

President's Report

By Alan Ford

Association of Massage Therapists Ltd

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Congratulations to all those involved in organising, assisting, preparing for and making the 18th Annual AMT Conference such a resounding success. Special mention to our Vice President and Northern Rivers rep, Keryn Rose, for her local assistance and support.

I was particularly pleased with the turnout for - and interest shown in - our Annual General Meeting. Thanks to those members who dropped in especially for the AGM and to all those present for helping to create an atmosphere of intense engagement and support. Our Annual Report will be available on the AMT website around the middle of December.



Alan's welcome address ▲

Hearty congratulations to our Massage Therapist of the Year, Jan Crombie, from the Mid North Coast branch of AMT. Jan has worked tirelessly in the region for many years and has been a fantastic ambassador both for the Association and the industry in general.

The AMT Board met before the Conference began and mapped out an ambitious 3-year plan that we hope to feature in subsequent editions of this Journal. It involves the establishment of a National Code of Conduct and Code of Practice, a logical next step for our industry now that we have National, competency-based education standards for Massage Therapy.

As this is my final report for 2007, I would like to personally thank the members of the Executive for their dedication and hard work throughout the past 12 months. Your efforts have been rewarded with a positive financial outcome, a net growth in membership of 17%, new and innovative public relations material to assist members in promoting their professional skills and a vibrant culture for all AMT members to tap into. You will note that we have included our recent Massage Therapy Awareness Week material in this issue in a generic form so that members can continue the campaign to promote the benefits of Massage Therapy to the medical community throughout the coming year.

Many thanks also to Linda and Katie in Head Office - without your full support and cheerful, enthusiastic approach to servicing our members, the past year would have been a nightmare.

Happy holidays.

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in good hands

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Secretary's Report

By Rebecca Barnett

Waaaay back in 1990, on the occasion of AMT's inaugural National Conference, the AMT Executive received the following correspondence from the then Prime Minister, Bob Hawke.

“I am pleased to have this opportunity to congratulate the Association of Massage Therapists for its initiative in organising its inaugural conference.

We all, quite understandably, focus a lot of our attention on our economic wellbeing but it should also be the case that we pay close attention to what we could call our 'health stocks'. Good health is an individual and national asset of considerable value about which every Australian deserves to be better informed.

In particular, I believe that more knowledge on preventive health care would allow us to have a more direct and positive impact on our own health status.

A positive approach to preventive health care will ensure that we don't become over-reliant on drugs and invasive therapies. With the benefit of a more personal responsibility for our own wellbeing, we can help to strike a more correct balance between curative and preventive treatments.

It is also important, however, that the efficacy of alternative health therapies, which can assist individuals to maintain good health and avoid health-damaging behaviour, should be well established.

One way of doing this is for people directly involved in the area, both consumers and practitioners, to be able to evaluate and openly discuss the options and procedures being proposed to advance our health.

It is in forums such as this Inaugural Conference that this process can proceed and I wish all participants a fruitful weekend.”

Seventeen years later, these words seem astonishingly prescient. The extent to which our famously Ocker PM encapsulates the issues that still face our industry today is, to quote another camp Australian icon, a bit spooky.

The task ahead of us is large and exciting. With national competency standards in place for the training of new therapists, our next challenge is to articulate – to the public, the medical fraternity and perhaps even to ourselves – exactly who we are and what we do.

Bob Hawke covers several critical pieces of the puzzle in his letter, even clearly defining for us the general scope of our practice all those years ago. As an industry, we need to make a clear case based on the preventive and wellness benefits of Massage Therapy. And to do this, we will need to support, nurture and engage with the current research wherever and whenever it emerges. The Australian Government has just given us a leg up in this regard with a \$4 million grant to the University of Western Sydney to help establish a National Institute for Complementary Medicine. We must ensure that Massage Therapy doesn't get lost in a sea of alternative therapies.

Given the economic rationalism that has characterised global politics over the last 20 years, it will be increasingly critical for us to mount a case for ourselves based on cost-effectiveness. 'Health stocks' as a national asset have been relegated to an all-time low by the conservative forces that have dominated public policy making for far too long. Current research has already demonstrated that world governments will have no economic choice in the long-term but to invest in preventive models of healthcare.

But we still have a choice – as an industry we can either be at the front of that particular wave or lazily ride on the backwash and risk irrelevance.

To be at the forefront, we need to be cutting edge. We need to adopt an aggressive professionalism and live by the mantra 'Knowledge is power'. We need to be informed and savvy. We need to look on our ongoing education as a professional asset rather than a burden to be fulfilled. If we want to explain the benefits of massage therapy to our clients and to the doctors we'd like to work more closely with, we need to know precisely what those benefits are. Which takes us straight back to current research and why it is critical for us to be involved in it, even if only as consumers.

Consumer confidence in massage therapy and, indeed, in massage practitioners, must be built on a strong foundation of demonstrated efficacy - Bob Hawke could see that 17 years ago. Our ever-growing research base is our strongest lobbying tool with government and non-government agencies.

AMT members will be aware that we have recently been lobbying the Department of Veterans' Affairs to provide rebates for Massage Therapy.

In a 90-minute teleconference I had with the DVA several months ago, much of the questioning and dialogue revolved around arguing the case for the benefits of massage therapy to the Veteran community. A bundle of research articles accompanied AMT's submission.

But research is only half the story. On the therapist side of the equation, there is much work to be done to enhance the regulatory framework in which we currently operate. I believe that self-regulation can work but we need to deliver a dramatically enhanced model to government before we have something imposed on us that is a poor fit.

The AMT Board has just committed to several large projects, which we believe will help to define the future of our industry. In the coming months, we will be relying on a great deal of engagement from the membership and the broader industry community in the development of policies and procedures that will form the basis of a National Code of Conduct and Code of Practice for Massage Therapists. Please stay tuned for the March journal to read more about this project.

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Need CEUs?

Journal question - December edition

Which Australian State requires therapists who work with children to hold a Blue Card?

Please write your answer in the space provided on your CEU record sheet and retain it until you submit the form with your annual renewal. Blank CEU forms can be downloaded from: http://www.amt-ltd.org.au/index.php?Page=Members_CEUs_1.php

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Attention all AMT members

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HAVE YOU POSTED OR FAXED A COPY OF YOUR CURRENT CERTIFICATE OF CURRENCY TO AMT HEAD OFFICE?

Please forward a copy to us now so that your name remains current on the Health Funds lists.

Senior First Aid Certificate

HAVE YOU SENT A COPY OF YOUR CURRENT SENIOR FIRST AID CERTIFICATE TO AMT HEAD OFFICE?

All health funds now require current Senior First Aid certification as part of their provider recognition criteria.

Please post or fax or copy of your First Aid Certificate to Head Office so your name remains current on the Health Funds lists.

AMT NEW MEMBERS

AMT welcomes the following new members to our Association.

NSW/ACT

Kaye Allder, Ben Bartlett, Gabriela Browarczyk, Sharon Brown, Clare Carey, Douglas Channing, Ania Dobrowolska, Melanie Dolezal, Susan Edwards, Zare Edwards, Gregory Freeman, Mia Gonzalvez, Natasha Grant, Claire Harden, Bruce Johnson, Geoffrey Jones, Camille Kazovic, Zoran Kazovic, Petrea Kemp, Rika Kristall, Rachael Lau, Elizabeth MacLaurin, Alfredo Maiquilla, Sue Marquardt, Nicole McKenzie, Mary McMurray, Victoria McPhillips, Debbie Mindham, Siddhartha Monthule, Sarah Morrison, Anthony Pereira, Sarah Rochford, Jennifer Sedman, Geraldine Starr, Deborah Storr, Inge Sugani, Momodu Bill Suma, Chevelle Tobin, Sarah van der Klooster, Esther Vass, Stuart Voysey, Joliet Wright, Raymond Qiang Zhu

QLD

Jeremy Clubb, Ann Chen, Lisa Deller, Kristy Di Mauro, Michelle Graham, Voh Hasse, Adrian Keddy, Miriam Kubasiewicz, Gale Langley, Meredith Mitchell, Borka Pajic, Bronwyn Richardson, Cathy Scott, Jasmin Smith

SA

Anna Trollope

VIC

Emily Acquisto, Tania Adderley, Tania Altoft, Lindsay Barker, Robert Bruzzese, Nancy Campbell, Andrew Hendy, Thomas McLeod, Jessica Monaghan, Danica Newbold, Amanda Paola, Dragica Pavlicic, Samir Saeed, Katherine Vagg

WA

Janeil D'Annunzio, Jennifer Warren

Do you treat children?

A National Snapshot of Working with Children legislation and requirements

The Queensland Government recently announced changes to its Working with Children legislation. These changes impact on Massage Therapists treating children in their practice. Queensland AMT members who fall under this category will need to pass a Working with Children Check and be issued with a Blue Card by the Commission for Children and Young People and Child Guardian.

What is the Working with Children Check?

A Working with Children Check is a detailed national check of a person's criminal history, including any charges or convictions. Also considered is:

- disciplinary information held by certain professional organisations for teachers, child care providers, foster carers, nurses, midwives and certain health practitioners, and
- police investigation information into allegations of serious child-related sexual offences, even if no charges were laid because the child was unwilling or unable to proceed.

Here is a state-by-state summary of the current statutory requirements for people working with children.

QUEENSLAND

The Commission for Children and Young People and Child Guardian is a government body that was established to promote and protect the rights, interests and wellbeing of all Queenslanders under 18.

The Commission's Act (2000) fosters the creation of safe service environments for children and young people in Queensland by requiring written child protection risk management strategies including Blue Cards for people who work with children under 18.

This legislation encompasses Massage Therapists working with children.

What is a Blue Card?

Blue cards are issued by the Queensland Commission for Children once it has carried out the Working with Children Check to see if a person is eligible. If a person is eligible, they are issued a positive notice and a Blue Card. To apply for a Queensland Blue Card please download a form from the Commission's website:

<http://www.ccypcg.qld.gov.au/employment/bluecard/applications.html>
or call the Commission on **1800 113 611** to request a hard copy.

NSW

The NSW Commission for Children and Young People is responsible for the Working with Children Check. The Commission does not issue Blue Cards but does have a screening process. For more information about Working with Children in NSW, please visit:

<http://www.kids.nsw.gov.au/director/check.cfm> or call **02 9286 7219**.

VICTORIA

Victoria issues a Working with Children Check card. You must hold this card if you are treating children in your practice. For more information and application forms visit:

<http://www.justice.vic.gov.au/wps/wcm/connect/Working+With+Children/Home/> or call **1300 652 879**.

WESTERN AUSTRALIA

In Western Australia, a Working with Children check system is being phased in for people who carry out child-related work.

Please check the website for more information and application forms:
<http://www.checkwwwc.wa.gov.au/> or call **1800 883 979**.

ACT

The ACT government released a discussion paper for the creation of a screening scheme that stipulates minimum standards for broadly identified child-related occupations and activities.

There are currently no legal statutes in the ACT that require people working with children to undergo a police check.

SOUTH AUSTRALIA

South Australia has not yet put forward specific legislation on the issue of police clearances and checks.

There are currently no legal statutes in South Australia that require people working with children to undergo a police check.

TASMANIA

The Commissioner for Children Tasmania released a consultation paper discussing proposals for the government to introduce policies and procedures for Tasmanian organisations to screen individuals who seek to work with children in a voluntary or paid capacity.

There are currently no legal statutes in Tasmania that require people working with children to undergo a police check.

NORTHERN TERRITORY

The Northern Territory Government has released draft legislation for the creation of a screening scheme that stipulates minimum standards for broadly identified child-related occupations and activities.

There are currently no legal statutes in the Northern Territory that require people working with children to undergo a police check.

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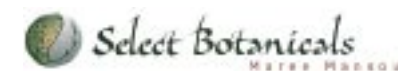
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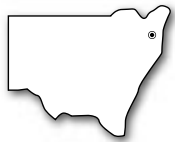
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News from the regions



Mid North Coast by Jan Crombie

Firstly I would like to thank Rebecca, Keryn and the Committee for the enormous amount of effort in organising and running a fantastic conference. Our branch has bi-monthly meetings with guest speakers and workshops. In June, I conducted a workshop on initial consultation followed by a 1-hour massage.

Our August meeting was dedicated to Massage Therapy Awareness Week. This enabled us to dissect the pamphlets and formulate a plan to get the message out to Doctors and other professionals. The North Coast group would like to thank Rebecca for her amassing effort in producing these wonderful evidence-based documents.

In November, Karen Andrighetto presented a well-received session on Bowen Therapy. We also put in another marathon effort at the Half Ironman, providing massage therapy to some of the 650 competitors. Thanks to Port Macquarie TAFE Massage Therapy students and teachers for their wonderful support at these events.



Jan at work ▲



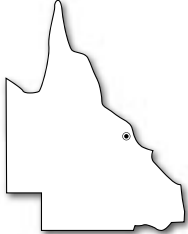
Port Macquarie TAFE
Massage Therapy students ▲

At our next meeting on 15 December, pharmacist Melissa Evans will present a session on Medication, focusing on the need for the client to inform their Doctor and Pharmacist of what natural medicine they are taking.

Finally, a sincere and heartfelt thank you to everyone who helped me achieve AMT Massage Therapist of the Year. I am still trying to get over the shock!



Jan accepting the AMT
Massage Therapist of the Year award ▲

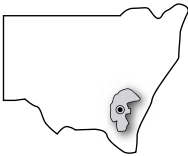


Mackay by Annie Caruana-Kirchner

The "River to Reef" Festival on the 5 October was a huge success. The team at Evercare clinic provided the crowd with massages for the day.

In September, 7 AMT members attended the Neuro-structural Integration Technique seminar presented by Ron Phelan. His presentation included a plethora of techniques for addressing coccyx pain, leg length discrepancies and TMJ syndrome.

Congratulations to Robyn Chick and David Kirchner for completing their HLT50302 Diploma in Remedial Massage Therapy.



ACT by Ben Connelly

Just looking back through this year's minutes I note what a diverse range of topics the ACT has had at our post-meeting presentations –Ortho-Bionomy, Alexander Technique, Pharmacology, Massage Therapy (of course!), as well as an introduction to a local source of supplies and consumables.

Planning for next year's regional meetings and workshops is proceeding and I expect we will be holding a few of our meetings in the refurbished Eastlake Football Club.

I'd like to thank you all for your support during 2007 and wish you and your families a happy, safe and peaceful Christmas and New Year.



Sydney South by Michelle McKerron

Although it wasn't pre-meditated, we managed to hold our September branch meeting during Massage Therapy Awareness Week ... and our topic had the locals at Hurstville Library very interested! Jenny Della Torre presented on Seated Massage, which she uses in treating older clients and in corporate situations. It was an informative tutorial outlining how the therapist should proceed in terms of client interviews and massage techniques, what they should bring and a reminder to check the chair so it doesn't collapse! She also addressed how the client should be positioned and draped, and optional positions on chairs for clients with, for example, sore knees or obesity.

Then, the good part! Library patrons looking through the window of our meeting room were intrigued by the practical seated massage demonstration - to the point where one gentleman knocked on the door in the hope of being a recipient of a free massage! We were able to guide a couple of interested people to the Find a Therapist page of the AMT website. An excellent result all round and an enjoyable presentation from Jenny.

On November 7, our own Stephen Weatherby gave us a little theory and a lot of practical into Qi Gong. To quote Stephen "Qi Gong deals with the variable usage of movement, breathing and mind to therapeutic ends". We focused on the upper body and worked on shaking, swinging and making circles or straight lines with the limbs and torso. Breathing played a crucial part, guiding and flowing with the movements. I think we all found it beneficial to move, stretch and breath - so often what we are telling our clients to do but perhaps neglecting in our own bodies.

It has been an excellent start to branch meetings for Sydney South in 2007 and we hope to meet more eager local members in the New Year. February 6, 2008 is our next meeting. See you there!



Northern Rivers by Keryn Rose

Obviously, the Northern Rivers branch was thrilled to be the host for AMT's Annual Conference this year. The weather was kind to us and the food at the Sofitel was even kinder!

Many thanks to the local volunteer team for their outstanding contribution to the smooth-running of the actual conference weekend: Steve Casidy, Merryn Penington, Russel Varcin, Joy Brown and Steve Vadla. Also a big thankyou to Jeff Murray for getting people out of bed and onto the beach for a Sunday morning Mediball boot camp! The small, but slightly hungover group of keen beans aroused quite a lot of curiosity from early morning beachgoers who seemed particularly impressed by the Guinness Book of Records attempt at diving across the top of evenly spaced balls (the balls seemed to creep perilously close to the surf with each successive attempt). There was much laughter and applause from the relatively safe distance of the boardwalk. Perhaps AOK needs to revise their marketing strategy ...



Rebecca and Keryn modelling the
2007 AMT Conference t-shirt ▲

Keep an eye out on the AMT forum for updates on the where and when of our local 2008 meetings and workshops.



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DEADLINE

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Member Profile – Susan Kirk



Susan Kirk is a Licensed Massage Therapist who has been in private practice since graduating from Baltimore Holistic Health Center School of Massage in 1993. She moved from Florida to Australia in 1994 and threw herself whole-heartedly into the local industry scene. She returned to the US in 1996 but has maintained her AMT membership and some solid friendships with the Aussies she met and worked with while she was here.

Since 2001, Susan has served as a Councillor for the City of Crystal River. She has also been active in the American Business Women's Association for over 20 years.

Her long-term political activism led her to another grand challenge recently - standing for the Florida House of Representatives.

When and how did you first become an AMT member?

Prior to moving to Australia in 1994, I visited the Australian embassy in Washington D.C. and found out about what was then the Association of Massage Therapists (NSW) Limited. I made a few phone calls for information so, when I arrived in Australia and was ready to set up my office, I already knew that I wanted to be affiliated with AMT. I also wanted to make sure I had insurance and I was aware that this was something that AMT offered as a benefit to members. So I contacted Head Office and spoke with Diana Glazer, AMT President at the time.

I also planned to attend the AMT conference in Canberra and was very appreciative of the offer from Alan Troy to ride with him. At the conference, I met Diana and attended my first members' meeting. At the meeting they asked for new Board members who would have a new and different perspective. Having just arrived I thought to myself "you can't get anything newer or more different than me"! So I volunteered and served on the Education Committee with Peter Stratton. Soon Diana had me charged with setting up the CEU program, evaluating courses for content and CEU points, and keeping track of members' credits!

Do you have any strong memories of the people involved with AMT at that time?

My strongest memories are of Diana Glazer, who introduced me in turn to Joel Morrell and Valerie Jenkins at the Canberra conference.

Rusel Last from Wollongong was also a great friend to me.

I still hear from Val and Joel visited me in the States just prior to his passing.

Diana also got me involved in teaching in the TAFE system. I did a semester in Wollongong and also some time at Meadowbank TAFE in Sydney.

What changes have you observed in AMT since that time?

I am not sure I have observed changes in AMT so much as I have watched the organisation continue to strive for excellent standards for therapists. I have seen the Executive Committee structure change to what is needed to be responsive to members. AMT continues to keep members needs foremost in mind: insurance cover, ways to continue study and keeping our profession up front.

What trends have you observed in the US massage therapy industry?

In the U.S. massage has become much more mainstream and accepted as an alternate therapy. The hot issue at the moment seems to be the development of medical massage as a distinct modality. It will be interesting to see how this will work – unfortunately, I don't know enough about it to offer any details or deep insights.

One other thing I have noticed is that there are many more opportunities to study different modalities to gain the continuing education credits required to maintain your licence.

Can you tell us a little about your political aspirations? What inspired you to stand for Florida House of Representatives?

I began in politics because on the local, city level I was upset with the decision-making that was taking place. I felt I could offer an objective, analytical style of thinking and professional attitude to the council which would facilitate more sound decisions. I had been encouraged by local leaders to run for the office of Mayor and council member positions but felt, as an individual small business owner, I wasn't well-known enough to do so. I also didn't know if my values were echoed throughout the community. However, at election time I decided to give it a try. I was my own campaign manager and won my first election with 62% of the vote.

I earned a reputation for listening to residents and being responsive. I served on statewide policy committees encompassing environmental, transportation and growth issues. I was encouraged to run for re-election and did so winning with 75% of the vote. I served a total of 6½ years in elected office.

Prior to being elected I served on the local planning and zoning boards for the city which involved planning for future development. This gave me a good basis for some sound decision-making once on council. In total I was committed to the city either on Boards or as an elected official for 10 years.

I decided to run for the Florida House of Representatives because our local representative was appointed to a special commission by the Governor and she needed to vacate her seat to accept her appointment. I wanted to make the same kind of difference on the state level that I had made on the local level.

I ran for the Florida House of Representatives District #43, targeting the issues of property taxes, insurance reform and environmental protection. It was an interesting campaign! I had to hire a professional campaign consultant to advise how to handle such a large undertaking. The district covered one full county and part of two others with a population of approximately 150,000 residents.

Within six weeks I raised and spent over \$25,000. It was a very humbling experience witnessing so many people place their trust in me to do the right thing. It made me immensely angry that there are legislators who are elected and then abuse this trust.

The Florida House has 120 members so I would have been part of a large body of legislators. There were five people running and I did not succeed in the election.

As for my political goals, I am not making any announcements or commitments right now. I am watching things even out a bit and, as they say, taking the lay of the land. I enjoyed public service very much and would consider it again if the position and timing were right. In politics, timing is everything!

Functional Fascial Taping®

By Ron Alexander

Ron Alexander was Principal Sports Soft Tissue Therapist for the Australian Ballet for 8 years. In 1997, the Ballet awarded him The Lady Southey Scholarship for Excellence which funded a 6-week study tour of Europe. Ron is currently a freelance consultant for the Australian Ballet and he presents FFT® workshops in Australia and internationally. He is co-investigator of a Randomised Clinical Trial on FFT® for Non-Specific Lower Back Pain.

The Functional Fascial Taping method (FFT®) is an innovative way to apply rigid strapping tape to immediately decrease pain and increase range of motion. It is effective in most musculoskeletal pathologies and is believed to encourage muscle firing to promote and restore normal movement patterns. FFT® has therefore been used to treat a wide range of conditions, including sports injuries, back pain and osteoarthritis.

The use of rigid strapping tape has been traditionally been utilised in the sporting arena to reduce swelling, restrict range of movement and to provide support and protection during the rehabilitation process. It can also prevent injury by providing proprioceptive support and limiting potentially damaging ranges of joint movement.

Conventional taping works well in acute injury situations and largely limits pain and discomfort by preventing the painful range of movement from occurring. However, traditional taping has limited long-term benefit, especially in chronic injury.

FFT® offers some similar benefits with regard to proprioception and limiting ROM but, crucially, it offers a specific directional stretch to tissues creating immediate pain relief. In conjunction with this, there is frequently an increase in range of movement (ROM) and an improved level of function.

I founded and refined the treatment whilst working as the Principal Sports Soft Tissue Therapist for the Australian Ballet Company. The ballet company, consisting of 64 dancers, travels for 7 months of the year and has one of the highest number of performances of any company in the world. During the 8 years I worked for the company, the average week consisted of 60-70 treatment sessions.

The impetus to experiment with treatments arose due to a fast paced environment where the desire of the dancers was to maintain high performance levels, flexibility of movement and to return to performance as soon as possible after injury. This, combined with a willingness of the dancers to try new approaches and be continually monitored, provided the basis for the development of a new way to modify and control pain when other methods, such as traditional taping, were not always effective.

The dancers, in the sub-acute stage of recovery, would often remove conventional taping prior to a performance as it limited their ROM and hence their function. One objective of treatment at this stage was to limit and protect the potentially harmful range/s of movement while still allowing full available range. This was made possible by applying tape in a functional position with a gathering technique. This allowed the dancers to perform with conventional tape providing protection, support and limitation of the harmful range whilst offering full range to undamaged ranges. This also became a useful technique to encourage better control of joint positioning for rehabilitation.

After using tape this way for some time, I observed that it was possible to alleviate or totally remove pain and increase ROM with impingement syndromes.

The FFT® method was born and I applied it to numerous presenting pathologies to determine if the analgesic effect could be reproduced on differing signs and symptoms

After leaving the ballet company in 2000, I extended the use of the treatment to cover a broader range of sports injuries and musculoskeletal conditions affecting the general population.

The taping is applied in a customised manner for each patient/athlete for an extended and pre-determined period of time. The method allows the previously painful movement, now pain free, to become a crucial part of the treatment. Movement is encouraged and actively strengthened to enhance normal patterns and pain free ranges. For the patient, this can mean an earlier return to work or, for an athlete, the ability to help maintain higher levels of training and competition. For the clinician, it allows for a more accurate way to differentially assess presenting signs and symptoms of most musculoskeletal pathologies. This is achievable by decreasing an overactive nervous system. The method is used in conjunction with traditional treatments to enhance the way injuries are treated.

Correct assessment procedures are crucial to the success of the method and therapists must follow proper skin care advice. Contraindications are the same as those for using any zinc oxide tape. However, more care is needed as tape is used for an extended period of time.

Contraindications to be aware of include thin skin, damaged or broken skin, undiagnosed pathologies or conditions that grow worse or do not improve and allergic reaction/hypersensitive skin.

A 49-year-old male veteran UK Standard badminton player, presented with a 10 day history of bilateral distal calf pain following acute onset during a match which increased and forced him to stop playing, RICE was applied with some relief. The next day bilateral, sharp stabbing pain was experienced when walking, standing and ascending stairs, right leg worse than left. He had continued at the gym with cardiovascular work using a static cycle and cross trainer and strength conditioning of the legs, upper torso and arms but symptoms increased and now prevent him from training or playing badminton.

Previous History

He reported a two-year history of recurrent bilateral calf pain which would be relieved by gentle stretching, rest and ice. The pain was initiated when stopping suddenly following running backwards and then an explosive thrust pushing to the left and jumping. His medical history was unremarkable.

Physical Examination

He presented with pain on active dorsiflexion and inversion, which was also present during a squat with heels flat. Palpation of the calves indicated that both Soleus were tender, particularly the right, which demonstrated palpable signs of excessive interfibril adhesions. Strength testing revealed reduced strength on plantar flexion and inversion.

Initial Treatment

Initial treatment aimed to maintain and improve current lower limb function, relieve pain and reduce the adhesions in the calf. Heat, deep tissue massage and ultrasound to the calf were used. Passive stretches held for 30 seconds initially, progressing to 1 minute. Re-assessment revealed little improvement.

Functional Fascial Taping® was applied in the optimal direction of functional release.

FFT® Case-Study

By Ben Neves

To assess improvements in pain free dorsiflexion the client faced the wall, foot flat on the floor, and was asked to bend the knee until it touched the wall. The foot was moved away until the knee remained touching the wall and the heel remained flat on the floor. A piece of tape was then placed on the floor to indicate the furthest point of stretch and pain. Following treatment, the test was repeated and a measurement taken to objectively assess the increase in range. FFT® was then applied in the test position with symptoms present. Pain level was recorded and the FFT® systematic assessment procedure of distracting tissue was applied to the calf. This resulted in an increase in pain free range.

Further tape was applied until a combination was found which alleviated all symptoms and dorsiflexion range was full and pain free. In addition no pain was felt on rapid eccentric loading, which is the activity that previously aggravated his symptoms.

Follow-Up

Client reported that FFT® was continued to alleviate pain in all activities. He was re-applying the tape daily and able to perform a 5-minute warm up on a 'static cycle', calf stretching, functional-based weight bearing jogging, jumping and hopping on a trampete. Stretches were repeated three times, twice daily. A multi-joint/muscle approach was used to keep the rest of the body trained and to replicate functional sports specific movements.

The amount of tape applications was reduced during week 3. Static stretches were increased to 2-minute holds. Deep tissue and self massage using a roller and ball were performed. Proprioceptive neuromuscular facilitation calf stretches were added.

Extensor thrust training using the trampete and Reebok® Step were progressed and short sprints with sudden stops added. After 6 treatments the client reported no pain present on all activities and no tape was required.

Monthly check ups continue to oversee and instruct proper stretching with a progressive eccentric lower limb plyometric programme, carried out within a controlled environment.

Summary

After little success with conventional modalities, FFT® gave immediate relief of symptoms allowing increased movement and faster progressive rehabilitation.

This article was first published in the July/August 2007 edition of *International Therapist*

How it works

FFT® is thought to change afferent receptor input by reducing nociceptor stimulation to the central nervous system and the perception of pain experienced by the brain. Mechanically, the taping method provides a constant tension/load to the tissue which has been verified via real time ultrasound investigation, where we can observe the macroscopic effects from the tape. The results of the data suggest sustained myofascial release that can be applied for an extended period of time to offer sustained load/tension, ongoing proprioceptive input, bio-feed back and continual stretch to the tissue which combines to give the long-term observed effects.

The technique has a unique objective assessment procedure and tape application to provide load/tension both at rest and with dynamic movement. This makes it suitable in all levels of activity.



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18th Annual AMT Conference in Review

By Kerry Hage

Do as I say, not as I do.

This is a common position statement for healthcare professionals and bodyworkers across the industry. But we need to ask ourselves a key question - how must this look to our clients? My bet would be that it seems more hypocritical than hippocratic!

However, there is another school of thought out there. These are the few who live by the idea that if you don't look after yourself, you won't be able to look after others. Which brings us neatly to AMT's Annual Conference, held on the sunny Gold Coast at the rather elegant and indulgent Broadbeach Sofitel.



'Physician Heal Thy Self' was the theme of the day and our own health was firmly placed under the spotlight!

Massage Therapy, in all its glorious forms, is built on a tradition of giving. As therapists we do much more than just rub skin. We are friends and confidantes, counselors, authority figures, sounding boards, stress sponges, relaxation and wellbeing facilitators, confessors, disciplinarians, a friendly face, open ear and a warm smile. We work in the kind of profession that you love with a fierce passion ... even if you don't like it every day. But with burn out rates so high that prospective therapists are being told they will have a professional lifespan of 2-5 years, it's time we started looking after ourselves!

Walking into the Sofitel at 7:30am on Saturday morning, it was clear that we were in for an experience to remember. Official-looking people were buzzing around, making sure everyone had their delegate IDs and goodie bags containing fun samples! At 9am we were herded into the Grand Ballroom where our illustrious Secretary, Rebecca Barnett (dressed as the Cat in the Hat's co-conspirator) delivered the housekeeping in verse. Our fearless leader, Alan Ford, then gave the opening address.



The keynote speaker, Phil Latey ▲

The keynote speaker, Phil Latey, was a softly-spoken, albino osteopath who preferred not to be labeled 'doctor' (yes, you did read that last sentence correctly). Sporting a wicked sense of humour, Phil aptly and wittily kicked off a weekend that was devoted to us. He proved to be a fascinating man, with many a tale to tell. His keynote address encompassed different treatment approaches and illustrative life lessons as well.

The rest of the weekend was spent in various breakout sessions dedicated to our own health and wellbeing.



Mediball Strength & Conditioning ▲

Yoga, meditation, how to cope with/ self-treat rhomboid pain, a tasting pack of exercise modalities and effective de-stressing techniques to name a few. These sessions covered all aspects of self care and provided us with techniques and advice that we could quite easily adapt to assist our clients in our own practices.



Feldenkrais ▲

The Annual General Meeting was held on Sunday just before lunch. Apart from the usual business, we were privileged to listen to a presentation by Nova Furci from Murray College of Health Education in Echuca. Nova spoke about the school's work in the Hopevale Community, Cape York. (*The Hopevale project was featured in the March 07 edition of In Good Hands – Ed*).

Nova spoke passionately about the work and showed us that, through this program, the lives of the people in the community are changing in a positive way with self-esteem, pride and unity beginning to re-emerge.



Zen Imagery Exercise - Meridian Stretching ▲



Centre, Self and Other ▲

From the outside looking in, the only real hiccup of the weekend was that it was over-catered! We were all obliged to gorge on the magnificent buffets, as well as morning and afternoon teas, which gave us the opportunity to network, chinwag and check out the impressive trade exhibits.



Rhomboid pain ▲

I am back at work now and feeling the benefit of this conference every day. Personally, the most valuable part of the experience was getting to talk to other therapists: being in the massage industry can be professionally lonely and isolating, even though we are talking to our clients all day.

Congratulations AMT and thank you for putting on an amazing weekend, I can't wait for the next one!

■amt



AMT Conference 2007

Congratulations to our Annual Award Recipients

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Jan Crombie


★ STUDENT THERAPISTS OF THE YEAR ★

Tiffany Gill
(Northern Melbourne
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Adrian Batchelor
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Susan Marquardt
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One month, 17 days of continuing education and a single cerebral infarction:

Colin Rossie's big US adventure

You've just recently spent a month in the States. Tell us about what you did over there.

I attended a scoliosis workshop run in Boulder by the Rolf Institute, went to the 3-day American Massage Therapy Association (AMTA) conference in Cincinnati (preceded by a 2-day pre-conference workshop on Sports and Structural Integration), then a 2-day Tom Myers workshop in Boston, the 2-day Fascia Research Congress, the 2-day International Association of Structural Integrators' (IASI) Symposium which followed that, then lastly a 3-day workshop with Kevin Frank on Tonic Function (in a beautiful lakeside setting in New Hampshire) which was about the core and how to utilise it in bodywork.

So at what point during this trip did your brain explode?

Probably at the end of the first day of the Fascia Research Conference. It started at 6.30 a.m., with non-stop lectures until 8.30 in the evening. At 7.30 p.m. I went to see a lecture by Dr J C Giomberteau, a French hand specialist who does microscopies under the skin before he does his operations ... so he's done all these fabulous electron microscopies of the movement of the fascia in the forearm during flexion and extension of the fingers. The film he did, 'Strolling Under the Skin', is quite amazing - it's available in both French and English. He's also written a book with the same title in French, but the microscopy photos of fascia are breathtaking.

Anyway, I saw his movie at lunchtime, thought it was one of the most wonderful things on the body that I've seen, so went to his lecture at 7.30, having been up since 5.00 a.m. He speaks with a very thick French accent, which was really difficult to understand.

I couldn't focus my attention, my eyelids started drooping, my head kept rolling forward and I'd jerk my neck when I threw it back.

I couldn't concentrate and knew at that stage I was fried - I was exhausted, in overload, I'd taken up too much information.

Most of us have heard of Tom Myers. Tell us about the workshop with him.

It was a workshop on the head, neck and jaw. I do a lot of the work he was presenting as part of my Roling practice so, technique-wise, not a lot of it was new for me. But Tom Myers has some interesting dissection work to research his myofascial meridians theory - the results of these were worth seeing. He's revised his theories slightly and come up with a few new ideas, which should appear in the next edition of his book.

A lot of the workshop was revision for me but it was interesting to revisit the concept of working with 4 layers of fascia - a superficial layer around the sleeve musculature; a deeper layer around the core musculature; a layer around the viscera, which in the head and neck is the oesophagus and thyroid and so on; and finally a layer around the neural tube.

Moving right along, can you give us some concept of the scale of the AMTA conference?

It was huge! I'm not exactly sure of the numbers but probably somewhere around 1000 attendees and there was probably around 50 or 60 exhibitors. The theme of the conference was 'Creating Connections in Cincinnati'.

Networking to my mind is normally a bit of a dirty word because it implies people trying to sell you things! But here networking was all about creating connections and building relationships - with fellow therapists, with our community in the industry, the community that is our practice and clients, the broader community we exist in; between different modalities, between the executive, regional committees and the membership, and between the local committees and members of the different regions.

With that volume of people, though, it must be quite hard to create connections between the executive and the membership?

Bear in mind that there were 51 different state executives who were all represented at the conference, along with the national executive.

Because I was going to the conference on behalf of AMT, I chose to do two ethics workshops as I felt this would help with the work AMT is planning to do over the next few years in getting our protocol and scope of practice documents set up and developing the ethics sub-committee.

Robert King, a well-known sports massage therapy pioneer in the States, presented one ethics workshop, 'Know Thyself'. The session consisted of discussing the AMTA and the NCBTMB Code of Ethics and Standards of Practice documents, the requirements and necessity of professional ethics, our personal ethics, and the importance of self-evaluation and examination. We filled in self evaluation forms, discussed steps and strategies to resolve ethical problems and then broke into groups of 10 or so to work through a series of ethical dilemma scenarios. Each group then presented their findings back to the whole class for discussion.

I also attended a workshop with Diane M. Polseno, 'Everyday Ethics'. She is a well-known educator in the States. Her session focused on the pitfalls one can fall into as a therapist, focusing on issues like therapeutic relationship and professional boundaries, navigating the common grey areas we can be faced with as professionals, and putting this into the wider context of beliefs and society. It gave me fuel for thought personally. And both workshops gave me ideas for developing another Ethics Module for AMT in the future.

In the States, they have a compulsory Ethics requirement as part of their continuing education, don't they?

Yes. They have a rolling system of continuing education accreditation - within a 4-year period you have to get 400 points of which 35 have to be Ethics.

Basically, you need to do a day of Ethics continuing education every 4 years minimum. Having said that, they've also got a requirement for hands-on techniques, business practice, research, self-care etc, all built into their continuing education system. In that way, their continuing education system is more broad-based than ours. In Australia, one can focus narrowly on one strand of professional development and neglect a broader based approach.

So tell us about the Fascia Research Congress. What kind of people did that event attract?

It was primarily aimed at the Structural Integration community - it sold out very rapidly to that community - but a lot of chiropractors and osteopaths also attended. There was also a huge number of people from the massage therapy community.

There were 400+ people in the main auditorium and another 700 in other rooms in the centre watching proceedings on video screens.

In terms of the clinical application for Massage Therapists specifically, is there anything you can share?

The information given out at the conference was astounding. It reinforced a lot of what I'd been taught but also gave me new perspectives.

The whole concept that underlies trigger point work, deep connective tissue work, deep tissue massage, transverse frictions, both direct and gentle myofascial release ... basically, all work with the properties of fascia. Working with the fascia underlies all those approaches.

What this conference did was present all the current knowledge in its breadth, scope and diversity as well as present the latest research, most of which was really cutting edge.

Often we tend to think of fascia from the point of view of the thixotropic model - being something we need to work into gradually so that it begins to change its state from a solid to a liquid. But the reality of the fascia is that it is a heavily innervated substance. The Golgi Tendon Organs (that we generally tend to think of as being purely in the tendon) are throughout the whole epimysium, perimysium and endomysium. And we tend to think about fascia as the wrapping around muscle and the wrapping around muscle compartments but there's the wrapping around the entire limb, and several different layers of fascia from the skin coming down to the superficial fascia. There is this superficial, foamy, "fairy floss" of collagen fibres that connects the subcutaneous fatty layer to the superficial fascia; the superficial fascias, such as the fascia lata and the thoraco-lumbar fascia are very dense, fibrous structures.

There were presentations on the microscopic aspect of fascia. The cross linkages in the collagen look like a Tibetan bridge - a polysaccharide tetrahedron, one person described it as!

Again, I'll mention Dr Giomberteau's film here- these wonderful, moist, rope bridge-like cross linkages that glide, slide and deform in tensegrity forms are truly wondrous to observe.

The forces that act on fascia are quite astounding. Fascia doesn't just work along the lines of pull of the muscle but can also work in different directions and through gradual pressure can lengthen and deform in any direction. The work on smooth muscle-like contractility in fascia is quite groundbreaking.

Dr Serge Gracovetsky, a Quebecois Canadian, was a most informative and entertaining presenter. He gave a historical review of his research on the role of the thoraco-lumbar fascia as well as a summary of his most recent research work on its role in the biomechanics of gait. Referring to the lengthy opposition his research received before it was widely accepted, he came up with one of the great quotes of the conference: "Medicine is perhaps the only discipline in which an attractive idea can survive experimental annihilation."

There were also presentations on mechanoregulation and mechanotransduction, fascial regulation of tone, pain, gross and microscopic anatomy, physiology, biomechanics, as well as presentations by acupuncture researchers (effective acupuncture affects the fascial system: most acupoints correspond to major indurations in the fascia).

I'd thoroughly recommend viewing a re-screening of the Congress proceedings when it comes to your capital city!

Obviously there's one being run at RMIT but that will be over by the time this journal is published. AMT is considering running one in Sydney, so keep an eye out for that.

Now, some AMT members will be aware of the work of Ruth Werner from the pathology module that we've had for several years. I understand you did a workshop with Ruth?

Yes, as part of the AMTA conference breakouts. She presented a session on Pathology for Psychiatric Disorders. Ruth is a wonderful teacher, very knowledgeable, with a warm personality.

Ruth made material that was very complex and difficult, very simple to understand. I suppose that's what comes from having a massage therapist present pathology - it's done from the perspective of our industry. She is truly passionate about the subject, and well researched.

All this stuff that could potentially be very dry was bought alive in a way that spoke to the working therapists.

I also did a workshop with Leon Chaitow later that day. It was a real "auditorium experience". There were about 200 people in the room so it was a demonstration rather than a hands-on session. He would make a few statements, then quote the research he had to back them up. Towards the end of the three hours, he demonstrated a few techniques on stage. It was a little disappointing, as we didn't get the chance to practice on each other and experience them. I've heard others say that when he presents to smaller numbers he's really enjoyable, so I look forward to possibly experiencing this on another occasion.

Another interesting character I encountered was George Kousaleos, of the CORE Institute. He did a sports and performance seminar as a pre-conference workshop. George popped up everywhere over the next fortnight at all the other conferences I attended. He's also another one who's passionate and enthusiastic about the work he teaches. He was teaching over 100 people in the room with two assistants and all the attendees were fully engaged. George asked questions at the other conferences and avidly networked everywhere he went.

And then there was Richard Rossiter - now there's a character! He's a certified Advanced Rolfer who has developed a really interesting approach to pain control and stretching. He has a really populist approach to bodywork. He's taken his work to the factories, where he thinks nothing of treating 100 people in a day. He teaches workshops on his method, both to the average punter and to therapists. I'd love to see him present his work out here - it's really quite unique.

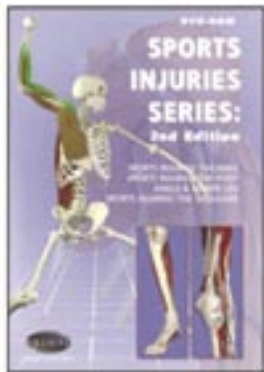
Richard is collaborating on a research project with a South African Physiotherapist, Benita de Witt, who also presented at the Fascia Research Congress. They are investigating the mechanism by which his work is effective. Their findings will be presented at the 2009 Fascia Research Congress in Amsterdam.

Colin will be guest editing a special Ethics edition of In Good Hands next year. If you would like to contribute material on this subject, please email Colin at rolfer@internode.on.net

DVD Review

By Tyraus Farrelly

SPORTS INJURIES SERIES 2nd Edition Primal Pictures



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The Sports Injuries Series 2nd edition is another interactive DVD ROM from UK-based Primal Pictures. It covers sporting injuries of the shoulder, knee, foot, ankle and lower leg. These individual titles can also be purchased separately.

The focus of the Sports Injuries series is the assessment, treatment and rehabilitation of common acute and overuse injuries.

This DVD uses the same engine as the previously reviewed Interactive Functional Anatomy DVD ROM (published in the June 07 edition of In Good Hands). The main screen at the left shows detailed and fully labeled 3D anatomy models of the knee, shoulder and lower extremity, while the right side panel displays all the explanatory text. Within the explanatory text you will find links to hundreds of supporting video clips, clinical slides, diagrams, illustrations and references.

This material covers pathology and diagnosis, clinical and orthopedic testing procedures (joint, muscle and ligament testing, sports rehabilitation exercises and principles of treatment, including therapeutic drugs, electrotherapeutic approaches, manual therapies and rehabilitation). There is also a wealth of labeled imaging slides including X-rays, MRI, ultrasound, CT and cadaver slides. There are also 3D animations of gross motor function during sports actions as well as animations showing the precise mechanism of a number of overuse injuries. These are quite spectacular and impressive as they show the actual structures being injured in 'real time' during the overuse action.

Many of the slides, animations and video clips are exportable into other programs such as PowerPoint or can be pasted into articles, making them a fantastic teaching aid for educators.

This series has a similar layout and navigation to the Interactive Functional Anatomy DVD ROM, with the 4 tabs at the top labeled 'Anatomy', 'Contents' (a folder view of the entire DVD), 'Quiz' and 'Sports Injuries'. The controls below the 3D model also function the same way but the number of views have been expanded to include close ups, dissections and even surface anatomy of injuries (on the foot and ankle set).

The number of layers on the 3D anatomy model have also been increased to up to 27 covering everything from surface anatomy, cutaneous distribution, dermatomes, fascial planes, synovial membranes, bursae, lymphatics, circulatory system, nervous system and much more. You also have full zoom and 360° rotation functions of the anatomy model.

The last section, Sports Injuries, allows you to navigate through a comprehensive drop down list of sports injuries. The knee, foot, ankle and lower leg series are also supported by a rich array of slides and videos. In comparison, the shoulder series was a little light on in this department but it still had a wealth of informative text.

So what do I think? This is a fantastic resource for studying or teaching as well as for patient information. Amazing 3D animated movies and slides give you interactive control over movement, a high level of 3D model detail and a wealth of informative text on everything related to sports injuries and injury rehabilitation.

At just under \$500.00, this is quite an investment (don't forget to quote AMT discount code if ordering - SIA7). But this is a high-end, professional production aimed at medical practitioners, orthopedic surgeons, as well as allied and complementary health practitioners.

There is no Australian supplier so you will have to order from the Primal Pictures website. Remember all prices on their site are quoted in UK currency.

My order was dispatched quickly and efficiently, and backed by excellent email correspondence. Primal Pictures also offer various online licences where you can access their entire range of anatomy productions.

At a glance:

- ☒ Excellent quality
- ☒ Amazing 3D animations
- ☒ Invaluable learning resource
- ☒ Invaluable teaching resource
- ☒ Exportable movies & animations for presentations
- ☒ Well priced for what you get
- ☒ Shoulder Series light-on supporting slides & video

Overall Rating

★★★★☆

Highly recommended!

Tyraus Farrelly is a senior level 2 AMT member. He completed the TAFE Associate Diploma of Health Science in 1995. He was the head Massage Therapist for the Illawarra Steelers and the St George Illawarra Dragons for 4 years and the head consultant Therapist for the Australian National Martial Arts team for the World Karate Championships. He has conducted post graduate workshops privately and for the Illawarra Steelers and delivered workshops on Massage for Pain Relief within a pain management course. He has worked with many Physiotherapists, Musculoskeletal Specialists, Chiropractors, Exercise Scientists and Sports Physicians within a rehabilitation environment and within an elite sports environment. He currently runs a full time clinic in Wollongong, with a focus on sports and occupational injuries. For comments or suggestions please contact Tyraus at tyraus@hotmail.com

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Maintaining health fund provider status: your responsibilities and obligations

A message from the AMT Board

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

- Allowing another therapist to use your provider number(s)
- Claiming that treatment performed by another therapist was performed by you
- Issuing receipts for a service or treatment you did not provide
- Backdating receipts for a client

The dishonest practices of a single member can compromise the good relationships we have built with the private health funds and hamper any future lobbying efforts we may undertake. We need to think of our community and our peers with every action we take – AMT's credibility as a professional, representative body is on the line every time an individual member tries to fiddle the system.

Sophisticated fraud detection software now gives the funds an unprecedented capacity to crosscheck and spot inconsistencies in receipting. So, if a client is pressuring you to do the wrong thing, say no. If a colleague is pressuring you to do the wrong thing, say no. If an employer is pressuring you to do the wrong thing, say no.

Please remember that you need to do the following to retain your health fund provider status:

1. Be a financial member and have a commitment to ongoing education (i.e. an average of 100 CEUs per year).
2. Maintain the currency of your insurance and senior first aid certificate. AMT must hold copies of these documents on file.
3. Provide your clients with a formal receipt, either computer generated, or with a rubber stamp or address label clearly indicating the practitioner's name, AMT member number (e.g. AMT 1-1234), practice address (no PO Box numbers) and phone number. Client's name, date of treatment, nature of treatment (i.e. Remedial Massage), and particular health fund provider number may be handwritten.

4. Provide AMT Head Office with a practice address (or business address for mobile practitioners; no PO Boxes). We cannot forward you on the provider list without these details.
5. Notify AMT Head Office of all relevant practice addresses. Many practitioners forget to notify us of a change of practice address but it is crucial that you do this, otherwise your clients' claims may be rejected. Some funds require you to have a separate provider number for each practice address you have.

In most industry dialogue and debate there is an underlying thread of agreement amongst Massage Therapists - our shared goal is to continue to strive for recognition and acknowledgement of our professional expertise. However, if we are to be taken seriously as professionals, we must get serious about our professionalism. Health insurance fraud is a frivolous and deeply damaging behaviour that could rocket our industry back to the dark ages of obscure and arcane irrelevance.

Let's not marginalise ourselves from within.

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Health Fund Status

HEALTH FUNDS AND SOCIETIES

CRITERIA

Commonwealth Bank Health Society
Manchester Unity

These funds recognise all AMT practitioner levels.

ACA Health Benefits Fund (ARHG)
Australian Regional Health Group
Cessnock & District Health Benefits Fund (ARHG)
CrediCare (Credit Union Australia) (ARHG)
Defence Health (ARHG)
Federation Health (ARHG)
GMHBA (ARHG)
Health Insurance Fund of WA (ARHG)
Health Partners (ARHG)
HIF (ARHG)
Latrobe Health Services (ARHG)
Lysaght Peoplecare (ARHG)
Mildura District Hospital Fund (ARHG)
Navy Health (ARHG)
NSW Teachers Federation Health Society (ARHG)
Phoenix Health Fund (ARHG)
Police Health (ARHG)
Queensland Country Health (ARHG)
Railway and Transport Hospital Fund (ARHG)
Reserve Bank Health Society (ARHG)
St Luke's Medical & Hospital Benefits (ARHG)
Teachers Union Health (ARHG)
Transport Health (ARHG)
United Ancient Order of Druids (ARHG)
Westfund Health Fund (ARHG)

ARHG recognises all AMT practitioner levels. They require you to use their provider number. This number is AW0XXXXM, where the X's are your 4-digit AMT membership number.

Australian Health Management Group
Australian Unity
Geelong Medical Benefits Fund
Government Employees Health Fund (AHMG)
Grand United Friendly Society
HCF
National Mutual Health Fund
NIB
Super Health Plan
Victorian WorkCover Authority

These funds recognise Senior Level One, Two or Three members. HCF require new providers to fax your name, practice address and association name to 02 9279 3549.

MBF
NRMA

These funds recognise members with the HLT 50302 Diploma of Remedial Massage. You must send a signed consent form to AMT. Existing Senior Level One, Two and Three providers remain eligible.

Medibank Private
HBF

Medibank Private recognises Senior Level One, Two and Three members. They require you to apply directly to them. You will need to send them a certified copy of your membership certificate and fill out their application form which can be downloaded from the AMT website.

HBF requires you to apply directly. To register call 08 9265 6125.

ANZ Health Insurance (HBA)
Cardmember Health Insurance Plan (HBA)
Gay & Lesbian Health Fund (HBA)
HBA (formerly AXA)
HealthCover Direct (HBA)
Mutual Community (HBA)

HBA require a nationally-recognised, diploma level qualification from a Registered Training Organisation. Existing Senior Level One, Two and Three HBA providers remain eligible.

AMT has negotiated provider status on behalf of members with the Health Funds listed. All funds require a minimum of \$1 million insurance, first aid and CEUs. If you are up-to-date with these, there is no need to apply individually to each health fund: your name will be forwarded for automatic endorsement as a provider.

However, you will need to apply directly to Medibank Private and HBF. Medibank registration forms are available for download in the Health Fund section of our website. To register with HBF call 08 9265 6125.

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

- 1. Be financial and have a commitment to ongoing education (ie: an average of 100 CEUs per year)
- 2. Provide your clients with a formal receipt, either computer generated, or with rubber stamp or address label clearly indicating practitioner's name, AMT member number (eg: AMT 1-1234), practice address (no PO Box numbers) and phone number. Client's name, date of treatment, nature of treatment (ie: Remedial Massage), and particular health fund provider number may be handwritten.
- 3. Provide AMT Head Office with a practice address (or business address for mobile practitioners; no PO Boxes) - failure to supply these details to us will result in your name being removed from health fund listings.
- 4. Notify AMT HO of all relevant practice addresses.

Please check the AMT website for further information on specific Health Fund requirements: www.amt-ltd.org.au

Calendar of Events

Courses accredited by AMT attract 5 CEUs per hour. Courses not accredited by AMT attract 1 CEU per hour. Please check dates and venues of workshops (using the contact numbers listed below)

December 2007		CEUs
1-2	MET Workshop. Presented by Alison Bell. Melbourne. Ph: 03 9481 6724	70
1-2	Trigger Point Workshop. Presented by Stuart Hinds. Sydney. Ph: 03 9481 6724	70
4	Blue Mountains Branch Meeting. Ph: 02 4757 4902	10
8-9	Chinese Cupping Workshop. Presented by Rob Lobosco. Melbourne. Ph: 03 9481 6724	70
15	Mid North Coast Branch Meeting. Port Macquarie NSW. Ph: 02 6584 6661	15

January 2008		CEUs
19-20	Western Cupping. Presented by Bruce Bentley. Wagga Wagga. Ph: 03 9576 1787	70
20	Hunter Region Meeting. Adamstown. Ph: 02 4969 5880	15
29	Illawarra Branch Meeting. Ph: 0403 021 627 or 02 4283 8942	15
31-4	Neurostructural Integration. Presented by Ron Phelan. Bright VIC. Ph: 0419 380 443	175

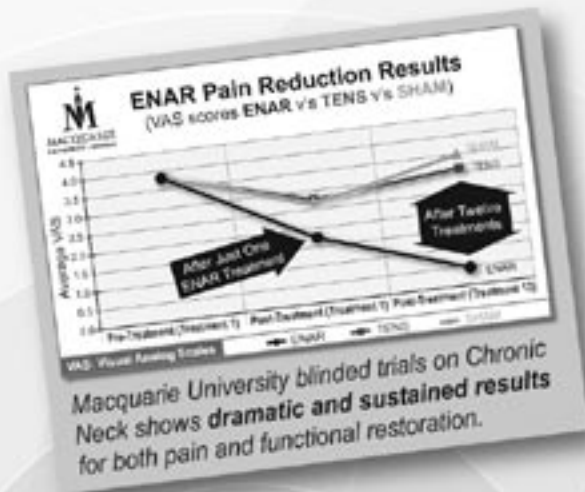
February		CEUs
2-3	The Rolfig Touch - Myofascial Approaches. Presented by Michael Stanborough. Melbourne. Ph: 02 9522 6770	85
9-10	Fascial Perspectives - Understanding Structure. Presented by John Smith. Melbourne. Ph: 02 9522 6770	85
16-17	Authentic Presence - Therapeutic Contact. Presented Ashuan Seow. Melbourne. Ph: 02 9522 6770	85
16	Muscles and Pelvic Alignment. Presented by John Bragg. Mackay. Ph: 0438 773 333	35
17	Sciatica, Piriformis Syndrome and Hip Pain. Presented by John Bragg. Mackay. Ph: 0438 773 333	35
22-26	Neurostructural Integration. Presented by Ron Phelan. Melbourne Ph: 0419 380 443	175
23-27	Akupunkt- Massage according to Penzel (Course A). Presented by Rene Goschnik. Sydney Ph: 02 9547 0158	200
23-24	Traditional Thai Massage. Presented by Bruce Bentley. Canberra Ph: 03 9576 1787	70
26	Illawarra Branch Meeting. Ph: 0403 021 627 or 02 4283 8942	15

March		CEUs
1-2	Orthobionomy Phase 4 Fundamental. Presented by Anthony Swan. Canberra. Ph: 0412 286 385	70
1-2	Western Cupping. Presented by Bruce Bentley. Sydney. Ph: 03 9576 1787	70
8-9	Muscle Energy Technique. Presented by Paula Nutting. Melbourne. Ph: 03 9481 6724	70
13-17	Neurostructural Integration. Presented by Ron Phelan. Launceston. Ph: 0419 380 443	175
15-16	Eastern Cupping. Presented by Bruce Bentley. Melbourne Ph: 03 9576 1787	70
16	The Human Machine. Presented by Alan Ford. Adamstown. Ph: 02 4969 5880	35
25	Illawarra Branch Meeting. Ph: 0403 021 627 or 02 4283 8942	15
29-30	Eastern Cupping. Presented by Bruce Bentley. Brisbane. Ph: 07 3846 1988	70
30	Business Workshop. Presented by David Sheehan. Melbourne. Ph: 03 9481 6724	35
31	Aromatic Medicine for Massage Therapists. Presented by Ron Guba. Melbourne. Ph: 03 9481 6724	15

Please view the Calendar of Events on the AMT website for the complete 2007 listing: www.amt-ltd.org.au

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Evidence Based Massage: Low Back Pain

How your local Remedial Massage Therapist fits into the primary care paradigm

Many recent studies demonstrate the efficacy of Remedial Massage Therapy in the treatment of chronic and sub-acute Low Back Pain (LBP).

In 2002, the Cochrane Collaboration published a review of massage with the objective of assessing the effects of massage therapy for non-specific LBP.¹ Eight randomised trials were featured. The authors concluded that massage therapy appeared to be beneficial for patients with subacute and chronic non-specific LBP, especially when the treatment was combined with exercises and education, and delivered by a qualified Massage Therapist. The results of one high quality study showed that the benefits of Massage Therapy last as long as one year following the end of active treatment.²

In summarising the implications for practice, the authors of the Cochrane Review made the following observation:

"Massage is beneficial for patients with subacute and chronic non-specific LBP in terms of improving symptoms and function. Massage therapy is costly, but it may save money in health care provider visits, pain medications and costs of back care services."³

In a separate review comparing the effectiveness, safety and cost of acupuncture, massage therapy and spinal manipulation for back pain, researchers concluded that the preliminary evidence suggests that massage therapy, but not acupuncture or spinal manipulation, may reduce the costs of care after an initial course of therapy.⁴ This conclusion was based on analysis of 49 randomised, controlled trials.

Remedial Massage Therapy can be utilised as part of a multi-disciplinary approach to non-specific LBP and also as an effective standalone therapy where the precise soft tissue mechanisms and etiology are known. One frequent cause of LBP is the presence of active myofascial trigger points (TrPs) in the quadratus lumborum, multifidus, gluteus medius and psoas major muscles.⁵ Remedial Massage Therapists are trained to assess and treat TrPs using a variety of manual techniques, as well as addressing restrictions and shortening in the myofascia. Given the prevalence of connective tissue induration in muscle fibre, particularly in the lower multifidus triangle, the effect of soft tissue mobilisation in prevention and rehabilitation of LBP is significant.⁶

Your local Remedial Massage Therapist can work closely with the primary care team to ensure best practice outcomes for the low back pain patient.

¹ Furlan AD, Brosseau L, Imamura M, Irvin E "Massage for low back pain". Cochrane Database Syst Rev 2002; CD001929

² Cherkin DC, Eisenberg D, Sherman KJ, Barlow W, Kaptchuk TJ, Street J, et al. "Randomized trial comparing traditional Chinese medical acupuncture, therapeutic massage, and self-care education for chronic low back pain", **Archives of Internal Medicine**, 2001;161:1081-8.

³ Furlan et al

⁴ Cherkin DC, Sherman KJ, Deyo RA, Shekelle PG. (2002) "A review of the evidence for the effectiveness, safety, and cost of acupuncture, massage therapy, and spinal manipulation for back pain", **Annals of Internal Medicine**, 2003;138(11):898-906

⁵ Travell JG, Simons DG Myofascial Pain and Dysfunction: The TriggerPoint Manual. volume 2- the lower extremities Lippincott Williams Wilkins; 23-131 & 150-167

⁶ Williams, PE, Katanese, T, Lucey, EG and Goldspink, G, "The importance of stretch and contractile activity in the prevention of connective tissue accumulation in muscle", **Journal of Anatomy**, 1988, 158, pp109-114.

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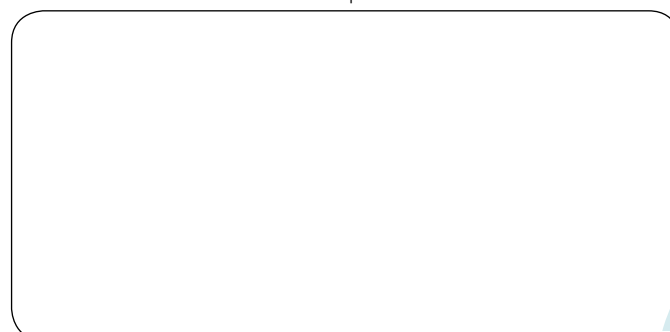
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Your local AMT-accredited therapist is:



Evidence Based Massage: Stress and Hypertension

How your local Massage Therapist fits into the primary care paradigm

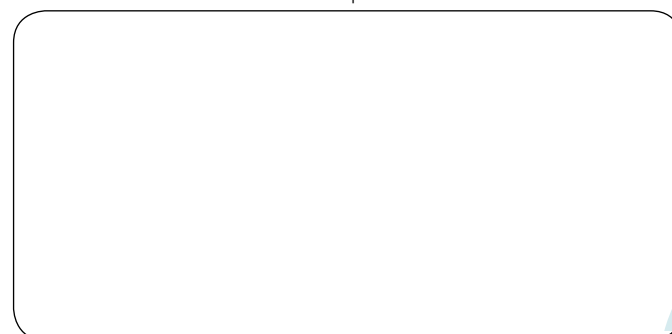
The trend towards evidence-based models of healthcare has helped to highlight the benefits of preventive and wellness forms of complementary treatment such as Swedish Massage. Recent studies demonstrate that massage therapy can assist in the management of hypertension due to stress.

In one 2005 study, a team of researchers investigated the effect of relaxation massage on 16 healthy males.¹ Immediate post-treatment effects included a drop in systolic blood pressure. After six weeks of twice-weekly massage, the diastolic blood pressure was reduced by 11% with an immediate post-treatment net decrease of 22%.

In a U.S. study, 30 adults with at least a 6-month medical diagnosis of hypertension were randomly assigned into either a massage group or a progressive muscle relaxation group. The massage group received a standardised, Swedish massage twice weekly for 5 weeks. This group recorded a sitting diastolic and systolic blood pressure decrease after the first and last sessions. Reclining diastolic blood pressure declined from the first to the last day of the 5-week treatment period.² Both groups reported less anxiety and depression on two psychometric measures (STAI and CES-D) but salivary and urinary stress hormones decreased only for the massage therapy group.

A preliminary study from the University of South Florida tested the effects of a regularly applied back massage on the blood pressure of patients with clinically diagnosed hypertension. Subjects received a series of ten, 10-minute back massages three times a week while a control group relaxed in the same environment over ten sessions.

Your local AMT-accredited therapist is:



Analysis of variance determined that systolic and diastolic blood pressure changed significantly between groups over time.³ Effect size was 2.25 for systolic pressure and 1.56 for diastolic pressure, suggesting that regular massage may lower blood pressure in hypertensive persons.

In yet another study, 54 adults (60+) were randomly selected for two treatment groups. The objective was to assess the effects of massage therapy compared with guided relaxation on stress perception and wellbeing among older adults. Results showed significant improvements in the anxiety, depression, vitality, general health, perceived stress and positive well-being subscales of the General Wellbeing Schedule among the massage participants.⁴

This evidence underscores the key role that your local Massage Therapist can play as part of a multidisciplinary care team involved in the management of hypertension and stress.

¹ M. Aourelia, M. Skooga, J. Carleson, "Effects of Swedish massage on blood pressure", **Complementary Therapies in Clinical Practice** (2005) 11, 242-246

² M. Hernandez-Reif, T. Field, J. Krasnegor, H. Theakston, Z. Hossain, I. Burman, "High blood pressure and associated symptoms were reduced by massage therapy", **Journal of Bodywork and Movement Therapies** (2000) 4(1), 31-38

³ C. Olney, "The effect of therapeutic back massage in hypertensive persons: a preliminary study", **Biological Research for Nursing**, 2005 Oct;7(2), 98-105

⁴ P. Sharpe, H. Williams, M. Granner, J. Hussey, "A randomised study of the effects of massage therapy compared to guided relaxation on well-being and stress perception among older adults", **Complementary Therapies in Medicine** (2007), doi:10.1016/j.ctim.2007.01.004

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Evidence Based Massage: Cancer

How your local Massage Therapist fits into the primary care paradigm

Until relatively recently, common wisdom held that Massage Therapy was contraindicated for patients with cancer due to its circulatory-enhancing effects. However, current studies have demonstrated substantial symptom relief and immune system benefits from massage. The Memorial Sloan-Kettering Cancer Center in New York undertook a large and significant study. Over a 3-year period, 1290 cancer patients were treated with either Swedish Massage or foot massage. Symptom scores were reduced by approximately 50%, even for patients reporting high baseline scores. Outpatients of the Center improved about 10% more than inpatients.¹ Outcomes from Swedish Massage were superior to those from foot massage. The researchers concluded that massage therapy achieves major reductions in cancer patients' pain, fatigue, nausea, anxiety and depression, and that Massage Therapy appears to be a non-invasive and inexpensive means of symptom control for patients with serious chronic illness.

In another study investigating immune and neuroendocrine function, 34 Stage 1 and 2 breast cancer patients were randomly assigned to either a massage group or a control group. The immediate massage therapy effects included reduced anxiety, depressed mood and anger. The longer-term massage effects included reduced depression and hostility, and increased urinary dopamine, serotonin values, NK cell number, and lymphocytes.²

The efficacy of Manual Lymphatic Drainage (MLD) in the treatment of lymphoedema is well documented. In one recent case study, researchers measured the effect of MLD on 3 lymphoedema patients and demonstrated a significant clinical effect on the total fluid levels in the massaged and affected lymphoedematous limbs.

They also recorded a softening of the tissues of all of the major lymphatic territories.³

A recent meta-analysis encompassing 27 clinical trials of massage and meditation also suggests that there is substantial benefit in incorporating massage into the palliative care model. Results from 26 of the 27 trials showed significant improvements in symptoms such as anxiety, emotional distress, comfort, nausea and pain.⁴ Although variations in methodology raised some questions about the clinical significance of this review, the principal finding was that the trials of massage exhibited substantial benefit for the end-of-life patient.

Your local Massage Therapist can work in close co-operation with the primary care team to reduce the symptoms and distress associated with cancer. The emerging evidence suggests a pivotal role for the Massage Therapist in the management of both the physical and psychological effects of serious, life-threatening illnesses.

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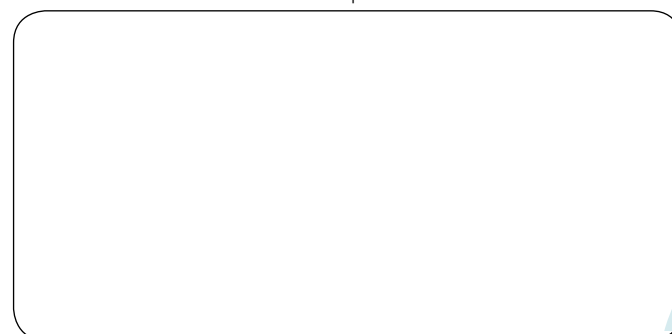
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Your local AMT-accredited therapist is:



¹ B. Cassileth and A. Vickers, "Massage Therapy for Symptom Control: Outcome Study at a Major Cancer Center", **Journal of Pain and Symptom Management**, Vol. 28 No. 3 September 2004

² M. Hernandez-Reif, G. Ironson, T. Field, J. Hurley, G. Katz, M. Diego, S. Weiss, M. Fletcher, S. Schanberg, C. Kuhn, I. Burman, "Breast cancer patients have improved immune and neuroendocrine functions following massage therapy", **Journal of Psychosomatic Research** 57 (2004) 45-52

³ R. Harris, N. Piller, "Three case studies indicating the effectiveness of manual lymph drainage on patients with primary and secondary lymphoedema using objective measuring tools", **Journal of Bodywork and Movement Therapies** (2003) 7(4), 213-221

⁴ W. Lafferty, L. Downey, R. McCarty, L. Standish, D. Patrick, "Evaluating CAM treatment at the end of life: A review of clinical trials for massage and meditation", **Complementary Therapies in Medicine** (2006) 14, 100-112

Evidence Based Massage: Tension Headache

How your local Remedial Massage Therapist fits into the primary care paradigm

Recent studies have helped to validate the efficacy of manual interventions such as massage therapy in the treatment of chronic and episodic tension headache.

A team of researchers in Colorado investigated the effects of a standardised massage protocol specifically targeting the cranial and cervical muscles on a group of chronic tension headache sufferers.¹ Subjects received twice-weekly, half-hour massages for 4 weeks following a baseline period of 4 weeks with no treatment. Headache frequency was reduced within 1 week of massage treatment compared with baseline levels. This reduction was maintained during the 4 weeks of the treatment period. A trend toward a reduction in the average duration of each headache was also noted. The researchers concluded that massage therapy was an effective non-pharmacological intervention for the treatment of chronic tension headache.

In another study, researchers compared hardness in the trapezius muscle between chronic tension headache sufferers and healthy controls.² The study demonstrated that muscle hardness and muscle tenderness were permanently heightened in chronic tension type headache and not just a consequence of actual pain.

The influence of myofascial trigger points in the trapezius and suboccipital muscles has been the subject of several recent studies. Much of this recent study is based on the seminal work of Dr Janet Travell and Dr David Simons whose 2-volume manual **Myofascial Pain and Dysfunction: the Trigger Point Manual** became the definitive reference on myofascial pain for a generation of musculoskeletal specialists.

A 2006 Spanish study investigated referred pain and pain characteristics evoked from active trigger points in the upper trapezius muscle in 20 patients: the evoked referred pain and its sensory characteristics shared similar patterns as their habitual headache pain.³ In a related study, Spanish researchers studied a group of episodic tension headache patients and described the referred pain patterns evoked by active trigger points in the suboccipital muscles. Headache patients were compared against two healthy control groups. The researchers postulated that suboccipital trigger points might contribute to the origin and/or maintenance of headache.⁴

Your local Remedial Massage Therapist can assist in the primary treatment of tension headache by employing manual techniques aimed at reducing hypertonicity and active trigger points in the pericranial and cervical muscles. Remedial Massage Therapists are specifically trained to assess and treat soft tissue dysfunctions that may contribute to this kind of presentation in the family medical practice.

¹ C. Quinn, C. Chandler, A. Moraska, "Massage Therapy and Frequency of Chronic Tension Headaches", **American Journal of Public Health**, October 2002, Vol 92, No. 10, pp 1657-1661,

² M. Ashina, L. Bendtsen, R. Jensen, F. Sakai, J. Olesen, "Muscle Hardness in Tension Type Headache: relation to actual pain state", **Pain**, 79 (1999), pp 201-205.

³ C. Fernandez-de-las-Penas, Hong-You Ge, L. Arendt-Nielsen, M. Cuadrado, J. Pareja, "Referred pain from trapezius muscle trigger points shares similar characteristics with chronic tension type headache", **European Journal of Pain** 11 (2007) 475-482

⁴ C. Fernandez-de-las-Penas, C. Alonso-Blanco, M. Cuadrado, J. Pareja, "Myofascial trigger points in the suboccipital muscles in episodic tension-type headache", **Manual Therapy** 11 (2006) 225-230

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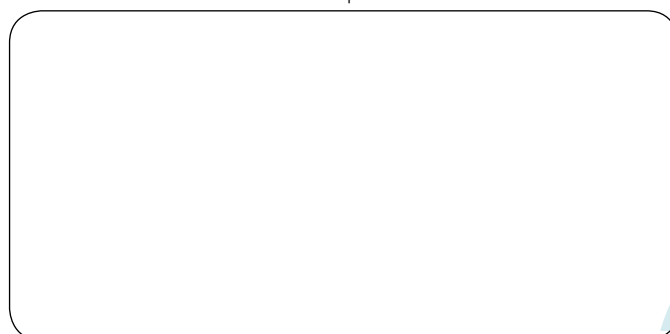
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ALL WORKSHOPS AND COURSES WITH HEALTH TRADITIONS are the result of first-hand research and decades of practice. Every workshop was the first of its kind, and courses in Traditional Thai Massage are the only ones outside Thailand to be recommended by the Wat Pho Thai Traditional Medical School – Headquarters by Royal patronage for over 300 years in Thailand. We trust you will find them unmatched in post – graduate education.

All workshops are designed to give the therapist skills that are effective, time and energy efficient, interesting to practice and take the concentration of effort away from the hands when appropriate.

BRUCE BENTLEY, FOUNDER OF HEALTH TRADITIONS pioneered research and practice of traditional medicine over thirty years ago. Following initial studies in Thai medicine and traditional Thai massage in Thailand, he went to Taiwan in 1976 and completed a five-year Doctor's program in Traditional Chinese Medicine, in Chinese language, at the Chinese Acupuncture Hospital. His subsequent formal studies in Australia have included Western Medical Sciences, a Bachelor of Health Sciences (Chinese Herbal Medicine), an Honours degree in the Sociology of Health and Illness and a Masters degree in Health Studies. Bruce has also undertaken archival and field research throughout South - East Asia, China, India, Europe and North Africa.



In 2002 Bruce was employed by the Department of Human Services (Victoria) to carry out a full time 12-month project titled *Folk Medical Practices within the Vietnamese Community* and during this period he studied with Mr Trang Le, a Vietnamese man who is a holder of the Buddhist Wandering Monk Medical Tradition – a rare lineage that includes exceptional information about cupping and gua sha.

Bruce is also in private practice specialising in pain and stress conditions, and is a state registered practitioner of acupuncture and Chinese herbal medicine and is an accredited Chinese remedial massage (tuina) therapist.

CONTINUING EDUCATION POINTS (for all workshops)

Australian Traditional Medicine Society (ATMS), Association of Massage Therapists (AMT)

Australian Acupuncture and Chinese Medicine Association (AACMA) (except Western cupping tradition)

Australian Association of Massage Therapists (AAMT), Association of Remedial Masseurs (ARM)

Australian Natural Therapists Association (ANTA)

Yoga Teachers Association of Australia (YTAA) (Traditional Thai massage only)

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www.healthtraditions.com.au



TRADITIONAL CUPPING WORKSHOPS

Since the first Health Traditions Cupping Workshops over ten years ago, cupping has developed from an obscure technique to a highly valued therapy. These cupping workshops began the resurgence in cupping therapy and are totally original and unique in content. They are taught with thoroughness to ensure safe, confident and knowledgeable practice.

BACKGROUND: KEEPING TRADITION ALIVE AND GROWING. . .

Bruce Bentley first learnt traditional Chinese cupping as part of his internships at hospitals and clinics in Taiwan from 1976 -1981. This was followed by his thesis for a Masters Degree in Health Studies titled 'Cupping as Therapeutic Technology' and his first research trip to Vietnam. In 1996, he was invited to China, where a special course on cupping was presented to him by chief physicians at the Shanghai University of Traditional Chinese Medicine.

To investigate other cupping practices in China, Bruce also studied at the Tibetan Medicine Hospital in Lhasa, Tibet, and at the Uighur Traditional Medicine Hospital in Urumqi, Xinjiang Province. The following year he visited the Australian Institute of Sport in Canberra to observe how the masseurs there employ cupping to treat sports injuries and enhance performance. Midway through 1998, Bruce spent three months in Europe and North Africa. The first month was devoted to archival research at the Wellcome Institute for the History of Medicine (the world's premier library and research centre for medical history), London, and the Department for the History of Medicine at Rome University. For the remaining two months he travelled to Sicily, Greece, Bulgaria, Turkey, Morocco and Tunisia learning local cupping traditions. Bruce has also returned to study cupping in Vietnam and his most recent research trip was to Cambodia during July 2003.

"There is no doubt that Bruce Bentley is the foremost international expert on the history and practice of cupping in different cultures around the world." - *Introduction to an interview with Bruce for The Lantern, an international journal of Traditional Chinese Medicine, 2007, and translated into French for the Journal De Medicine Traditionnelle Chinoise.* (To read this interview go to www.healthtraditions.com.au)

"The first class I did with Bruce was the Western Tradition Cupping Workshop and had such outstanding results in conjunction with massage on the elite athletes I treat, that I then did the Eastern Tradition and the Gua Sha Day. Bruce's vast knowledge on these subjects is second to none and I highly recommend his courses. Cupping and Gua Sha have both been fantastic on the athletes. They are completely sold on both!! It saves my hands as well." - *Heather Deller, official massage therapist for the Great Britain Olympic Cycling Team, US, T- Mobile, the Women's Professional Cycling Team and Chinese, Giant Bicycles, Women's Professional Cycling Team.*

WESTERN TRADITION

- Traditional European methods for treating tight muscles, back and hip pain, colds and more, as well as modern methods for repairing scar tissue, stretch marks and cellulite.
- The history of cupping in the Western medical tradition with accompanying slides from the Wellcome Institute, London.
- Russian cupping massage as a sliding cup treatment throughout the entire back for rejuvenation and stress reduction.
- Cupping combined with stretching for sports injuries and clinical problems such as plantar fasciitis, ilio-tibial band syndrome and compartment syndrome.
- Traditional and scientific interpretations of the action and benefits of cupping.
- To this day, this Western Tradition Cupping Workshop is the only course on this subject in the world.

EASTERN TRADITION

- Chinese, Vietnamese and Japanese methods of using flame and vacuum cups for soft tissue imbalances plus special warming methods to release muscle tightness.
- How to diagnostically interpret the colourations that occur when toxins and other pathogens are drawn from the body.
- Learn to cup specific acu-points for enhanced healing effects in association with massage & other therapies.
- Treatments for low back pain, colds, menstrual irregularities, gastro-intestinal disorders, sciatica, muscle weakness and more, using stationary, sliding & flash methods of cupping.
- Tonification and sedation cupping methods to harmonise the body.
- The cupping detoxification program. Cleanse and soften the skin and strengthen the entire body system.

"When I did Bruce Bentley's course on Eastern Cupping, I was amazed to find the degree of subtlety and sophistication attainable in this form of therapy. I can only recommend the course. I strongly encourage students and practitioners to expand their knowledge in this area; as the usual coverage is far from adequate. Bruce is a world expert in the art of cupping, who we are lucky to have here in Australia" - *Steven Clavey, TCM practitioner, author of Fluid Pathology and Physiology in Traditional Chinese Medicine (Churchill Livingstone), and co-author of Chinese Herbal Medicine: Materia Medica - 3rd Ed (Eastland Press).*

ENROLMENT REQUIREMENTS FOR THE TRADITIONAL CUPPING WORKSHOPS:

Accredited health professionals such as massage therapists, acupuncturists, doctors, nurses, naturopaths, osteopaths and physiotherapists. Students from an accredited course of study, who have completed a minimum of 50 hours in anatomy and physiology. Note: Women who are pregnant should contact Bruce. Class size is limited to 16 participants.

EXTERNAL INJURY WORKSHOPS

The External Injury Workshops bring to the fore three valuable treatment methods used for centuries by the Chinese. These are:

- Gua Sha
- Moxibustion
- Chinese Herbal Medicine

In Part One, we explore the methods and practical applications of Gua Sha. By drawing a smooth edged instrument, such as a porcelain soup spoon or a specialised tool made from buffalo horn, across the skin at the areas of injury or imbalance, a distinctive reddening of the skin is observed. This reddening is known as sha and is a positive response that brings the immediate and lasting benefits of reducing inflammation, coldness, tightness and pain from both the superficial and deeper levels of the body. Typically gua sha is very effective for treating all forms of injury, as well as heat syndromes, dizziness, chills and aches.

In Part Two, the focus is on Moxibustion - Chinese medicine's form of heat treatment. It involves the use of a particular dried herb that is lit and applied close to the skin surface or over an acupuncture point. This has a pleasant and deeply penetrating therapeutic effect. Moxibustion speeds injury recovery by supplying strength and nourishment to the body, dispersing cold, pain and dampness and by promoting the flow of chi (qi) and blood to remove obstruction and blockages.

Part Three is devoted to Injury Herb Medicines. The Chinese have developed a wealth of knowledge and an extensive repertoire of herbal applications to enhance recovery from sports injuries and other forms of trauma. You will learn which herbs to select for different injuries and how to prepare liniments, soaks and poultices to either massage in or cover over an injury to aid and support the natural healing process. Chinese injury herb medicines dissipate swelling and bruising, promote circulation and mend injured tissue. Importantly, this adds up to deep healing; so afterwards there is also a greatly reduced chance of recurrent weakness or rheumatism. (Enrolment requirements as per Traditional Cupping Workshops)

"Through the red door, into the herbal dispensary, the external injury workshop has been my first stepping stone into the wonderful world of traditional Chinese medicine."
- Tina Philp, *Massage Therapist*

"Extremely informative, motivating and heaps of fun." - Danielle Gleeson, *Massage Therapist*

"The workshop expanded and enriched my existing knowledge and gave me interesting new perspectives for my practice. Bruce's experience is invaluable." - Mark Gearing, *Acupuncturist & Chinese Herbalist*

BACKGROUND: One of Bruce's favourite interests in Taiwan was going outside formal hospital settings to study with street – level practitioners and martial artists who specialise in treating external injuries. This workshop is an excellent new skills program for those who deal with sports and related injuries.

GUA SHA DAY

A one-day presentation of Gua Sha for practitioners specifically interested in this therapeutic method. See a description of this practice in the write-up on the External Injury Workshops.

"Learning the correct way of performing gua sha and all its various applications in practice was a revelation. Since the class with Bruce – which was great – I use it often and with great success." - Barbara Stephens, *remedial massage therapist and remedial massage and shiatsu lecturer.*

BACKGROUND: Bruce has studied with expert gua sha practitioners for over 30 years, including Dr Lee, the gua sha specialist at the Shanghai Hospital of Traditional Chinese Medicine and Mr Trang Le, holder of the Buddhist Wandering Monk Medical Tradition. (To read Bruce's most recent essay on Gua Sha go to www.healthtraditions.com.au)





TRADITIONAL THAI MASSAGE - with THE AUSTRALIAN SCHOOL OF TRADITIONAL THAI MASSAGE

- the synthesis of Massage and Yoga therapy

Traditional Thai Massage has been practised for over a thousand years. It is a unique and graceful series of massage styles and practises based on Ayurvedic medical theory, Buddhist Mindfulness, Yoga postures adapted to become stretches and Thai ingenuity with the hands, elbows, knees and feet. Traditional Thai Massage (sometimes referred to as Thai Yoga Massage) is the original therapy that combines the benefits of massage and stretching.

"Traditional Thai massage is a wonderful form of massage. Where it stands out above other styles is the way it relaxes the whole body as well as stretches the muscles and mobilises the joints in a very controlled and gentle way. This combination of relaxation, and strength realised by Traditional Thai Massage is exactly what we are trying to achieve with our bodies. We would recommend it to all dancers as the freedom we feel after treatment is truly wonderful."

- testimonial given to the ASTTM in 2002 by Alan and Donna Shingler, former Australian amateur and professional Dance Sport champions, ranked in the top 6 professional couples in the world.

BACKGROUND: When Bruce first saw TTM in Thailand in 1976 he began gathering as much practical and theoretical information as he could. He has returned to Thailand 13 times, totalling around two and a half years of research and has studied in all parts of the country. In 1992, Bruce founded the Australian School of Traditional Thai Massage and the breadth of the studies presented has seen the ASTTM become the only school outside Thailand to be recommended by the Wat Pho Thai Traditional Medical Association, headquarters of Thai medicine and massage for the past three centuries. This recommendation is especially significant because there are many studies in our programs that are no longer taught or have faded from practice in Thailand.

"Considering Bruce Bentley's knowledge and the quality of the teaching program taught at the Australian School of Traditional Thai Massage, I am happy to recommend this course" - Preeda Tangsrongchitr: Director of the Wat Pho Thai Traditional Medical School, Bangkok.

"Although I had been to Thailand six times to seriously study Northern styles of Traditional Thai Massage, when I heard about Bruce Bentley's research I went to Melbourne (I live in Brisbane) to do the Diploma course with the ASTTM. I was so impressed with the quality and range of the teaching that I did the entire course again the next year!"

- Richard Clark: Ashtanga Yoga teacher, Traditional Thai Massage therapist and Acupuncture practitioner, past president of the Australasian Ayurvedic Practitioners Association and writer for Australian Yoga Life magazine.

At the Australian School of Traditional Thai Massage, we teach 2-day workshops, the Ten-day Certificate course (accredited with the Association of Masseurs and Researchers) and a Diploma course (accredited with the Australian Traditional Medicine Society).

5 DAY CHINESE MASSAGE COURSE

In ancient times, the Chinese discovered that pressure applied to specific points on the surface of the body would produce a therapeutic effect. These experiences led to the development of Acupressure. In association with Tuina (Chinese remedial massage therapy), this course will enable the practitioner to confidently treat a range of common musculo-skeletal and health disorders as well as soothe and harmonise the emotions. This knowledge and various practical skills will be blended progressively as the course proceeds - so each student can perform a unique one-hour full-body Chinese massage.

"This course delivered everything I have come to expect from Health Traditions - excellent notes, loads of fun and expert instruction with plenty of practise. I should know, I've done them all now." - Sharlene Fritz, Remedial Massage Therapist

BACKGROUND: Bruce Bentley has a Diploma of Chinese Massage from the Kuan Yin Hospital (Taiwan) and a Post-Graduate Diploma in Acupressure conferred by Prof Wang Zao-Pu (China). Bruce has taught Chinese Massage at the Australian School of Therapeutic Massage for 20 years and has taught Tuina (and cupping and gua sha) in the Chinese Medicine Department at Victoria University (Melbourne).

Health
RADITIONS

For comprehensive details on courses & workshops and registration form visit: www.healthtraditions.com.au
Email: healthtr@planet.net.au Phone: or speak with Bruce on 03 9576 1787 or Sean on 07 3846 1988