

# TABLE TALK

www.amt.org.au

AMT NEWSLETTER

- July 2017

## Chairperson's message

by Michelle McKerron

I like being respected for my work! I love it when people engage with me on the subject of their health and wellbeing. And I can't tell you how encouraging it is to discuss issues with colleagues and acquaintances I have made within the massage therapy profession. In keeping with this, it is spectacularly exciting to be a part of an Association that pursues excellence, especially in the sometimes-challenging areas of meeting continuing education requirements and compliance with professional standards more generally.

This issue of "Table Talk" is dedicated to explaining AMT's new police check provisions, an undertaking that reflects the Association's commitment to maintaining the highest possible standards of public safety.

As we roll out the requirement to undergo a national police check, I invite you to look past the slight inconvenience of obtaining your check and consider the positive benefits of being a part of this new process. AMT is leading the way to an even safer working environment for both therapists and clients, which can only further enhance our respectability and reputation as healthcare professionals - something that we richly deserve, both individually and collectively.

On behalf of all AMT directors, I would like to thank you in advance for getting on board with this exciting new initiative and for your professionalism more broadly. All AMT directors have already completed their police checks to lead the way for the membership at large. I can assure you that the process of obtaining a check online is quick and easy. It will take around ten minutes if you have all your identifying documents (e.g. driver's licence, passport, medicare card) on hand.

We look forward to widely promoting AMT's police check initiative in the public domain.

## AMT launches national police check scheme

AMT has now officially commenced the rollout of the new national police check requirement for practitioner and student members. All new applicants to AMT are now required to provide a national police check to be admitted to membership of the Association. Existing members will be required to comply by 1 July 2018.

The requirement to undergo a national police check will operate on a three-year cycle, somewhat analogous to renewing first aid certification. The AMT database has been set up to capture police check documentation and record 'expiry' dates, which are basically three years from the date that the last police check was completed (as per the date on the certificate). AMT is implementing a system of email and SMS reminders in relation to currency of police check certificates that will operate like the existing reminder systems for CEUs, insurance certificates and senior first aid.

**NATIONAL POLICE HISTORY CHECK**  
AUSTRALIA

**JOHN CITIZEN**  
1. Street St  
H WA 6001

1 The certificate displays the person's full name and date of birth

2 The certificate contains a tamper resistant background pattern within the border

3 Verifiable certificate with a unique Certificate Number

4 The certificate displays the date the National Police Check was issued

5 Verify a certificate you have received by viewing it online.

Printed Certificate: Go to the unique verification link displayed and enter the Unique Certificate Number to view the certificate online and verify its contents.

Electronic Certificate (PDF): Click the secure verification link to view the certificate online and verify its contents. \*Sample link not valid

CVcheck  
Creating Certificates Online

John 25 111 758 842 • info@cvcheckid • info@cvcheckid • (461) 8 9388 3000 • Level L, 186 Main Street, Odessa Park, WA 6027

For further information go to [www.cvcheck.id/policechecks.aspx](http://www.cvcheck.id/policechecks.aspx) or call CVCheck on (08) 808 3000

News	1
Research Round-up	6
Calendar of Events	13

## National Police History Check FAQs

### Why do I need to get a criminal history check?

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.

### When do I need to supply the certificate to AMT?

AMT requires all current practitioner and student members to supply a national police history check by **1 July 2018**. If you are a current practitioner or student member of AMT and you already hold a national police history certificate, you can supply your check to AMT at any time leading up to 1 July 2018. You will be required to redo the check three years from the date on the certificate you supply to AMT.

New applicants to AMT membership need to supply a national police check now to be admitted to AMT.

### Where do I send my National Police History check certificate when I have received it?

You need to send your certificate to AMT via one of the following methods:

1. Upload your certificate via your AMT login portal - <https://members.amt.org.au/>
2. Email your certificate to [info@amt.org.au](mailto:info@amt.org.au)
3. Post it to Association of Massage Therapists, PO Box 826, Broadway NSW 2007

### Is this a one off check?

No. AMT members will be required to submit a new national police certificate every three years. The renewal process will be analogous to renewing first aid certification.

### I have a record due to a minor offence. Will that impact on my ongoing AMT membership?

The requirement is not designed to pick up minor offences like shoplifting, road traffic offences, or minor drug and alcohol offences. 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.

### How will AMT determine if an offence has implications for fitness to practice as a massage therapist?

The AMT Board has formally resolved to adopt the Australian Health Practitioner Regulation Agency (AHPRA) criminal history standard to determine the relevance of an offence. You can download the AHPRA criminal history standard here:

<http://www.ahpra.gov.au/Registration/Registration-Standards/Criminal-history.aspx>

In broad terms, the following factors will be taken into account when determining the relevance of an offence:

1. The nature and seriousness of the offence
2. The period of time since the offence was committed
3. The sentence imposed for the offence
4. The practitioner's behaviour since the offence was committed.

### I have lived in one or more countries other than Australia for more than a year in the past ten years. Do I need a special kind of police check?

If you have lived overseas for twelve months or longer during the past ten years you will also need to provide a national police record check from the relevant country/ies.

The check/s must:

- cover the whole time you lived in the country
- be issued by the national police service of the country.

As it often takes some time to receive an overseas check you should apply early. The deadline for supplying police check documentation to AMT is 1 July 2018.

### I am a student member of AMT. Do I need to supply a national police certificate to AMT?

Yes. All practitioner and student members of AMT will be required to provide the check. The only class of membership that will not be required to participate in the criminal check process is auxiliary members of AMT.

Student members have been included in the scheme for a number of reasons. Students have considerable exposure to members of the public through mandatory clinical supervision requirements within the national competency standards. Also, some students enter into clinical practice before they have completed their studies.

AMT anticipates that completing a police check as a student member of AMT will also substantially facilitate the transition to full practitioner status.

### **How much will it cost to obtain a national police certificate?**

Based on current rates, it will cost around \$50.00 to obtain a certificate. This works out at roughly \$16.00 per annum on the three-year renewal cycle.

### **What if I don't supply or renew my national police certificate?**

AMT will be forced to downgrade you to the non-practitioner level of membership (auxiliary). You will not be eligible for status as a health fund provider or be provided with the same level of benefits and support as practitioner members of AMT.

### **I already have a working with children check/ working with vulnerable people check/ blue card/ochre card. Will that be enough to submit to AMT as evidence of a criminal history check?**

No. Although these kinds of checks generally include a national police check, each State and Territory has its own laws, and different exemptions and exclusions apply. Additionally, each State and Territory has different renewal cycles for these checks.

AMT needs a checking system that is nationally coherent and one that will work with the designated three-year renewal cycle.

### **How do I obtain a national police certificate?**

AMT requires a 'Name Only' Police Certificate. This is a certificate that is based on a search of your name against the criminal history records held by police services Australia wide.

To see what information is captured in the certificate, you can download a sample here:

<http://ww1.cvcheck.com/NPCSecurityFeatures.pdf>

There is a range of ways to apply for the certificate. You can apply via the police department in your state (this will involve an in-person visit to a police station). There is also a range of accredited online suppliers that make it possible for you to apply from the comfort of your own home and then download the certificate onto your computer/device.

Below are links to the police departments in each state and to a range of accredited online suppliers where you can obtain a national police certificate:

#### **ACT**

<https://afpnationalpolicechecks.converga.com.au/>

#### **Northern Territory**

<https://forms.pfes.nt.gov.au/safent/Apply.aspx?App=CHC>

#### **NSW**

<https://npcoapr.police.nsw.gov.au/asp/entry/Introduction.aspx>

#### **Queensland**

<https://www.police.qld.gov.au/apps/reports/policeCertificateName>

#### **South Australia**

<https://www.police.sa.gov.au/services-and-events/apply-for-a-police-record-check>

#### **Tasmania**

<http://www.police.tas.gov.au/services-online/police-history-record-checks/>

#### **Victoria**

[http://www.police.vic.gov.au/content.asp?a=internetBridgingPage&Media\\_ID=72672](http://www.police.vic.gov.au/content.asp?a=internetBridgingPage&Media_ID=72672)

#### **Western Australia**

<https://smarteform.auspost.com.au/aponlineforms/servlet/SmartForm.html?formCode=auspost-npc-avk>

#### **Accredited online check providers**

Please note that this is just a sample of online suppliers of national police certificates. To check that the online entity you have chosen is accredited, please refer to this list:

[https://www.acic.gov.au/sites/g/files/net1491/f/2017/06/acic\\_national\\_police\\_checking\\_service\\_-\\_full\\_list\\_of\\_accredited\\_organisations\\_23062017.pdf](https://www.acic.gov.au/sites/g/files/net1491/f/2017/06/acic_national_police_checking_service_-_full_list_of_accredited_organisations_23062017.pdf)

#### **Providers**

<https://www.nationalcrimecheck.com.au/>

<https://cvcheck.com/national-police-check>

<https://policecheckexpress.com.au/>

<https://www.fastpolicechecks.com.au/about-fast-police-checks/>

## How to upload a police check to the AMT database

### STEP 1

Log into your personal AMT member portal via <https://members.amt.org.au/>

### STEP 2

Click on the hyperlink in the top right hand corner that says 'Police Checks'. You should see a screen that looks like this.

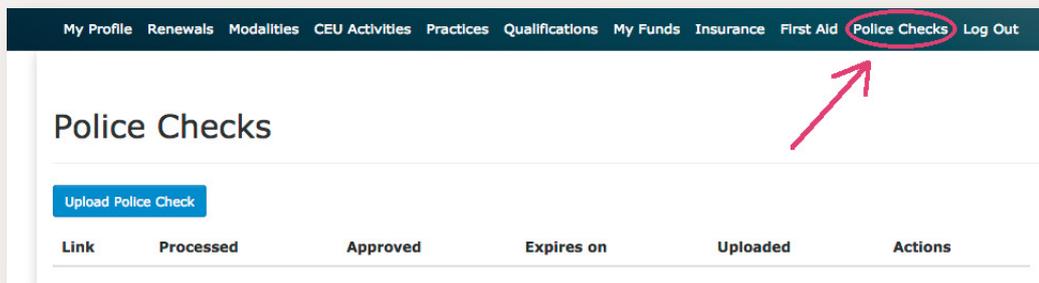


Figure 1: Police check navigation in your personal member portal (Step 2)

### STEP 3

Enter the expiry date of the police check. This is exactly three years from the date that appears on the police check certificate. For example, if you obtained your certificate on 1 August 2017, the expiry date would be 1 August 2020.

### STEP 4

Click on the browse button to locate the certificate on your computer.

### STEP 5

Add a file description. (Criminal history check will do. You could put any description you like here but we'll be a bit confused if you write 'Orange juice convention pillbox'). Click Save once your file has been uploaded.

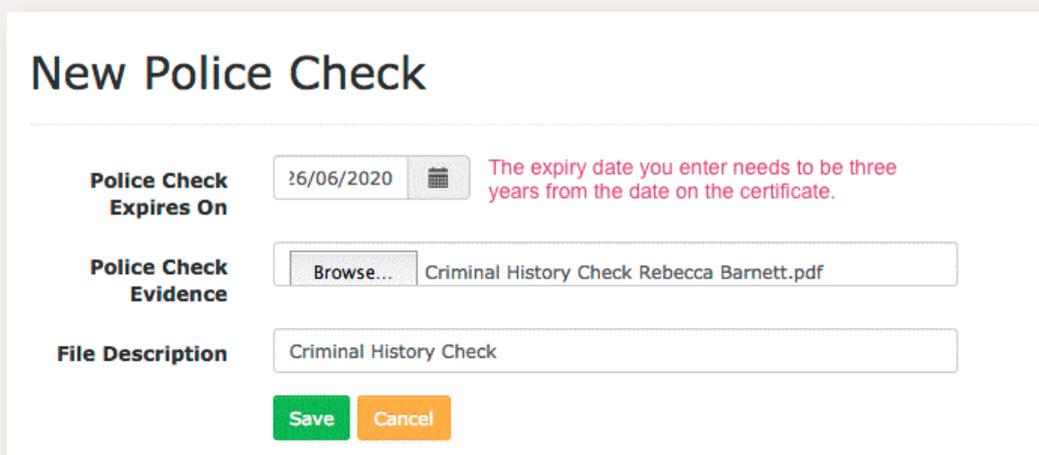
A screenshot of the 'New Police Check' upload screen. The title is 'New Police Check'. There are three main input fields: 1. 'Police Check Expires On' with a date picker set to '26/06/2020' and a calendar icon. A red note next to it says 'The expiry date you enter needs to be three years from the date on the certificate.' 2. 'Police Check Evidence' with a 'Browse...' button and a file name 'Criminal History Check Rebecca Barnett.pdf'. 3. 'File Description' with a text input field containing 'Criminal History Check'. At the bottom, there are two buttons: a green 'Save' button and an orange 'Cancel' button.

Figure 2: Police check upload screen (Steps 3, 4 and 5).

**STEP**  
**6**

You're done. A confirmation screen will appear. An AMT staff member will approve your uploaded documentation within three business days.

Link	Processed	Approved	Expires on	Uploaded	Actions
<a href="#">Criminal_History_Check_Rebecca_Barnett.pdf</a>	No		2020-06-26	less than a minute	

**Figure 3:** Confirmation screen. You're done!

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:

#### **Experienced Practitioners' Beliefs Utilized to Create a Successful Massage Therapist Conceptual Model: a Qualitative Investigation**

Kennedy AB, Munk N.

Int J Ther Massage Bodywork. 2017 Jun 30;10(2):9-19. eCollection 2017 Jun.

The massage therapy profession in the United States has grown exponentially, with 35% of the profession's practitioners in practice for three years or less. Investigating personal and social factors with regard to the massage therapy profession could help to identify constructs needed to be successful in the field. This data-gathering exercise explores massage therapists' perceptions on what makes a successful massage therapist that will provide guidance for future research. Success is defined as supporting oneself and practice solely through massage therapy and related, revenue-generating field activity. Based on the participants input, the categories in which therapists needed to be successful were organized into four main themes: effectively establish therapeutic relationships, develop massage therapy business acumen, seek valuable learning environments and opportunities, and cultivate strong social ties and networks.

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5495388/>

#### **Effects of the application of therapeutic massage in children with cancer: a systematic review**

Rodríguez-Mansilla J, González-Sánchez B, Torres-Piles S, Martín JG, Jiménez-Palomares M, Bellino MN.

Rev Lat Am Enfermagem. 2017 Jun 8;25:e2903. doi: 10.1590/1518-8345.1774.2903

The object of this study was to learn about the effects of the use of therapeutic massage in children with cancer. A systematic review of controlled clinical trials was conducted. The search was conducted in November 2014 in the following databases: Pubmed, CSIC, Dialnet, Scopus, Cochrane and PEDro. Inclusion criteria were: clinical trials, published in English or Spanish, analyzing the effects of massage on the different stages and types of childhood cancer (between 1 and 18 years old). Of 1007 articles found, seven met the inclusion criteria. Their authors use different massage techniques (Swedish massage, effleurage, petrissage, frictions, pressures), obtaining benefits in the symptoms present during the illness (decrease of pain, nausea, stress, anxiety and increase of white blood cells and neutrophils). Therapeutic massage improves the symptoms of children with cancer but there is a need for more research that may support the effects attributed to it.

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5492650/>

#### **Implementation of tobacco cessation brief intervention in complementary and alternative medicine practice: qualitative evaluation**

Eaves ER, Howerter A, Nichter M, Floden L, Gordon JS, Ritenbaugh C, Muramoto ML.

BMC Complement Altern Med. 2017 Jun 23;17(1):331. doi: 10.1186/s12906-017-1836-7.

This article presents findings from qualitative interviews conducted as part of a research study that trained Acupuncture, Massage and Chiropractic practitioners in Arizona, US, to implement evidence-based tobacco cessation brief interventions (BI) in their routine practice. The qualitative phase of the overall study aimed to assess: the impact of tailored training in evidence-based tobacco cessation BI on complementary and alternative medicine (CAM) practitioners' knowledge and willingness to implement BIs in their routine practice; and their patients' responses to cessation intervention in CAM context. To evaluate the implementation of skills learned from a tailored training program, 54 semi-structured qualitative interviews with CAM practitioners and 38 of their patients were conducted. Interview questions focused on reactions to the implementation of tobacco cessation BIs in CAM practice. After participating in a tailored BI training, CAM practitioners reported increased confidence, knowledge and motivation to address tobacco in their routine practice. Patients were open to being approached by CAM practitioners about tobacco use and viewed BIs as an expected part of wellness care. Tailored training motivated CAM practitioners in this study to implement evidence-based tobacco cessation BIs in their routine practice. Results suggest that CAM practitioners can be a valuable point of contact and should be included in tobacco cessation efforts..

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5481908/>

**Unilateral Rolling of the Foot did not Affect Non-Local Range of Motion or Balance**

Grabow L, Young JD, Byrne JM, Granacher U, Behm DG.

J Sports Sci Med. 2017 Jun 1;16(2):209-218. eCollection 2017 Jun.

Non-local or crossover (contralateral and non-stretched muscles) increases in range-of-motion (ROM) and balance have been reported following rolling of quadriceps, hamstrings and plantar flexors. Since there is limited information regarding plantar sole (foot) rolling effects, the objectives of this study were to determine if unilateral foot rolling would affect ipsilateral and contralateral measures of ROM and balance in young healthy adults. A randomized within-subject design was used to examine non-local effects of unilateral foot rolling on ipsilateral and contralateral limb ankle dorsiflexion ROM and a modified sit-and-reach-test (SRT). Static balance was also tested during a 30 s single leg stance test. Twelve participants performed three bouts of 60 s unilateral plantar sole rolling using a roller on the dominant foot with 60 s rest intervals between sets. ROM and balance measures were assessed in separate sessions at pre-intervention, immediately and 10 minutes post-intervention. To evaluate repeated measures effects, two SRT pre-tests were implemented. Results demonstrated that the second pre-test SRT was 6.6% higher than the first pre-test ( $p = 0.009$ ,  $d = 1.91$ ). There were no statistically significant effects of foot rolling on any measures immediately or 10 min post-test. To conclude, unilateral foot rolling did not produce statistically significant increases in ipsilateral or contralateral dorsiflexion or SRT ROM nor did it affect postural sway. Our statistically non-significant findings might be attributed to a lower degree of roller-induced afferent stimulation due to the smaller volume of myofascia and muscle compared to prior studies. Furthermore, ROM results from studies utilizing a single pre-test without a sufficient warm-up should be viewed critically.

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5465983/>

**General perception and self-practice of complementary and alternative medicine (CAM) among undergraduate pharmacy students of Bangladesh**

Saha BL, Seam MOR, Islam MM, Das A, Ahamed SK, Karmakar P, Islam MF, Kundu SK.

BMC Complement Altern Med. 2017 Jun 14;17(1):314. doi: 10.1186/s12906-017-1832-y.

This descriptive study was designed to assess the knowledge, attitudes, perception and self-use of CAM among Bangladeshi undergraduate pharmacy students. The study also evaluated their opinions about its integration into the pharmacy course curriculum. It was a cross-sectional, questionnaire-based study conducted on 250 pharmacy students of five reputed public universities of Bangladesh. This study revealed that the majority of the pharmacy students were using or had previously used at least one type of CAM. Among the students, 59% had used homeopathy followed by Ayurveda (30%), meditation (29%), massage (13%), Unani (9%), yoga (6%) and acupuncture (2%). Students' attitudes towards CAM were influenced by family and friends, books and journals, the internet and to a lesser degree by health practitioners. A significant ( $p < 0.05$ ) number of students had knowledge about CAM. A majority of the students (90%) had positive, while 10% had negative attitudes towards CAM. Lack of knowledge and trained professionals were found to be the major interruptions to CAM use. 84.45% acknowledged the importance of knowledge about CAM for them as future healthcare practitioners. Furthermore, the majority of the students also believed that ideas and methods of CAM would be beneficial for conventional medicine. From the findings of the study, it can be recommended that an approach should be taken to educate the students about the fundamentals of CAM use so that it may fulfill the professional needs of our future pharmacists.

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5471669/>

**Massage Therapy in Children with Asthma: A Systematic Review and Meta-Analysis**

Wu J, Yang XW, Zhang M.  
Evid Based Complement Alternat Med.  
2017;2017:5620568. doi: 10.1155/2017/5620568. Epub  
2017 May 21

The aim of this systematic review was to systematically evaluate the efficacy of massage, a traditional treatment method of traditional Chinese medicine on children with asthma. Literatures from five databases using the date ranging from 1 January, 1990, to 13 December, 2016, were reviewed, which were all randomized controlled trials evaluating the efficacy on children with asthma and effect on lung function mainly by massage therapy. Fourteen researches with 1299 patients were included in the meta-analysis. Compared with control group, a better efficacy was found in the treatment group, which focused on massage therapy. Compared with the control group, there was remarkable increase on FEV1 as well as PEF in treatment group. All studies have shown that massage therapy has a significantly positive effect on children with asthma, improves the pulmonary function parameters of large airway, reduces the plasma concentrations of PAF and prostaglandin, and increases the levels of PAF-AH and DP1; therefore, it greatly improves pulmonary function. However, the limited research designs of included studies lead to high risk of bias. More randomized controlled trials with better methodological quality are needed to further confirm the effectiveness of massage.

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5457772/>

**Effectiveness of massage therapy for shoulder pain: a systematic review and meta-analysis**

Yeun YR  
J Phys Ther Sci. 2017 May;29(5):936-940. doi: 10.1589/jpts.29.936. Epub 2017 May 16.

This study performed an effect-size analysis of massage therapy for shoulder pain. The database search was conducted using PubMed, CINAHL, Embase, PsycINFO, RISS, NDSL, NANET, DBpia, and KoreaMed. The meta-analysis was based on 15 studies, covering a total of 635 participants, and used a random effects model. The effect size estimate showed that massage therapy had a significant effect on reducing shoulder pain for short-term efficacy (SMD: -1.08, 95% CI: -1.51 to -0.65) and for long-term efficacy (SMD: -0.47, 95% CI: -0.71 to -0.23). The findings from this review suggest that massage therapy is effective at improving shoulder pain. However, further research is needed, especially a randomized controlled trial design or a large sample size, to provide evidence-based recommendations.

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5462703/>

**Non-pharmacological strategies used to reduce procedural pain in infants by nurses at family health centres**

Aydin D, Sahiner NC, Ciftci EK.  
J Pak Med Assoc. 2017 Jun;67(6):889-894

To determine the methods used by nurses working in family health centres to decrease pain during medical procedures in infants. This descriptive, cross-sectional study was conducted at family health centres in the county town of Bandirma, and city centres of Karaman and Gaziantep, Turkey, in September and October 2015, and comprised nurses. Data was collected through face-to-face interviews using a questionnaire. SPSS 15 was used for data analysis. Of the 144 participants, 71 (49.3%) were aged 31-40 years, 74 (51.4%) had a bachelor's degree, and 76 (52.8%) had worked in a family health centre for 1-5 years. It was observed that 91 (63.3%) nurses used contact/massage for decreasing the pain during vaccinations and 72 (50.3%) used skin-to-skin contact during heel lance. A statistically significant difference was found between the level of education and use of non-pharmacological methods ( $p < 0.05$ ). Nurses used different non-pharmacologic methods during invasive procedures.

[http://jpma.org.pk/full\\_article\\_text.php?article\\_id=8236](http://jpma.org.pk/full_article_text.php?article_id=8236)

**Application of massage for ankle joint flexibility and balance**

Park J, Shim J, Kim S, Namgung S, Ku I, Cho M, Lee H, Roh H  
J Phys Ther Sci. 2017 May;29(5):789-792. doi: 10.1589/jpts.29.789. Epub 2017 May 16

The purpose of this study is to examine the effect of calf muscle massage on ankle flexibility and balance. The study's subjects were 32 healthy college students, divided into two groups according to the massage methods applied. Both groups received five-minutes of massage to each calf, making a total of ten minutes. Massage group A received effleurage, tapotement and pressure, and massage group B received effleurage, friction and petrissage. The functional reaching test and the modified one leg standing test were performed to measure the flexibility and balance of the ankles both before and after the massage application. In the functional reaching test performed after the calf muscle massage intervention, both groups showed significant increases. However, no significant differences were found between the two groups. In the modified one leg standing test, massage group A showed a significant increase in flexibility and balance after the intervention only when the left foot was used for support. Massage group B showed a significant increase when each foot was used for support. A significant difference between the groups was only observed only when the left foot was used for support. Calf muscle massage may be effective for enhancing the flexibility and balance function of the ankle joint. In particular, a combined application of friction and petrissage massage techniques may be more effective for increasing ankle joint flexibility. Therefore, the application of calf massage can be considered an appropriate method for improving balancing ability..

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5462673/>

**Complementary and conventional providers in cancer care: experience of communication with patients and steps to improve communication with other providers**

Stub T, Quandt SA, Arcury TA, Sandberg JC3, Kristoffersen AE.  
BMC Complement Altern Med. 2017 Jun 8;17(1):301. doi: 10.1186/s12906-017-1814-0

Effective interdisciplinary communication is important to achieve better quality in health care. The aims of this study were to compare conventional and complementary providers' experience of communication about complementary therapies and conventional medicine with their cancer patients, and to investigate how they experience interdisciplinary communication and cooperation. This study analyzed data from a self-administrated questionnaire. A total of 606 different health care providers, from four counties in Norway, completed the questionnaire. The survey was developed to describe aspects of the communication pattern among oncology doctors, nurses, family physicians and complementary therapists (acupuncturists, massage therapists and reflexologists/zone-therapists). Between-group differences were analyzed using chi-square, ANOVA and Fisher's exact tests. Significance level was defined as  $p < 0.05$  without adjustment for multiple comparisons. Conventional providers and complementary therapists had different patterns of communication with their cancer patients regarding complementary therapies. While complementary therapists advised their patients to apply both complementary and conventional modalities, medical doctors were less supportive of their patients' use of complementary therapies. Of conventional providers, nurses expressed more positive attitudes toward complementary therapies. Opportunities to improve communication between conventional and complementary providers were most strongly supported by complementary providers and nurses; medical doctors were less supportive of such attempts. A number of doctors showed lack of respect for complementary therapists, but asked for more research, guidelines for complementary modalities and training in conventional medicine for complementary therapists. For better quality of care, greater communication about complementary therapy use is needed between cancer patients and their conventional and complementary providers. In addition, more communication between conventional and complementary providers is needed. Nurses may have a crucial role in facilitating communication, as they are positive toward complementary therapies and they have more direct communication with patients about their treatment preferences.

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5465600/>

**Complementary and integrative medicine in the management of headache**

Millstine D, Chen CY, Bauer B.

BMJ. 2017 May 16;357:j1805. doi: 10.1136/bmj.j1805

Headaches, including primary headaches such as migraine and tension-type headache, are a common clinical problem. Complementary and integrative medicine (CIM), formerly known as complementary and alternative medicine (CAM), uses evidence informed modalities to assist in the health and healing of patients. CIM commonly includes the use of nutrition, movement practices, manual therapy, traditional Chinese medicine, and mind-body strategies. This review summarizes the literature on the use of CIM for primary headache and is based on five meta-analyses, seven systematic reviews, and 34 randomized controlled trials (RCTs). The overall quality of the evidence for CIM in headache management is generally low and occasionally moderate. Available evidence suggests that traditional Chinese medicine including acupuncture, massage, yoga, biofeedback, and meditation have a positive effect on migraine and tension headaches. Spinal manipulation, chiropractic care, some supplements and botanicals, diet alteration, and hydrotherapy may also be beneficial in migraine headache. CIM has not been studied or it is not effective for cluster headache. Further research is needed to determine the most effective role for CIM in patients with headache.

<http://www.bmj.com/content/357/bmj.j1805.long>

**Exercise and other non-pharmaceutical interventions for cancer-related fatigue in patients during or after cancer treatment: a systematic review incorporating an indirect-comparisons meta-analysis**

Hilfiker R, Meichtry A, Eicher M, Nilsson BL, Knols RH, Verra ML, Taeymans J.

Br J Sports Med. 2017 May 13. pii:

bjsports-2016-096422. doi: 10.1136/

bjsports-2016-096422. [Epub ahead of print]

The aim of this review was to assess the relative effects of different types of exercise and other non-pharmaceutical interventions on cancer-related fatigue (CRF) in patients during and after cancer treatment. Articles were searched in PubMed, Cochrane CENTRAL and published meta-analyses. Randomised studies published up to January 2017 evaluating different types of exercise or other non-pharmaceutical interventions to reduce CRF in any cancer type during or after treatment were included. Risk of bias assessment with PEDro criteria and random effects Bayesian network meta-analysis was used. We included 245 studies. Comparing the treatments with usual care during cancer treatment, relaxation exercise was the highest ranked intervention with a standardised mean difference (SMD) of -0.77 (95% Credible Interval (CrI) -1.22 to -0.31), while massage (-0.78; -1.55 to -0.01), cognitive-behavioural therapy combined with physical activity (combined CBT, -0.72; -1.34 to -0.09), combined aerobic and resistance training (-0.67; -1.01 to -0.34), resistance training (-0.53; -1.02 to -0.03), aerobic (-0.53; -0.80 to -0.26) and yoga (-0.51; -1.01 to 0.00) all had moderate-to-large SMDs. After cancer treatment, yoga showed the highest effect (-0.68; -0.93 to -0.43). Combined aerobic and resistance training (-0.50; -0.66 to -0.34), combined CBT (-0.45; -0.70 to -0.21), Tai-Chi (-0.45; -0.84 to -0.06), CBT (-0.42; -0.58 to -0.25), resistance training (-0.35; -0.62 to -0.08) and aerobic (-0.33; -0.51 to -0.16) showed all small-to-moderate SMDs. Patients can choose among different effective types of exercise and non-pharmaceutical interventions to reduce CRF.

<http://bjsm.bmj.com/content/early/2017/05/13/bjsports-2016-096422.long>

**The Effectiveness of Physiotherapy and Complementary Therapies on Voice Disorders: A Systematic Review of Randomized Controlled Trials**

Cardoso R, Meneses RF, Lumini-Oliveira J. *Front Med (Lausanne)*. 2017 Apr 24;4:45. doi: 10.3389/fmed.2017.00045. eCollection 2017

The objective of this study was to verify the effectiveness of physiotherapy and complementary therapies on voice disorders. Research on electronic databases PubMed/Medline, SciELO, and LILACS was performed using the combination: voice AND (treatment OR intervention) according to PRISMA guidelines. Only randomized controlled trials (RCTs) were included in the review. Studies were analyzed using the physiotherapy evidence database (PEDro) scale and the Center for Evidence-Based Medicine's Levels of Evidence scale. Eight papers met the inclusion criteria. From the RCTs included in this review, six assessed massage, one transcutaneous electrical nerve stimulation (TENS), one refer to spinal manipulative therapy, and one to acupuncture. The literature regarding the effectiveness of physiotherapy and complementary therapies was good in both quality and results, indicating that massage, TENS, and acupuncture seem to be effective treatments to reduce voice complaints and improve voice quality, supporting the inclusion of complementary therapies but mostly physiotherapy interventions in the treatment of patients with voice disorders.

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5401878/>

**The efficacy of a preparatory phase of a touch-based approach in treating chronic low back pain: a randomized controlled trial**

Zangrando F, Piccinini G, Tagliolini C, Marsilli G, Iosa M, Vulpiani MC, Paolucci T. *J Pain Res*. 2017 Apr 20;10:941-949. doi: 10.2147/JPR.S129313. eCollection 2017

Massage therapy is an important element of rehabilitation in the treatment of chronic low back pain (CLBP). The objective of this study was to determine the relative efficacy of massage therapy between traditional massage and a new massage approach for CLBP. We also examined whether any reduction in pain was linked to interoceptive awareness and parasympathetic activation. We conducted a single-blind, randomized, controlled trial of 51 patients who were allocated into a traditional massage therapy group (TMG; N=24, mean age: 50.54±9.13 years) or experimental massage therapy group (SMG; N=27, mean age: 50.77±6.80 years). The primary outcome was the reduction in pain per the visual analog scale (VAS); the secondary outcome measures were multidimensional pain intensity on the McGill Pain Questionnaire, pain-related disability per the Waddell Disability Index, interoceptive awareness per the Multidimensional Assessment of Interoceptive Awareness Questionnaire, quality of life per the Short Form - 12 Health Survey, and heart rate variability, expressed as the coherence ratio (CR) by photoplethysmography. The following outcome measures were assessed at baseline, at the end of the treatment program, and at the 3-month follow-up. The mean and standard deviation were calculated for continuous data. Mann-Whitney U test was used to perform between-group comparisons, Friedman's analysis was used for data on the 3 assessment times in each group, and Spearman's R coefficient was used to analyze correlations. Both approaches had a positive result on pain, an effect that was more acute in the SMG versus TMG for all pain scales, with better maintenance at the 3-month follow-up (VAS p=0.005 and p=0.098; Waddell Index p=0.034 and 0.044; McGill total p=0.000 and 0.003). In the SMG, CR scores were significant at baseline and at the end of the treatment program (p=0.000 and 0.002). The new massage approach with a preparatory phase that is pleasant to the touch was more effective than the traditional approach for CLBP.

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5404807/>

**Clinical practice guidelines on the evidence-based use of integrative therapies during and after breast cancer treatment**

Greenlee H, DuPont-Reyes MJ, Balneaves LG, Carlson LE, Cohen MR, Deng G, Johnson JA, Mumber M, Seely D, Zick SM, Boyce LM, Tripathy D.

CA Cancer J Clin. 2017 May 6;67(3):194-232. doi: 10.3322/caac.21397. Epub 2017 Apr 24

Patients with breast cancer commonly use complementary and integrative therapies as supportive care during cancer treatment and to manage treatment-related side effects. However, evidence supporting the use of such therapies in the oncology setting is limited. This report provides updated clinical practice guidelines from the Society for Integrative Oncology on the use of integrative therapies for specific clinical indications during and after breast cancer treatment, including anxiety/stress, depression/mood disorders, fatigue, quality of life/physical functioning, chemotherapy-induced nausea and vomiting, lymphedema, chemotherapy-induced peripheral neuropathy, pain, and sleep disturbance. Clinical practice guidelines are based on a systematic literature review from 1990 through 2015. Music therapy, meditation, stress management, and yoga are recommended for anxiety/stress reduction. Meditation, relaxation, yoga, massage, and music therapy are recommended for depression/mood disorders. Meditation and yoga are recommended to improve quality of life. Acupressure and acupuncture are recommended for reducing chemotherapy-induced nausea and vomiting. Acetyl-L-carnitine is not recommended to prevent chemotherapy-induced peripheral neuropathy due to a possibility of harm. No strong evidence supports the use of ingested dietary supplements to manage breast cancer treatment-related side effects. In summary, there is a growing body of evidence supporting the use of integrative therapies, especially mind-body therapies, as effective supportive care strategies during breast cancer treatment. Many integrative practices, however, remain understudied, with insufficient evidence to be definitively recommended or avoided.

<http://onlinelibrary.wiley.com/doi/10.3322/caac.21397/abstract;jsessionid=2FB75690DF2F1B680F45B307999E8DB.f03t01>

July 2017		CEUs
31	<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
August 2017		CEUs
5	<b>Rocktape Introduction Course - Full Day.</b> Presented by Rocktape. Sydney, NSW 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
6	<b>Rocktape Introduction Course - Full Day.</b> Presented by Rocktape. Maitland, NSW 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
6	<b>Rocktape Introduction Course - Full Day.</b> Presented by Rocktape. Perth, 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
9	<b>Gua Sha Day.</b> Presented by Bruce Bentley. Sydney, NSW Contact 03 9576 1787 or 0435 410 799 <a href="http://www.healthtraditions.com.au">www.healthtraditions.com.au</a>	35
11-13	<b>Master Class in Traditional East West Cupping.</b> Presented by Bruce Bentley. Sydney, NSW Contact 03 9576 1787 or 0435 410 799 <a href="http://www.healthtraditions.com.au">www.healthtraditions.com.au</a>	105
11-15	<b>Advanced Certificate in Integrated Cupping Therapy.</b> Presented by Bruce Bentley. Sydney, NSW Contact 03 9576 1787 or 0435 410 799 <a href="http://www.healthtraditions.com.au">www.healthtraditions.com.au</a>	175
11	<b>Evidence based Relaxation Therapy: Physiological &amp; Psychological Benefits.</b> Presented by Dr Judy Lovas. Griffith, ACT For information and bookings go <a href="#">here</a>	15
13	<b>Knee Joint Construction and Evaluation.</b> Presented by Mark Philip Deal. Ourimbah, NSW Contact 0411 497 446 or <a href="mailto:dealm@bigpond.com">dealm@bigpond.com</a>	35
14-15	<b>Modern Cupping Therapy.</b> Presented by Bruce Bentley. Sydney, NSW Contact 03 9576 1787 or 0435 410 799 <a href="http://www.healthtraditions.com.au">www.healthtraditions.com.au</a>	70
18-20	<b>Onsen Techniques® Volume III - Structural Assessments and Treatments of the Cervical and Thoracic Spinal 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
19	<b>Mid-North Coast Branch Meeting.</b> Port Macquarie, NSW Contact Leigh Stevens 0434 084 501	15
26-27	<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
29	<b>Illawarra Branch Meeting.</b> Corrimal, NSW Contact Linda White 0417 671 007	15
31	<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
September 2017		CEUs
2	<b>Rocktape Introduction Course - Half Day.</b> Presented by Rocktape. Brisbane, QLD 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>	20
7	<b>Blue Mountains Branch Meeting.</b> Penrith, NSW Contact Ariana 0425 285 610	15
9	<b>Rocktape Introduction Course - Half Day.</b> Presented by Rocktape. Perth, 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>	20
26	<b>Illawarra Branch Meeting.</b> Corrimal, NSW Contact Linda White 0417 671 007	15
30	The Shoulder Online Workshop. 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



PO Box 826  
Broadway NSW 2007  
Phone: 02 9211 2441  
Fax: 02 9211 2281  
e-mail: [info@amt.org.au](mailto:info@amt.org.au)

[www.amt.org.au](http://www.amt.org.au)