.amt.org.au

AMT NEWSLETTER

- January 2017

## Mandatory Criminal Checks

At the end of 2016, the AMT Board made a formal resolution to introduce mandatory criminal checks for practising members, commencing this year.

AMT plans to roll out the requirement to undergo a criminal check for new applicants by mid-2017, with current members being required to comply by 1 July 2018.

At this stage, Head Office staff are working in earnest on developing the administration infrastructure to collect and store criminal checks. There is no need to submit documentation yet (but thank you to the keen beans who immediately started uploading documents to the AMT database when they first heard the announcement – we salute your diligence!). We will make another formal announcement when we are ready to start receiving documentation.

The commitment to introduce mandatory criminal checks is part of AMT's broader commitment to public safety. It will bring AMT members more in line with the regulatory requirements for registered health professionals and, along with the AMT Code of Ethics and Code of Practice, will help us to promote AMT members as a safe and ethical choice for members of the public. It will send a clear and unequivocal message that AMT is committed to the highest possible preventive measures to protect the public from inappropriate conduct.

Furthermore, scrutinising yourself to an independent, third party regulatory body will send a message to your clients that you truly hold ethics central to your professional responsibilities as a massage therapist.

Please be aware that this 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.

As we roll out the criminal check program over the next 18 months, we will be providing members with information and resources to make the process as smooth and seamless as possible. For example, it is now possible to obtain a national criminal check online from your desk, using the magic of digital face matching technology. Woot! You will be able to upload your check certificate to the AMT database and renew it every three years, in much the same way you currently fulfil first aid requirements.

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.

AMT has written to other industry associations inviting them to cooperate with this initiative. We hope this will become an industry-wide requirement in the interests of enhancing public protection for those seeking massage therapy.

## Victorian code of conduct for non-registered health care workers comes into effect in February

From 1 February 2017, the Office of the Health Services Commissioner is being replaced with a new office of the Health Complaints Commissioner (HCC). This change follows the passing of the Health Complaints Act 2016 (Vic) in April 2016, which also gives the HCC greater powers to investigate complaints about unsafe, unethical or impaired non-registered practitioners such as massage therapists.

The "General Code of Conduct in respect of General Health Services" comes into effect on February 1 and applies to all massage therapists practising in Victoria. This new Code brings Victoria into line with similar codes that are in force in NSW, South Australia and Queensland.

Victorian therapists must comply with the requirements laid out in the General Code of Conduct. Please review the Code thoroughly. You can view the terms here: [http://www.austlii.edu.au/au/legis/vic/num\\_act/hca201622o2016227/sch2.html](http://www.austlii.edu.au/au/legis/vic/num_act/hca201622o2016227/sch2.html)

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You will need to display a copy of the Code in your clinic, along with a notice that informs clients about how they can make a complaint about a health service. We expect the HCC to release a downloadable version of the Code soon and will notify you of the details as soon as we have them.

A reminder to all NSW, Queensland and South Australian members that you should also be displaying a copy of your State code in your clinics. If you're unsure about how to access a copy of your State code or have any questions in relation to your obligations, please don't hesitate to contact AMT Head Office.

### NSW State Insurance Regulatory Authority (SIRA) updates its resources for massage therapists

SIRA has released a suite of new resources to help guide massage therapists providing services within the NSW Worker's Compensation system, including an updated guide for allied health practitioners. You can access the SIRA resources here:

<http://www.sira.nsw.gov.au/workers-compensation/health-practitioners-workers-compensation/allied-health-for-injured-workers/massage-therapist>

All massage therapists providing services to NSW workers must follow administrative procedures and submit the allied health recovery request (AHRR) prior to delivering treatment services. For more information on how to complete the request, please visit:

<http://www.sira.nsw.gov.au/workers-compensation/health-practitioners-workers-compensation/allied-health-for-injured-workers/allied-health-recovery-request>

### Good News



AMT member **Christine Taylor** has won a scholarship to do a nationally accredited Infant Massage course.

<http://babyinmind.org.au/natural-therapy-pages-scholarship-winner-announced/>

"As a foster parent of traumatised babies, I have seen first-hand the importance of learning 'how' to touch appropriately. In today's society it is becoming such a taboo to touch another human being and I think we are losing a vital part of who we are. Children are growing into teenagers and adults who don't know how to touch, I hear first-hand stories of abuse and can only wonder if the need for human contact and this lack that we have created has caused this. To learn about gentle, respectful touch from your parents as a baby and to know what loving touch and its appropriate boundaries feels like, I think must help to return us to something better. I live in an area of mixed demographic. We have a young population and many are just starting their families. I would like to be able to offer help to these young mums and dads to ensure their health and well-being is supported and some of these problems prevented."



#### Alice Campbell

Chief Executive Officer

#### Baby In Mind

Official Partner to the World Health Organisation Maternal, Newborn and Child Health Program  
IAIM Australia Certified Training

[iaim.org.au](http://iaim.org.au)

[facebook.com/BabyInMindCharity](https://facebook.com/BabyInMindCharity)

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## An Audit Account

by Clyde Andrews

**"Holy Smoke, Batman, it's an Audit!"**



Source: <http://comicvine.gamespot.com/forums/battles-7/batman-and-robin-vs-lex-luthor-1689324/>

**"Holy guacamole, Batman, get Commissioner Gordon on the line, one of our members is being audited!"**

**"Relax, Robin, the bat signal has already been activated. We'll be on our way and helping them before they can pick their jaw off the table and re-insert their shocked, disbelieving eyes."**

Now, at first you'll want to think the email you've received from a health fund saying they are auditing you is SPAM (junk mail), or a hoax played on you by a mischievous work colleague in your clinic; alas, those emails are real folks—oh, so very real. The first thing I did once I received mine was to read it carefully, understand what the health fund wanted, and, more importantly, when they wanted it to be completed by. My dreaded audit email stated that I had 10 (business) days to comply. Panic very quickly set in, let me tell you. Absolute and complete panic. I'd never been audited before. My next thoughts were: had I done something wrong? Was my business being singled out? Was I being singled out?

I tried to calm myself. Breathe (you know, that thing I tell my clients to do).

Of course, the next thing I did was get on the blower to AMT asking for Rebecca Barnett's help. 10 days for all that stuff they want! My gosh, that's too soon. My health fund audit not only wanted all treatment receipts for the two clients they chose (the ones they sign that are dispensed by my HICAPS machine), but they also wanted all treatment notes for the dates stated, too! What? The whole lot? ...and that many dates! Yep... they sure did want all that information. It was at that stage my stomach turned and I began to feel sick. I knew I had all that information, but had I filled it out correctly? How much detail does an audit go in to anyway?

**"But is that legal, Batman? Can a health fund ask for consultation notes? I thought that stuff was private, and only between the client and the practitioner?"**

**"They sure can, Robin! A client signs an agreement when they first join their desired fund that states, in the fund's contract clauses, that all of their records can (and will) be used in the event of an audit. According to the fund, it's to protect their members to make sure they are getting the treatments that have been claimed for in their name."**

**"What if they don't want some stranger looking at their personal stuff?"**

**Batman scratched his chin in thought. "Well, once you've politely notified your client or clients that their records have been requested for audit, then it will be up to them to take it up with their health fund as to whether or not they want that to happen."**

**"So... what you're saying is that if a certain client's files have been requested, along with the receipts, then there's really no stopping that process, is there?"**

**"You've got it, Robin!" Batman said as he slid into the seat of the batmobile. "If a client refuses for their records to be made available for audit, then they can be terminated from their contract with their health fund... from there, well, that's anyone's guess."**

**"Holy cow, Batman, that's serious stuff!"**

**"Yes, the Health Funds take their money seriously, especially when there are claims involved."**

You see, that's just it. It is a requirement for me, as a member of AMT, to keep all clinical records for every treatment I give a client that is claimable from a health fund: like a remedial massage treatment for example. But what does that mean? If, like me, you've got a nice client base and little time, then I sure as hell don't want to be spending my free time writing out lengthy, laborious notes EVERY time a client lies on my table. So next, I rang the audit department to see what it was they expected and what they perceived as compliant. Now, at this stage it would be prudent for me to mention that the health fund I was dealing with was a member of ARHG—yet I can't imagine funds would vary too much as to their compliance requirements.

**"So... with clinical notes, what's the standard, Batman?"**

**"I'm glad you asked, Robin. You see, when a client first comes to you, you must fill out all the subjective and objective requirements of assessment, plus all their details—such as medical history, address, occupation, etc—for legal reasons. For the follow up visit, and any other visits for the SAME condition, short notes on what you did and your clinical thoughts are sufficient—"**

***like whether you think they are improving, or if you'll need to refer them on. Stuff like that."***

***"Let me get this straight," Robin said, looking perplexed. "If a client comes in with a sore back, then you'll fill out all their details, plus your examination notes as per normal. Then, each time they come back for that sore back, you just need to record the date and add clinical notations about what you did... But if they suddenly come to see you for a shoulder complaint, then you'll need to fill out all new assessment and clinical observations, both subjective and objective again?"***

***"That's spot on. A new complaint is a new set of assessment and observation notes. Their address and other details, including their medical history and any relevant x-rays, scans or reports, you'll already have or will be given if the client has them."***

***"I see."***

In fact, when the fantastic Rebecca got back to me and reassured me on the phone that I'd be fine with an audit (and I was), it came to my attention that AMT is actually tougher with their standards than what the health funds expect. To be sure, please, please, please *cover* yourself. Make sure you write notes all the time, for every consultation; from what you've done, to anything that the client tells you that's relevant to their treatment (I have been getting arm pain since you've been treating my shoulder, springs to mind as one example I had on my notes). This would certainly indicate a deeper underlying pathology and perhaps a nice referral letter is in order—and yes, I would submit that too if undergoing an audit. I did. It shows you're professional and that the \*cough\* health funds money \*cough\* is being spent where they want it to be spent—on the *right* patient's treatment. In other words, what they have signed for and what they have been paid for by their fund has been given by you. Simple as that.

***"What about if I just put any family member through HICAPS, you know, because the client you've been seeing has run out of their rebate allowance?"***

***Batman glances at Robin, his grip tightening on the slick, leather steering wheel of the batmobile. "I'll pretend I didn't hear that, Robin."***

***"But... but, the family is paying for the fund... what does it matter?"***

Legally, the person you treat is the only person who is able to make the claim against their health fund, no matter if there are other family members on their health fund card. Do not bow to pressure from clients who say: "Oh, just put that under my partner, he/she never uses it anyway and it's going to waste." Yes, it's probably going to waste, but that's not your concern... or problem.

I know it's sometimes hard, especially if you're working by yourself in your own clinic (like I am). You want to do the best for your clients, and if they can claim a few dollars off their treatment, then why not help them out? Wrong!

Because you can bet a \$359,000 mint condition *Batman Origin* comic, that once an audit is underway, that client you helped will suddenly distance themselves from you and your practice. In other words, they won't be looking after you if it's going to get them in hot water. They will blame you and from there things can get ugly. The fund will most definitely want back payments for the fraudulent transactions.

***"But how will the fund know if you've been doing something wrong, Batman? Especially, if the dates and notes match up to the funds records," Robin asked with a wry smile.***

***"Another good question, Robin. Remember, the person receiving the treatment must sign the HICAPS receipts. They must all match. So, if a signature is forged, then you and the client will be implicated. Also, the health fund can contact the member to verify anything they need."***

***"Oh."***

In my case, the clients who the fund wanted my notes on were a couple. According to my auditor, she wasn't too bothered who had signed the receipts because they were *always* attending together—and the evidence backed that up. In my case, usually one or the other would sign the receipts generated from my HICAPS machine. That was deemed acceptable; but since then I now get them to sign each of their receipts individually. I want to be above the basic standard in my practice and I think that is a good goal to aim for—look after yourself first, you're the number one client of your own practice.

***"Where do I get the resources I need for all these assessment notes then? You know, to make sure I'm compliant without having to stress if I'm audited?"***

***Batman parked the batmobile and jumped out, rushing to the aid of the poor member being audited. "The AMT website has awesome, and free, reference material that can be used—and is compliant. Go check it out, Robin."***

I most certainly use AMT resources (slightly modified over the years for my own taste) and I tell you what, after the initial shock of being audited, it was nice to get that follow up email that stated I've passed and the files had been finalised. Phew! Remember, if you are in the right, and you've been keeping all your notes and receipts, everything will be fine—and AMT will back you up. In the case of keeping records, one final note: more is... more! Good luck on your audit, and if you do need a superhero, call AMT—the staff there are willing and able to put on their capes and offer help.

## Treatment Table Safety

by Guy Princi



Athlegen, as one of the leading manufacturers of treatment tables in Australia, feel that we have a social responsibility to educate all practitioners and users on the potential hazards associated with power driven height adjustable treatment tables.

### Background

Worldwide there have been cases of fatal crush injuries as a result of a person being trapped underneath the lifting structure of an electrically powered height adjustable treatment table.

Most of these instances have been as a result of practitioner error in the use of the table.

All adjustable treatment table designs have some inherent dangers. Visibility beyond and below the treatment table top, in most cases, is restricted due to the physical size of the upholstered top, or by the common practice of draping the entire top so the lifting mechanism is completely hidden underneath.

### Prevention

Athlegen has commissioned a professionally designed multi lingual "icon" treatment table safety poster and as a goodwill gesture is offering it free of charge (except for postage) to all practitioners, regardless of the table brand they use.

Ultimately, we would like to see every treatment room in Australia displaying a safety poster.

### 1. Awareness and risk control measures adopted by Athlegen

All tables are labelled with hazard stickers to increase practitioner and patient awareness of the potential dangers.

Every table sold will have included a free copy of the poster so that all treatment rooms can have a poster identifying the hazards. The poster will act as a constant reminder to educate operators and patients of the potential dangers. The safety poster will list the following information:

- Do not allow children in the treatment room
- Keep hands and feet clear of the mechanism
- Only trained persons should operate the treatment table
- When not in use unplug the table from the power source and lock the treatment room.

### 2. Owners' responsibilities

It is the responsibility of the owner to ensure that training is given to operators on safe use of the treatment table and that they have read and understood all the operating and precautionary instructions. Only trained operators are to perform table height adjustments.

The instruction manual provided with every Athlegen height adjustable table contains all the operating, safety, maintenance and care instructions for the owners and operators of the table. Please keep the manual in a place where it is easily accessible to all users and please make it an important part of your employee induction program.

### 3. Operators responsibilities

The operator must not use the treatment table without first reading and understanding all the operating and precautionary instructions.

The operator also has an obligation before making table height adjustments or adjusting table sections to ensure it is safe to do so. They must check the area around and underneath the device to ensure all persons, or limbs, are clear of the table mechanism.

Remember, if a client brings a child into your clinic it is the operator's responsibility to make sure that the child is safe at all times, e.g. place the child in a pull out play pen during treatments.

Operating controls should be positioned such that the opportunity for unintentional activation is avoided.

### ACT NOW FOR A SAFER WORKPLACE.

The safety poster is available as a free download at [www.athlegen.com](http://www.athlegen.com) Please download, print and place in a prominent position in every treatment room in your practice and ensure that all operators are trained in the safe use of treatment tables.

## Illawarra

by Linda White

A big thank you to everyone that came along to our AGM and Christmas Party on 29 November 2016. We had a great evening and as usual the hospitality and meals provided by the staff at Murphy's Bar and Grill, Unanderra were exceptional. Linda White and Sharon Harley were unanimously re-elected Chairperson Secretary and Treasurer respectively once again, and we had the most number of people attending since AMT Illawarra was established!



AMT Illawarra celebrate Christmas

AMT Illawarra held nine meetings between February and October 2016, and attendance figures were higher than those of the previous year. In total, 135 people attended meetings and presentation evenings (an average of 15 per meeting compared with only nine people in 2015). There were 32 apologies (an average of 3.5 per meeting). With our attendance and profit growing positively from the previous year, the Illawarra Region has had another successful year financially and professionally.

I have been Chairperson and Secretary for nearly ten years now, and Sharon Harley as Treasurer for nearly as long. Together we feel that AMT Illawarra is in a good position for someone else to take over the reins, so we will not be seeking re-election for any positions at the end of this year. We are very willing to help anyone who would like to accept the roles of Chairperson, Secretary and Treasurer and we would encourage our Illawarra team members to consider the opportunity of leading AMT Illawarra into the future.

Special thanks to everyone who helped and contributed to making 2016 a fabulous success! AMT Illawarra is most definitely a team of people, contributing their individual knowledge and skills but working together to achieve a common goal – **T**ogether **E**veryone **A**chieves **M**ore!

Our meetings are held on the last Tuesday of each month and the first meeting for 2017 will be a formal meeting to be held on Tuesday, 28 February in the Bottlebrush Room, Corrimal Community Centre commencing at 7.00pm (cost \$10). Subsequent meeting dates are: 28 March (venue Figtree Physio), 25 April (Public Holiday – no meeting), 30 May, 27 June, 25 July, 29 August, 26 September, 31 October and 28 November (Murphy's Unanderra).

For all inquiries:

Contact Linda White

[lindamassage@bigpond.com](mailto:lindamassage@bigpond.com) or 0417 671 007.

## North Shore

by Brenda Hill

The NSNB Branch held its AGM and Christmas Party in December.



NSNB Branch meeting

Brenda Hill, our Chairperson/Secretary/Treasurer stepped down after 4 years, since the group's conception, and members re-elected Anthony Gould, Chairperson and Sarah Gowans, Secretary/Treasurer. The group has grown from around 10 members in attendance to around 40 members regularly attending now! The meetings have the usual sign in, meet and greet process plus a speaker at every meeting. Topics relating to massage included: Myofascial, kinesiology, tapping, anatomy, oncology and more.

Meetings are held every 2 months, on the 3rd Wednesday at 10am in the 'Boardroom', Belrose Hotel, Hews Parade, Belrose NSW.

First meeting for 2017: 15 February.

No need to RSVP, just turn up!

Thank you to all members for their support for AMT and their commitment and passion for the massage profession. I wish you every success for 2017!

Bye bye from our mascots TillyRose and Harrison.



NSNB mascots TillyRose and Harrison

## Sunshine Coast

by Lesley Carter

Meeting Dates for 2017 are as follows:

- March 12
- June 11
- August 13
- October 8

All meetings will be for a full day. We will start the year with Robyn Haynes looking at sciatic and psoas problems. On June 11 we will have Dr Mark Deal looking at the cervico/thoracic area – covering the anatomy, assessment and treatment techniques. August 13 we are getting further information on a possible wetlab visit. The final meeting for the year on October 8 will possibly be Robyn Haynes taking a session on foot joint mobilisation. Notification of each meeting will be sent out prior so if you are not on our email list and would like to be please contact Lesley on either 0403647754 or [lescalnat@gmail.com](mailto:lescalnat@gmail.com)

New members are welcome to join our friendly group. Please plan to bring a massage table to the meetings if at all possible so that we can get the most out of the day.

**ACT**

by Jessica Cameron

Our year culminated in an enjoyable meeting at the workplace of one of our members, Cheryle Parkes.

Cheryle gave a presentation about the work she and her colleagues do at "Darryl's Den", a not-for-profit organisation that provides people with a disability access to quality instructors, equipment, resources and materials.

Cheryle specialises in massaging people with disabilities such as stroke patients, accident victims, autism and Down syndrome.

Her studio space is light filled and colourful; easily accessible for wheelchair bound people. She also has assistance from Lloyd Donnelly and Geoff Miller—two other AMT Members.

She took us on a grand tour of the building which is complete with a woodworking workshop, her sister Julie's Domain.

There is a fully equipped gym with a range of specially modified and standard equipment to suit all levels of mobility.

Thank you, Cheryle, for sharing your passion for work with us!!

We completed the evening by sharing a meal and some delicious desserts!!

It is with sadness that we farewell Alan Ford from our meetings here in the ACT. We wish him all the best for his ventures in Noosa.

Happy New Year from all in the ACT. We have lots of great ideas for 2017, with members contributing ideas!

**ACT members at Darryl's Den**

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:

**The Impact of Massage Therapy on Function in Pain Populations-A Systematic Review and Meta-Analysis of Randomized Controlled Trials: Part III, Surgical pain**

Boyd C, Crawford C, Paat CF, Price A, Xenakis L & Zhang W

*Populations, Pain Med, 17(9): 175701772*

Pain is multi-dimensional and may be better addressed through a holistic, biopsychosocial approach. Massage therapy is commonly practiced among patients seeking pain management; however, its efficacy is unclear. This systematic review and meta-analysis is the first to rigorously assess the quality of the evidence for massage therapy's efficacy in treating pain, function-related, and health-related quality of life outcomes in surgical pain populations. Based on the available evidence, weak recommendations are suggested for massage therapy, compared to active comparators for reducing pain intensity/severity and anxiety in patients undergoing surgical procedures. This review also discusses massage therapy safety, challenges within this research field, how to address identified research gaps, and next steps for future research.

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5013820/>

**Effects of Gentle Human Touch and Field Massage on Urine Cortisol Level in Premature Infants: A Randomized Controlled Clinical Trial**

Asadollahi M, Jabraeili M, Mahallei M, Asgari Jafarabadi M & Ebrahimi S

*J Caring Sci, 15(3): 187-194.*

Hospitalisation in neonatal intensive care unit may leads to many stresses for premature infants. Since premature infants cannot properly process stressors, identifying interventions that reduce the stress level for them is seems necessary. The aim of present study was to compare the effects of Field massage and Gentle Human Touch (GHT) techniques on the urine level of cortisol, as an indicator of stress in preterm infants. Although the massage with Field technique resulted in a significant reduction in blood cortisol level, but the GHT technique have also a similar effect. So, both methods are recommended for decreasing of stress in preterm infants.

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5045952/>

**The Effectiveness of Complementary Manual Therapies for Pregnancy-Related Back and Pelvic Pain: A systematic review with meta-analysis**

Hall H, Cramer H, Sundberg T, Ward L, Adams J, Moore C, Sibbritt D & Lauche R

*Medicine (Baltimore), 95(38).*

The aim of this systematic review was to critically appraise and synthesize the best available evidence regarding the effectiveness of manual therapies for managing pregnancy-related low back and pelvic pain. There is currently limited evidence to support the use of complementary manual therapies as an option for managing low back and pelvic pain during pregnancy. Considering the lack of effect compared to sham interventions, further high-quality research is needed to determine causal effects, the influence of the therapist on the perceived effectiveness of treatments, and adequate dose-response of complementary manual therapies on low back and pelvic pain outcomes during pregnancy.

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5044890/>

**The Effect of a Scalp Massage on Stress Hormone, Blood Pressure, and Heart Rate of Healthy Female**

Kim IH, Kim TY & Ko YW

*J Phys Ther Sci, 28(10): 2703-2707.*

A scalp massage was conducted on female office workers divided into a 15 minute group and 25 minute group and its effect on stress hormone, blood pressure and heart rate was analysed in order to provide a theoretical rationale to apply scalp massage as stress therapy. A scalp massage was applied to 34 female office workers twice a week for a total of 10 weeks; the subjects were classified into 15min., 25min. and control groups, and their stress hormone levels, blood pressure and heart rate were evaluated. Significant differences in norepinephrine, cortisol and blood pressure (SBP & DBP) were found in terms of interaction by time interval and between groups. As a result of applying scalp massage to female office workers for 15 and 25 minutes, positive effects were observed on stress hormone, blood pressure and heart rate. Therefore, scalp massage can be used for stress control with no spatial or time limit.

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5088109/>

### Effects of Friction Massage of the Popliteal Fossa on Dynamic Changes in Muscle Oxygenation and Ankle Flexibility

Iwamoto K, Mizukami M, Asakawa Y, Yoshio M, Ogaki R & Takemura M

*J Phys Ther Sci*, 28(10): 2713-2716.

This study aimed to examine whether or not friction massage of the popliteal fossa would be effective for achieving dynamic changes in muscle oxygenation and ankle flexibility. Twelve healthy male university students participated. Before and after friction massage, dynamic changes in muscle oxygenation and ankle flexibility were measured by near-infrared spectroscopy to evaluate its efficacy. Oxygenated haemoglobin was significantly higher after as compared to before massage. The range of ankle dorsiflexion tended to increase after massage. These results suggest that friction massage of the popliteal fossa stimulates venous return in the lower leg.

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5108711/>

### Preterm Early Massage by the Mother: Protocol of a randomised controlled trial of massage therapy in very preterm infants

Lai MM, D'Acunto G, Guzzetta A, Boyd RN, Rose SE, Fripp J, Finnigan S, Ngenda N, Love P, Whittingham K, Pannek K, Ware RS & Colditz PB

*JBMC Pediatric*, 16(1):146. doi: 10.1186/s12887-016-0678-7.

Preterm infants follow an altered neurodevelopmental trajectory compared to their term born peers as a result of the influence of early birth, and the altered environment. Infant massage in the preterm infant has shown positive effects on weight gain and reduced length of hospital stay. There is however, limited current evidence of improved neurodevelopment or improved attachment, maternal mood or anxiety. The aim of this study is to investigate the effects of infant massage performed by the mother in very preterm (VPT) infants. Effects on the infant will be assessed at the electrophysiological, neuroradiological and clinical levels. Effects on maternal mood, anxiety and mother-infant attachment will also be measured.

<http://bmcpediatr.biomedcentral.com/articles/10.1186/s12887-016-0678-7>

### Effects of Plantar Flexor Muscle Static Stretching Alone and Combined With Massage on Postural Balance

Hemmati L, Rojhani-Shirazi Z & Ebrahimi S

*Ann Rehabil Med*, 40(5): 845-850.

To evaluate and compare the effects of stretching and combined therapy (stretching and massage) on postural balance in people aged 50 to 65 years. Plantar flexor muscle stretching (for 45 seconds) combined with deep stroking massage may have more detrimental effects on postural balance than stretching alone because each intervention can intensify the effects of the other.

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5108711/>

### A Standardized Evidence-Based Massage Therapy Program for Decentralized Elite Paracyclists: Creating the model

Kennedy AB & Trilk JL

*Int J Ther Massage Bodywork*, 1, 8(3): 3-9.

Evidence suggests that para-athletes are injured more often than able-bodied athletes. The benefits of massage therapy for these disabled athletes are yet to be explored. This paper documents the process followed for creating a massage program for elite paracycling athletes with the goal to assess effects on recovery, rest, performance, and quality of life both on and off the bike.

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4560532/>

### Massage Therapy in Patients With Cancer Pain: A review on palliative care

Miladinia M, Baraz S, Zarea K & Nouri EM

*Jundishapur J Chronic Dis Care*. [Published online 2016 October 3]. doi: 10.17795/jjcdc-37356.

Cancer-related pain (CRP) and its treatments are common and the scariest problems that patients with cancer fear and negatively affect their quality of life. Despite medical intervention, the pain of cancer still remains a clinical problem. Thus, the use of complementary medicine methods such as massage therapy is essential to control pain in the patients. Finally, it can be concluded that massage therapy is an effective non-pharmacological way to control pain in adult patients with cancer. Furthermore, studies in Iran on the effects of massage therapy on pain in patients with cancer are limited and much more research is needed in this area.

[http://jjchronic.com/?page=article&article\\_id=37356](http://jjchronic.com/?page=article&article_id=37356)

### **A Series of Case Reports Regarding the Use of Massage Therapy to Improve Sleep Quality in Individuals with Post-Traumatic Stress Disorder (PTSD)**

Sumpton B & Baskwill A

*ResearchGate. [Published online].*

The objective was to examine the outcomes of a MT treatment plan intended to improve sleep quality for individuals with PTSD.

[https://www.researchgate.net/profile/Amanda\\_Baskwill/publication/309312552\\_A\\_Series\\_of\\_Case\\_Reports\\_Regarding\\_the\\_Use\\_of\\_Massage\\_Therapy\\_to\\_Improve\\_Sleep\\_Quality\\_in\\_Individuals\\_with\\_Post-traumatic\\_Stress\\_Disorder\\_PTSD/links/5809086008ae993dc0509e36.pdf](https://www.researchgate.net/profile/Amanda_Baskwill/publication/309312552_A_Series_of_Case_Reports_Regarding_the_Use_of_Massage_Therapy_to_Improve_Sleep_Quality_in_Individuals_with_Post-traumatic_Stress_Disorder_PTSD/links/5809086008ae993dc0509e36.pdf)

### **Impact of Massage Therapy on Fatigue, Pain, and Spasticity in People with Multiple Sclerosis: A pilot study**

Backus D, Manella C, Bender A & Sweatman, M

*Int J Ther Massage & Bodywork, 9 (4).*

Multiple sclerosis (MS) is a chronic, immune-mediated, inflammatory disease that leads to fatigue, pain, and spasticity, as well as other sensorimotor and cognitive changes. Often traditional medical approaches are ineffective in alleviating these disruptive symptoms. Although about one-third of surveyed individuals report they use massage therapy (MT) as an adjunct to medical treatment, there is little empirical evidence that MT is effective for symptom management in people with MS. To measure the effects of MT on fatigue, pain, spasticity, perception of health, and quality of life in people with MS. MT as delivered in this study is a safe and beneficial intervention for management of fatigue and pain in people with MS. Decreasing fatigue and pain appears to correlate with improvement in quality of life, which is meaningful for people with MS who have a chronic disease resulting in long-term health care needs.

<http://www.ijtmb.org/index.php/ijtmb/article/view/327/390>

### **Improving Professionalism in Massage Therapy Through Continuing Education in the Development of Successful Therapeutic Relationships**

Kemp J

*STATE UNIVERSITY OF NEW YORK EMPIRE STATE COLLEGE, 2016, 98 pages; 10156415.*

This paper discusses massage therapy as a health care practice and examines the educational and legislative requirements for professional practice in the US and Canada with particular emphasis on New York State. Research into the effects of the therapeutic relationship in massage therapy and related fields in health care, such as physical therapy, occupational therapy, and psychotherapy are investigated and the writer takes the position that the development of successful therapeutic relationships is the foundational component of positive therapeutic outcomes and of professionalism. Proposed content areas for continuing education in the development of successful therapeutic relationships in massage therapy practice are recommended.

<http://gradworks.umi.com/10/15/10156415.html>

### **Massage Therapy Reduces Pain and Anxiety After Cardiac Surgery: A systematic review and meta-analysis of randomized clinical trials**

Miozzo AP, Stein C, Bozzetto CB & Plentz RDM

*Clinical Trials & Regulatory Science in Cardiology, 23-24, 1-8.*

Cardiac surgery is one of the most frequently performed surgeries worldwide and its postoperative period is associated with complications. Studies show that massage therapy alone or accompanied by other complementary treatments is beneficial in reducing pain and psychological symptoms. The aim of this study was to review the effects of treatment with massage therapy on the symptoms of pain and anxiety reported by patients who underwent heart surgery. Massage therapy might be a useful method to reduce pain and anxiety in patients undergoing cardiac surgery.

<http://www.sciencedirect.com/science/article/pii/S2405587516300324>

### **A Calibrated Method of Massage Therapy Decreases Systolic Blood Pressure Concomitant with Changes in Heart Rate Variability in Male Rats**

Spurgin KA

*Journal of Manipulative & Physiological Therapeutics.*  
[Epub ahead of print].

The purpose of this study was to develop a method for applying calibrated manual massage pressures by using commonly available, inexpensive sphygmomanometer parts and validate the use of this approach as a quantitative method of applying massage therapy to rodents. The calibrated massage method was shown to be a reproducible method for applying massage pressures in rodents and lowering BP.

[http://www.jmptonline.org/article/S0161-4754\(16\)30277-9/fulltext](http://www.jmptonline.org/article/S0161-4754(16)30277-9/fulltext)

### **Effects of Oil Massage Therapy on Anthropometric Parameters and Behavioural State of Stable Low Birth Weight Neonates**

Mahmud HS, Dabash SAE, Ahmed EM, Kamel RM & Ismail SS

*IJRANSS, 4(6), 33-42*

Admission of low birth weight (LBW) neonates in neonatal intensive care unit (NICU) causes their deprivation of tactile and sensory stimulation. The exciting benefits of Oil massage therapy (OMT) encourage the researcher to conduct it as an essential and integrated part of the daily nursing care for the medically stable neonates therefore, the study aimed to investigate the effect of oil massage therapy on anthropometric parameters and behavioral state of stable LBW neonates. Oil massage therapy (OMT) is a natural way for the caregivers to improve neonatal health, anthropometric parameters, and sleep patterns. A quasi- experimental design was selected for this study, a purposive sample composed of sixty LBW neonates their weight less than 2500 grams selected from the NICU of El Manial University Hospital - Cairo University Egypt. LBW neonates in the control group received routine nursing care, while LBW neonates in the intervention group received OMT for one session, 15 minute per day for 10 consecutive days, in addition to routine care. Anthropometric parameters, behavioral state, and hospital stay were compared between the two groups. The intervention group gained significantly more total mean weight gain ( $254.70 \pm 29.16g$ ) compared with the control group ( $110.20 \pm 50.98g$ ) after the study period. Neonatal OMT might be used as an effective, natural, and safe non-medical intervention for increasing anthropometric parameters and improving behavioral state of LBW neonates.

<https://www.scribd.com/document/318172121/EFFECTS-OF-OIL-MASSAGE-THERAPY-ON-ANTHROPOMETRIC-PARAMETERS-AND-BEHAVIORAL-STATE-OF-STABLE-LOW-BIRTH-WEIGHT-NEONATES>

### **Effect of Massage Therapy on Postoperative Nausea and Vomiting in Cancer Patients Receiving Chemotherapy**

Rashvand F, Nayeri ND & Pashaki NJ.

*DRAFT-Int J Rev Life Sci, 5(7), 867-872*

Nausea and vomiting are the most common and most annoying physical side effects of chemotherapy and massage therapy is one method to reduce these effects. However, because these studies were conducted with different designs and have shown different effects on different populations, the objective of this study was to systematically study which has examined the effect of massage therapy on nausea and vomiting in cancer patients receiving chemotherapy until 2014. Only two of the 8 studies did not show significant results regarding the effect of massage therapy on nausea and vomiting in cancer patients undergoing chemotherapy. 5 studies of 8 studies on women with breast cancer, a study of gynecological cancers and two studies were conducted on other types of cancers. Given that no studies have been conducted on various types of cancer and chemotherapy, therefore, more randomized controlled trials are seems to evaluate and determine the effectiveness of massage therapy.

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3872861/>

January 2017		CEUs
31	<b>Headaches Online Study Module. Developed by Bradley Collins.</b> Contact <a href="mailto:info@thetherapyweb.com">info@thetherapyweb.com</a> <a href="http://www.thetherapyweb.com">www.thetherapyweb.com</a> This course can be started anytime throughout the year and can be completed at your own pace	25
February 2017		CEUs
18	<b>Rocktape Introduction Course - Full Day.</b> Presented by Rocktape. Donnybrook, WA Contact 08 9379 3400 or <a href="mailto:education@rocktape.com.au">education@rocktape.com.au</a> <a href="http://rocktape.com.au">rocktape.com.au</a>	35
28	<b>Illawarra Branch Meeting.</b> Corrimal, NSW. Contact Linda White 0417 671 007	15
28	<b>Understanding Fibromyalgia Online Study Module.</b> Developed by Bradley Collins. Contact <a href="mailto:info@thetherapyweb.com">info@thetherapyweb.com</a> <a href="http://www.thetherapyweb.com">www.thetherapyweb.com</a> This course can be started anytime throughout the year and can be completed at your own pace	25
March 2017		CEUs
2	<b>Blue Mountains Branch Annual General Meeting.</b> Lawson, NSW. Contact Ariana 0425 285 610	15
4-5	<b>Onsen Techniques® Volume II - Functional Assessments and Treatments of the Lower Body.</b> Presented by Jeff Murray. Canberra, ACT. Contact <a href="mailto:info@beyondmassage.com.au">info@beyondmassage.com.au</a> <a href="http://www.beyondmassage.com.au">www.beyondmassage.com.au</a>	70
18-19	<b>Hot Stone Massage.</b> Presented by Master Zhang Hao. Strathfield, NSW Contact 0416 286 899 <a href="http://www.asrt.edu.au">www.asrt.edu.au</a>	70
24-26	<b>Onsen Techniques® Volume I - Structural Assessments and Treatments of the Thoracolumbar, Sacral and Pelvic regions.</b> Presented by Jeff Murray. Kingscliff, NSW Contact <a href="mailto:info@beyondmassage.com.au">info@beyondmassage.com.au</a> <a href="http://www.beyondmassage.com.au">www.beyondmassage.com.au</a>	105
25-26	<b>Myofascial Cupping Technique™.</b> Presented by David Sheehan. Melbourne, VIC Contact 03 9481 6723 or <a href="mailto:info@comphs.com.au">info@comphs.com.au</a> <a href="http://www.comphs.com.au/">www.comphs.com.au/</a>	70
28	<b>Illawarra Branch Meeting.</b> Corrimal, NSW. Contact Linda White 0417 671 007	15
31	<b>The Shoulder Online Workshop.</b> Developed by Bradley Collins Contact <a href="mailto:info@thetherapyweb.com">info@thetherapyweb.com</a> <a href="http://www.thetherapyweb.com">www.thetherapyweb.com</a> This course can be started anytime throughout the year and can be completed at your own pace	25
April 2017		CEUs
25	<b>Illawarra Branch Meeting. Corrimal, NSW.</b> Contact Linda White 0417 671 007	15
29-30	<b>Myofascial Cupping Technique™.</b> Presented by David Sheehan. Gold Coast, QLD Contact 03 9481 6723 or <a href="mailto:info@comphs.com.au">info@comphs.com.au</a> <a href="http://www.comphs.com.au/">www.comphs.com.au/</a>	70
30	<b>Headaches Online Study Module.</b> Developed by Bradley Collins. Contact <a href="mailto:info@thetherapyweb.com">info@thetherapyweb.com</a> <a href="http://www.thetherapyweb.com">www.thetherapyweb.com</a> This course can be started anytime throughout the year and can be completed at your own pace	25



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