



President's Report

By Tamsin Rossiter

President's Report	1
Secretary's Report	2
News from the Regions	6
Supporting Birth with Massage <i>by Julia Willoughby</i>	10
AMT Conference 2009	14
In Conversation with Dan: Introducing the AMT Massage Therapist of the Year	16
Contemporary Cupping Concepts <i>by Dave Moore</i>	18
Clinical Perspectives: Carpal Tunnel Syndrome	20
An open letter to the readers of <i>In Good Hands by Colin Rossie</i>	25

In my last report I welcomed you all to Spring. Now it's time to dust off the boardies, thongs and togs, and surf a neat segue to our recent Hawaiian-themed knees up at the annual conference! Fantastic night, sensational outfits, good food, great music and a dance floor full of jiving massage therapists. Everyone seemed to really enjoy themselves, chatting to old friends and making new ones.

Rebecca's report emphasises the positive feedback from conference delegates. Every one of the presenters impressed and keynote speaker, Jon Adams, was extremely well received. He managed to both enlighten and inspire interest in the development of qualitative research in the field of complementary therapies. No mean feat.

AMT's inaugural national educators' forum, held on the pre-conference Friday, was an auspicious occasion. It provided massage educators with the opportunity to openly discuss massage training with their peers, who represented both public and private Registered Training Organisations (RTOs), as well as different professional associations, both local and interstate.

We engaged in productive, thought-provoking discussions on issues relating to the current Health Training Package, HLT07, including the delivery and assessment of integrated units and auditing requirements. Melbourne's Stewart Condie presented some interesting approaches to teaching massage within a competency-based training (CBT) paradigm. This topic has rarely been discussed openly and there has historically been some confusion regarding what CBT actually is and how the principles of CBT differ from curriculum-based education.

CBT is an approach to training that focuses on what a person can achieve, rather than an emphasis on the actual process of training. Training is aimed at meeting specific industry needs rather than an individual's achievement relative to the group. There is also a focus on flexible delivery and recognition of prior learning (RPL). RTOs tailor the delivery of massage education to suit their own needs and the delivery may differ greatly from other training organisations.

Stewart delivered his presentation in a way that was accessible and non-judgmental. His tone dovetailed perfectly with the purpose of the forum, which is to encourage discourse rather than to leave educators with the feeling that they are doing the wrong thing.

AMT's aim in hosting the event is not to control or oversee massage education but rather to ensure industry standards are being met. This approach is in line with our commitment to the development of a national Scope of Practice for Massage Therapists: if we are looking for consensus amongst associations and practitioners in determining what our scope of practice actually is, it is vital that we include educators in the process to assist in nationally standardising massage practice.

With this in mind, we are committed to programming the educators' forum annually as part of the annual conference, with the intention of fostering networks and open dialogue with educators, massage practitioners, training organisations and professional associations.

The AMT Board joins me in wishing you all a happy and safe Festive Season ...

HAPPY FESTIVUS FROM THE RESTOVUS!

■ amt



in good hands

ABN 32 001 859 285

Association of Massage Therapists Ltd

Office hours:
Monday-Friday 10.00am - 4.00pm

Level 1 Suite B,
304 King Street
Newtown NSW 2042

Postal address:
PO Box 792, Newtown NSW 2042

T: 02 9517 9925
F: 02 9517 9952

massage@amt.org.au
www.amt.org.au

Workshops advertised in this Journal are not necessarily endorsed by the AMT. The views, ideas, products or services in this Journal are not necessarily endorsed by the AMT.

Secretary's Report

by Rebecca Barnett

I am gratified by the response to this year's conference program. Feedback from delegates on the plenary and breakout sessions was overwhelmingly positive. Of course, there are always a few people with niggles about the food or some aspect of hospitality but, overall, the experience for delegates this year seems to have been excellent.

The highlight for me - and many others - was undoubtedly Jon Adams' keynote presentation on research capacity building in the CAM sector. Dull title, sensational speech ... Jon is the first speaker I have encountered who effortlessly managed to make the research agenda seem not only spectacularly relevant but also cool, exciting, entertaining and, god forbid, sexy. To quote a delegate in one of Jon's breakout sessions "The workshop was inspiring and fun, two words not normally associated with research".

Putting the practice back into evidence based practice

Jon's emphasis on bringing the practitioner and real clinical practice back into the health research agenda was extremely welcome news to delegates. On the surface, the idea of bringing 'practice' back into 'evidence-based practice' seems pretty obvious but it's an approach that has largely been bypassed or, worse, marginalised in favour of the randomised, controlled clinical trial as the kingpin of the health evidence pyramid.

When the research agenda is reframed so that both clinicians and patients are put firmly back into the centre of inquiry, it seems reasonable to ask why the randomised clinical trial has been accorded such uninterrogated status in the knowledge and policy-making orthodoxy, especially since this style of evidence gathering is about as far removed from reality and real practice conditions as you can get.

Jon also pointed out that, in spite of the raging behemoth of evidence based practice as the dominant medical ideology, the results of research are generally only poorly understood and even less well applied in real clinical practice by all health practitioners (GPs, physios and massage therapists alike). In other words, it remains a real challenge to translate research into real treatment protocols and outcomes.

It seems hard to avoid the somewhat cynical conclusion that evidence based practice has principally been used as a devastatingly effective public relations weapon to ostracise certain kinds of practice, rather than necessarily enhancing public health outcomes.

Embracing the subject of the health interaction

Jon's work is founded on the qualitative research paradigm. Unlike the quantitative paradigm, which has traditionally set the agenda for health policy making and on which the bulk of evidence based practice rests, the qualitative paradigm embraces the relevance and importance of subjective data. So health attitudes, experiences and beliefs are put into the centre of the frame, not pushed aside as irrelevant noise. The importance of this to the specific practice of Massage Therapy is manifold. As clinicians, we all learn to accept that, in any given interaction with our clients, there is a set of intangible factors that contribute to the success or failure of our treatments in achieving the desired goal of wellness or pain relief. The same protocol, applied in different contexts, does not necessarily engender exactly the same results.

In the quantitative paradigm, these sorts of unquantifiable factors are usually bracketed off as placebo and account for a whopping 30% of clinical effects. The net effect of this is that 30% of the results of trials are stuck in a separate box that is labelled "not clinically significant or relevant".

The qualitative research paradigm may give us the tools to investigate and better understand the nature of this orphaned 30% of the health research pie and perhaps better deliver genuine clinical outcomes to our clients.

Introducing NorphCAM

Jon spoke passionately about the work of NorphCAM, the Network of Researchers in the Public Health of Complementary and Alternative Medicine. Perhaps the most relevant aspect of NorphCAM's mission for us is addressing the need for stronger links and communication between researchers and practitioners. Pleasingly, Jon's breakout sessions seem to have followed through on this mission by engendering a swag of potential research projects. Now, AMT members who have a research idea also have access to advice and expertise from experienced researchers via NorphCAM. I find this exciting and inspiring ... but perhaps I don't get out enough.

(The NorphCAM website can be accessed at www.norphcam.org.)

DEADLINE

**Deadline for the
March 2010 issue of
In Good Hands is:
1st FEBRUARY, 2010**

Please email
contributions to:
journal@amt.org.au
or phone: 02 9517 9925

One aspect of Jon's address that particularly interested me was his discussion of the adequacy of the Complementary and Alternative Medicine (CAM) label to encapsulate the impossibly broad range of practices, approaches, methodologies, remedies, technologies and indeed practitioners that currently fall under its umbrella.

The issue of the meaningfulness of the CAM label is particularly relevant to AMT right now and underscores the challenges we face in cooperating on shared agendas with sister organisations in the CAM field.

Promoting massage as a discrete profession

Since the last edition of *In Good Hands*, AMT has attended two inter-association forums with organisations such as the Australian Traditional Medicine Society, the National Herbalists' Association of Australia, the Australian Homeopathic Association and a range of other bodywork and naturopathic associations. The forum was convened to discuss the regulation of the CAM sector and to identify ways of working together cooperatively.

While AMT remains committed to pooling resources and working cooperatively with other associations wherever possible, it has become apparent after only two meetings that further involvement with the emerging agenda of the group may compromise our stated objective of having Massage Therapy recognised as a distinct profession. The advantages of this key objective from an advocacy perspective seem rather obvious. Historically, AMT has been dedicated to promoting Massage Therapy as a singular profession and it would seem a little perverse and ill advised to adopt a new course now. As a profession, we have also achieved a wide degree of mainstream acceptance over the last 20 years, something that we are not likely to let go of readily.

From the two preliminary meetings AMT has attended, it remains unclear how we can meaningfully advocate for such a diverse range of practices under a single regulatory scheme. It also remains unclear how the split between occupations that include ingestion in their Scope of Practice and those that do not (like Massage Therapy) will be managed.

Clearly, the risks involved in practices that include the prescription of ingestibles are demonstrably different from those involved in the practice of bodywork.

The AMT Board does not believe that there is a single occupation called 'CAM'. In stating this position openly at the forum, AMT has been accused of trying to divide the occupation of Complementary and Alternative Medicine, an occupation we don't believe exists. You can appreciate how this logical loop might stymie our future interactions in the forum!

We believe that the umbrella term of CAM is a convenient label that encompasses a broad and disparate range of practices and occupations, connected by the underlying principle of holism. We further believe that the practice of Massage Therapy is a readily identifiable and distinct vocation. It is clearly not the same as Herbalism or Homeopathy or Pilates Method or even Naturopathy, although many Naturopaths utilise massage as part of their scope.

The emergence from underneath the CAM umbrella of a number of discrete vocations with a distinct and identifiable professional pathway, scope of practice and body of knowledge seems like a positive development to us, rather than a potential source of division or derision within the CAM sector.

Testing the waters with the Vet Affairs recognition agenda

In good faith, AMT submitted an agenda item for discussion at the most recent meeting of the associations. We deliberately chose an issue that we know is close to the heart of our constituency - recognition of Massage Therapy by the Department of Veterans' Affairs. We believed that discussion of this issue would help to clarify some of the potential challenges that the group face in identifying how resources can be shared and priorities established. Unfortunately, our submission was dismissed without dialogue as being outside the remit of the current forum and "too massage specific". Given that the associations present at the table represent more than 16,000 Massage Therapists between them, the notion of a proposal being "too massage specific" seems anathema.

Disappointingly, we received no support for our submission from the other Massage Therapy organisations present at the forum.

We reprint the agenda item submitted for the meeting overleaf by way of background, as many AMT members have asked if our original May 2007 submission to the DVA has progressed. For the record, I am still seeking formal confirmation from the DVA as to the status of our submission. The wheels turn slowly in our great bureaucracy.

To end on a positive note, I wish you all the best for the festive season and hope to see you at our Annual General Meeting in March.

■ amt

Membership fees for 2010

Good news!
Due to the very small shifts in the CPI over the past year, membership fees for 2010 will only rise by less than the cost of a cup of coffee.

Fees for 2010 are:
General - \$162
Senior Level One - \$203
Senior Level Two - \$233

Inter-association Meeting

Friday 13 November 2009

Holiday Inn, Mascot

Is funding of specific advocacy projects within the current remit of the inter-association cooperative forum?

In the absence of a sustainable regulatory framework and concomitant formal government recognition of massage therapy as a health service, AMT has undertaken a large amount of ad hoc advocacy work on behalf of the profession. Much of this advocacy has centred on getting massage therapy recognised by third party payers such as private health funds, WorkCover Authorities, Comcare and other government bodies like the Department of Veterans' Affairs (DVA).

One of the 'holy grails' of third party payment for massage therapy services is the Department of Veterans' Affairs. AMT made a major submission to the DVA on behalf of our membership and the broader massage community in May 2007. Since that time, we have dealt with 3 separate Directors of Medical and Allied Health Policy.

With each change in staffing, it has been necessary to reignite action on the submission. Dealing with the bureaucratic machinery is somewhat akin to a groundhog day of obfuscations, excuses and avoidance.

After an enormously optimistic and strong start with the DVA, the advocacy trail is gradually going cold.

We are aware that the Department of Veterans' Affairs consulted with several other associations as a result of our submission but we have not been privy to this communication and therefore cannot ascertain what impact this dialogue potentially had on our original submission. This fact alone underscores the need for a more coordinated and consistent approach between the associations in working towards the goal of having massage therapy recognised as a compensable health service by the DVA.

AMT has received legal advice that there is latitude to lobby the Department of Veterans' Affairs on the basis of the definitions for treatment contained within the Military Rehabilitation and Compensation Act 2004.

In essence, the legal argument is that, by circumscribing what kind of treatment is 'recognised', the DVA is surpassing their role as a funder of services to a broker for services (the Act states quite simply that "reasonable treatment will be approved").

This inconsistency between the law and official DVA policy has implications in terms of trade practices and is a line of argument that the AMT would like to pursue. DVA policy in this area has been particularly galling for massage therapists in terms of restriction of trade since physiotherapists, chiropractors and osteopaths are approved by the DVA to deliver massage but massage therapists are not. One could reasonably ask who is more qualified to deliver this kind of treatment to the veteran community.

We would need considerable legal firepower to argue this sort of case with a government agency like the DVA but it seems to be a golden opportunity to set a precedent on behalf of our profession.















AMT does not have the resources to fight such a legal battle on its own.

Is it within the current remit of the inter-association forum to consider a funding proposal for specific advocacy tasks such as the one outlined above?



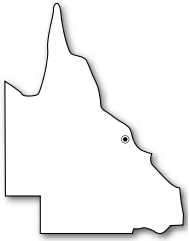
The Association of Massage Therapists Ltd
PO Box 792 Newtown NSW 2042
T: 02 9517 9925
F: 02 9517 9952
massage@amt.org.au
www.amt.org.au

AMT Preferred Business Directory

<p>Firm N Fold</p>  <p>31 Glebe Point Road, Glebe Ph: 02 9571 7655</p> <p>www.firm-n-fold.com.au</p> <p>5% discount on all products (excludes special offers)</p>	<p>Scolina Services</p>  <p>Ph: 1300 661 823 info@scolina.com</p> <p>www.scolina.com/amt</p> <p>10% discount on stationery (business cards, stamps, receipt books)</p>	<p>Claudia Iacovella Graphic Design</p>  <p>Phone: 0417 073 383 Email: lilac54@gmail.com</p> <p>\$10 discount per hour for AMT members (usual freelance rate \$50 p/hour; AMT members pay \$40 p/hour) Quote "AMT member" when enquiring</p>
<p>AOK Health</p>  <p>52 The Avenue, Wickham Ph: 02 4963 9555</p> <p>www.aokhealth.com</p> <p>Wholesale Pricing (level B) on all purchases Excludes special offers</p>	<p>re:viva</p>  <p>WorkCover NSW Approved: Approval No FA9872 Ph: 02 9553 6446</p> <p>www.reviva.com.au</p> <p>Senior First Aid course via Distance Learning (1-day) \$125pp (usually \$145). Senior First Aid Re-Certification course \$95pp (usually \$105). Please quote code "AMT member" on enrolment form.</p>	<p>Clinic Director</p>  <p>Ph: 0405 087 772 tim.cooper@ clinicdirector.com</p> <p>www.clinicdirector.com</p> <p>15% discount on Clinic Director software registration fee. Enter AMTMEMBER in the discount code box when registering online or quote AMT member number over phone</p>
<p>Lippincott, Williams & Wilkins</p>  <p>Suite 303, 55 Mountain Street, Broadway Ph: 02 9212 5955 Fax: 02 9212 6966</p> <p>www.l-ww.com.au</p> <p>15% Discount (off RRP) on all Massage Therapy Books and Products</p>	<p>Primal Pictures</p>  <p>Ph: 0438 429 102 Fax: 02 9475 0299</p> <p>www.primalpictures.com</p> <p>15% off any interactive anatomy CD or set of CDs. Please quote code "AMT".</p>	<p>Essence of Wellbeing</p>  <p>Ph: 03 5975 7686 sales@essenceofwellbeing. com.au</p> <p>www.essenceofwellbeing.com.au</p> <p>Practitioner rates on our full range of quality massage and aromatherapy products AMT members may register online or register their details via phone or email.</p>
<p>Terra Rosa</p>  <p>Ph: 0402 059 570 Email: terrarosa@gmail.com for orders and quote "AMT member"</p> <p>www.terrarosa.com.au</p> <p>5% discount on all DVDs and books</p>	<p>Complementary Health Seminars</p>  <p>PO Box 5086 Alphington Vic 3078 Ph: 03 9481 6724 Fax: 03 9486 7013</p> <p>www.complementaryhealthseminars.com.au</p> <p>15% discount on all DVD titles. Type "AMT" in coupon section at Checkout and the total will recalculate to 15% off</p>	
<p>Select Botanicals</p>  <p>53 College St, Gladesville Ph: 02 9817 0400</p> <p>www.selectbotanicals.com.au</p> <p>5% discount off their price list and seminars</p>	<p>Marketing Naturally</p>  <p>Mobile: 0411 086 746 Ph: 03 9523 2097 gaynor@marketing naturally.com.au</p> <p>www.marketingnaturally.com.au</p> <p>\$10 per hour discount on marketing consultancy and 10% discount off the 12-month networking membership fee</p>	

PLEASE QUOTE YOUR AMT MEMBERSHIP NUMBER WHEN PURCHASING ONE OF THESE SPECIAL OFFERS

News from the regions



Mackay by Annie Caruana-Kirchner

I'd like to thank Colin Rossie for taking the time to travel to Mackay in June to present his scoliosis workshop. Attendees were treated to an inspiring weekend: we were well and truly loaded to the eyeballs with information.



We held our regular regional meeting at lunch on the first day of the workshop. Colin was roped into the guest speaker duties and he addressed the group about the new health fund accreditation rules that were rolled out on July 1. He also spoke about the importance of new blood taking over executive positions on regional committees and bringing new ideas to the table (not to mention giving the outgoing office bearers time to recharge their batteries!).

Our August meeting featured Susan Wilson, who spoke about the importance of a healthy digestive system and the connection between digestive conditions and other physical ailments such as back pain, headaches, sinus and depression.

On behalf of all Mackay branch members, I would like to say goodbye and good luck to two of our friends and colleagues, Fiona Dawson and Patrick Thompson. Fiona is moving to the Gold Coast and Patrick is relocating to Hervey Bay. We will miss you and thank you both for your commitment and dedication to the profession.



Riverina by Jodee Shead

The Riverina Branch didn't stop to catch breath after the AMT Conference. The very next weekend we hosted Jeff Murray, presenting Onsen Volume 2 in Echuca. Because the numbers were small, those present benefited from lots of one-on-one time with Jeff. We thoroughly enjoyed the weekend. The new skills learned can only enhance our clinical treatments.

Sincere thanks to Jeff for travelling to Echuca only a week after the conference and after his time in Japan - it was a feat of endurance.

Our last branch meeting was held in Tongala. Guest speaker, Andrea Smyth, gave a fantastic presentation on Lymphatic Drainage. Andrea spoke about why she chose to specialise in MLD, and was very gracious and informative in addressing all the questions that were fired at her.

Plans for the coming year include a Swiss Ball seminar with Paul Hermann and another volume of Onsen.

Finally, congratulations to our treasurer, Siebren DeBoer, on his marriage in September.

If I didn't meet you at this year's conference, I hope to catch up with you in 2010!

Cheers, happy christmas and have a wonderful new year.



Sydney South by Kelly Walker

Our Guest speaker, Physiotherapist Ann Byrne, ensured a great turnout at our October meeting. Ann gave an in-depth talk on the shoulder joint, leaving us with a lot to think about when clients present with shoulder pain. The central theme of Anne's presentation was that the more educated we are in the testing and isolation of specific problems of the shoulder joint, the better therapy we can provide for our clients presenting with pain and dysfunction.

Our next meeting will be the final one for the year. The emphasis is on social networking between regular members since we never get time for this in our normal meetings! Rebecca Barnett will be attending so that we can liaise with her regarding AMT direction and ideas for the future. This Christmas meeting will be held at The Ritz Hotel, 350 Forest Road, Hurstville on Wednesday 2nd December, 7pm start. Contact Kelly Walker on 0404 034668 for further information.

Need CEUs?

Journal question -
December edition

**The qualitative
research paradigm
relies on large amounts
of objective data
collection. True or false?**

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.org.au/index.php?Page=Members_CEU_s_1.php



Hunter by Paul Lindsay

In August, two local volunteers attended a CANTEEN 'girl's weekend away' camp at Scone to provide back and shoulder massages for the CANTEEN members. The feedback was very positive and, since most of the girls had never been massaged before, they will probably become future massage clients!

Guest speaker at our September meeting was Dr Stephen Kemp, a hand, arm and shoulder surgeon. Dr Kemp gave a presentation on problems associated with the shoulder joint, including some personal experiences. His presentation included X-rays and photographs from arthroscopes. The talk was enthusiastically received, providing an excellent refresher on functions and problems of the muscles of the shoulder and rotator cuff.

In October, three volunteers attended a Staff Health and Wellbeing Day at Newcastle Community Health Centre. Seated massages on neck and shoulders were performed on around 45 health staff. After devoting so much time to looking after the health of other people, the staff welcomed the opportunity to have some of their own aches and pains attended to.



As knowledge of the Hunter branch's volunteer work increases, we hope to be able to offer members interested in volunteering a variety of organisations and client conditions to choose from to broaden their experience.

In March 2010, Jeff Murray will be presenting Volume 1 of his Onsen Muscle Therapy workshops in Newcastle. This is a rare opportunity to attend a course from a high profile presenter outside a capital city. If you are interested in attending, please contact Kristin Osborn on 4920 7010 for details.

Our hearty congratulations go to region chairperson Dan Robinson for being awarded Massage Therapist of the Year at the recent AMT conference.



Mid North Coast by Jan Crombie

Our AGM was held in June. Office bearers for 2009-2010 are:

Chairperson: Jan Crombie
Secretary: Ianthe Paterson
Treasurer: Wendy Harding

At our August meeting, we conducted a vision exercise based on the following broad themes:

- 1. Group size and attributes:** members we have in 2014 as opposed to now in 2009
- 2. Our area and its characteristics:** number of therapists and things that happen here
- 3. What we have accomplished:** work that is undertaken in the community
- 4. Our public image:** Many ideas were suggested by the members present including:
 - working towards a larger local membership
 - turnover of committee members every 2 to 3 years
 - more community involvement and projects
 - new member mentoring via a buddy system
 - improved group networking
 - increased awareness and promotion in the community of the many benefits of massage
 - medical referrals to massage therapists
 - AMT conference in Port Macquarie
 - more involvement at all the major sporting events held in the region
 - more specialist speakers
 - a library of books and DVDs.

We hope to implement some of these ideas in the coming year.

Guest speaker at our October meeting was Margaret Hollis, a Diabetes Educator. Margaret gave us an informative talk on Diabetes, focusing not only on Type 1 and 2 but also gestational diabetes, which affects some pregnant women. Margaret discussed the management of the different types, including tablets and insulin injections for type 1 and exercise, healthy food and diet for type 2.

Whatever the treatment approach, the diabetes patient will need to know how much glucose is in the blood and what affects these levels.

The patient may be asked to test their blood glucose levels regularly, or test at the same time each day, looking for patterns in the results. Health Care workers such as Margaret will help explain when blood glucose levels should be tested and teach patients how to use this information to help smooth out blood glucose levels.

As you can see from the above, Margaret gave a comprehensive presentation. On November 1, Port Macquarie held the Half Ironman. This year, the event attracted 750 triathletes and, with the aid of 6 local therapists and 22 Port Macquarie TAFE Massage Therapy students, we provided massage to these Triathletes. A very big thanks to all the therapists who volunteered.

Our next meeting will be held at 1.30pm on the 19th December 2009 at the Nikki Adams Room, Senior Citizens Centre, Munster St, Port Macquarie. The session will be devoted to defibrillator training.

- Follow step by step guidelines
- Improve your skills
- Increase client satisfaction
- Increase clientele
- Increase revenue

Onsen muscle therapy is for you
Vol I Structural Assessment & Correction
Thoraco- Lumbar, Sacrum & Pelvic regions
Vol II Functional Assessment & Correction
of the lower body
Vol III Structural Assessment & Correction
Cervical & Upper thoracic regions
Vol IV Functional Assessment & Correction
of the Upper Body

Work Smarter Not Harder!!



What are YOU missing in YOUR assessments?



Presenter : JEFF MURRAY
Director of Sports Massage
Sydney Olympics 2000

Learn accurate assessment &
specific treatment protocol!!

Onsen Technique® is
AMT approved course
105 CEU per volume

Are YOU treating the cause or the symptom?

CONTACT US TODAY for course dates:
<http://www.beyondmassage.com.au>
Enquiries (07) 5599 2514
jeff@beyondmassage.com.au
azusa@beyondmassage.com.au

 **beyond
massage**

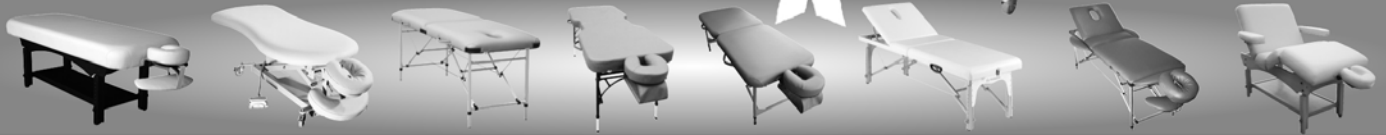
Firm-n-Fold have been supplying quality equipment to the massage and natural therapies industries for over 25 years. We are proudly Australian owned and operated and we pride ourselves on our innovative designs at competitive prices.

Visit our secure web store where you will find over 300 products available to order online. While you are there enter our annual competition to win a powerlift table.

Much more than just massage tables, our range includes hydrotherapy equipment, massage oils and balms, hot and cold stone massage sets and a wide selection of accessories.

Mention this ad when you order and receive 10% discount.*

*Offer does not apply to sale items and cannot be used in conjunction with any other offer.



Superior style, quality and comfort so both you and your clients can relax knowing you have a Firm-n-Fold table.

www.massaggeequip.com

Gold Coast • Brisbane • Melbourne • Sydney • Freecall 1800 640 524



Sydney Institute of Traditional Chinese Medicine

CRICOS provider No.: 01768k

NTIS provider No.: 5143

2010 Enrolment into Sydney Institute of Traditional Chinese Medicine (SITCM) for national TCM Registration!

Delivering practical courses:

Advanced Diploma of Traditional Chinese Medicine – 91133NSW

(double modalities in acupuncture and Chinese herbal medicine)

Guaranteed Pathway to Bachelor Degree

Accredited by VETAB
Approved by AUSTUDY,
Recognized by major Health Funds and
TCM professional associations.

- ◇ SITCM – 23 years of providing excellent education to TCM practitioners
- ◇ Advanced Diploma course: 4-year FT study with flexible time and classes
- ◇ **Course & Career Day: 10am-2pm, 14 Nov 2009 & 6 Feb 2010**

Short courses for interest also available: TCM cosmetics, Taichi, TCM dietary, TCM gynecology, health maintenance, acupuncture technique and treatment, etc.

Level 5 Harbour Plaza, 25 Dixon Street, Sydney 2000
Tel: (02) 9281 1173 | Email: administration@sitcm.edu.au
www.sitcm.edu.au

Discover the benefits of massage during pregnancy through our *Certificate of Pregnancy Massage*

Many physiological, structural and psychological changes occur in a woman's body during the three trimesters of pregnancy. This course will help you understand these changes and the appropriate techniques and applications suitable for each trimester.

You will also discover how beneficial massage is before, during and after labour. You will gain the confidence and guidance to apply appropriate therapeutic massage to your pregnant client.

COURSE DATES - Melbourne: 20th & 21st March
Brisbane: 17th & 18th April
Perth: 12th & 13th June
Sydney: 28th & 29th August
Adelaide: 9th & 10th October



For more information contact
Copeland College of Massage Therapy
(03) 9532 8144

www.copelandcollege.com.au
Suite 6/219 Balaclava Rd, Caulfield North, 3161

AAMT 20 points
AMT 60 points
ATMS 16 points
AMTA

Supporting Birth with Massage

by Julia Willoughby

When the phone rang at 3.00am on a cold winter's night, I dragged myself out of bed and answered it half asleep. The voice at the end of the phone said "Can you come now? She needs you."

I woke up abruptly and realised that I was about to attend my first birth, two weeks before schedule. I felt completely unprepared, perhaps like the mother in labour, and attempted to put together some essential oils. I tried to remember techniques and wondered what on earth I was going to do to help.

Despite the disorganised beginning, this night was one I will always remember... particularly the image of a blue-tinged baby's head emerging, framed by the legs of the father, as the mother stood in the bath. (It was a very small bathroom and I had been massaging his legs to stop them cramping as he held her).

My eyes filled with tears and my heart felt open in a new way. Despite having not slept all night, I was elated all through the next day and felt so lucky that the first birth I had witnessed was a natural, uncomplicated birth at home.

Ten years later I have been privileged to attend many more births at homes, birth centres and hospitals, and be a witness to this miraculous beginning of life. I have learnt that, despite knowing a variety of different massage techniques to use during labour, I had to use my instinct to work out the best strategies, just like the labouring woman.

WHY DOES MASSAGE MAKE A DIFFERENCE?

Relaxation and stress reduction

It has been shown that the stress hormones (catecholamines) released when a woman is fearful and tense impede and slow labour, as well as reduce blood flow. Massage reduces these undesirable effects, decreases muscular tension throughout the body and thus increases the pain threshold. Both mother and baby are calmer and labour is more likely to progress without intervention.

Pain relief

Just as tension creates more pain, relaxation can reduce pain. Massage works on the Gate Theory of pain – pain signals are sent at a slower rate along nerve pathways to the brain than pleasure signals such as stroking, pressure etc. Therefore, it is possible to 'flood' the gate with pleasurable signals, so fewer pain signals get through. Massage also increases the release of endorphins, the body's natural pain reliever.

Certain acupressure points can also effectively reduce labour pain.

Progression of labour

Decreasing pain and relaxing the labouring woman will help birth hormones to flow and specific acupressure points can help to open the cervix, increase the strength of contractions and even turn a baby in an unfavourable position.

Nurturing support

Having a constant, supportive, caring person with whom the mother has a relaxed, equal and trusting relationship has been shown to make a significant difference in her ability to cope with labour, the length of labour and reduce the need for medical intervention.

Massage works well with many other complementary therapies such as aromatherapy, acupuncture, herbalism, hypnotherapy and hydrotherapy. Massage also complements visualisation/imagery and active birth positions, movement, sound and breathing techniques.

GUIDELINES FOR BEFORE AND DURING LABOUR

Make a commitment to be present

If you are invited to attend a birth as a support person it is really important to stay for the duration of the active part of the labour, unless you have an arrangement where you are going to simply give a massage during early labour. Once you are in attendance and labour is well established, it can be very distressing for the woman to have you disappear. Since massage is very effective in reducing pain it is more likely that the labouring woman will resort to pharmaceutical methods of pain management if the massage is stopped.

It has been shown that consistent physical presence, nurturing touch and emotional support result in 25% shorter labour times, 40% less use of oxytocin, 30% decrease in pain medication (60% decrease in epidurals), 40% less need for forceps and 50% fewer cesarean births. The babies also have improved Apgar scores (observations at birth to determine health and wellbeing of the baby)¹

Respect the decisions of the medical staff

Your role is not to interfere with medical procedure. (If you are a doula or childbirth educator your role may well be that of advocate.) Equally, respect the decisions of the woman and her partner in labour, even though they may not coincide with your opinions.

Be flexible, adaptable and work quietly in the background

Each woman is different. Some will want to be touched and massaged, others will not. You may need to try different techniques, stop massaging, massage the partner or be useful in other ways. As labour progresses, different approaches are likely to be required.

Be sensitive to verbal and non-verbal cues for feedback (some of these may be quite forcefully given!). Your quiet, positive and supportive presence can be very beneficial even without actively massaging.

Hold the space

Women in labour do best with low lights, relaxed support people, positive encouragement and a quiet, warm environment with minimal interruptions. This enables them to relax more deeply and encourages the flow of birth hormones such as oxytocin. Do not talk unnecessarily, especially during a contraction, encourage introspection and surrender so she can access her instinctual knowledge of birthing.

Prepare yourself with knowledge

Whilst your role is not to assess labour progress or give advice, it is still very useful to gain an understanding of the way labour unfolds and a woman's behaviour changes. If you have not given birth yourself it is advisable to either attend some antenatal classes with your client or read up on labour.

Massage and the stages of labour

During the early stages of labour when the woman is still at home, use any of the techniques outlined below together with relaxation massage. As labour progresses into what is referred to as the active stage (contractions are closer, longer and require a woman's attention and focus), work on areas of discomfort according to her wishes using any of the techniques below and others which you may have in your repertoire.

During the intense stage of transition, as the cervix opens the last little bit, women may not want to be touched but rather needs lots of encouragement and reassurance. During the actual birth (second stage) you are more likely to step back and be an observer.

If you are unable to be present at a birth, consider offering a session to your client and her partner or support person to show them some of the following techniques.

During contractions most women prefer firm pressure, often in one place. Between contractions a lighter stroke helps them to relax and removes lactic acid. It will be necessary to adapt techniques according to their position and the access you have to various parts of their body. It is important for women to move around, change positions and use body movement to cope with contractions so you will need to be flexible and creative. Typical active birth positions during the first stage of labour include sitting astride a chair or over a bean bag leaning forward, all fours rocking or circling hips, sitting on a Swiss ball, standing facing partner or wall and circling hips or swaying, squatting and lunging. They may also be in the shower or bath!

KEY AREAS TO WORK

Sacrum/pelvis

Since the nerves from the pelvic floor and cervix pass through the sacral segments of S2, 3 and 4, there is often referred pain in the sacrum. This is also because of the pressure of the baby's head as it passes through the pelvis. Hypericum oil is useful for sacral pain. Some women experience constant back pain due to a baby being posterior (the back of the head and spine face the sacrum).

Lower back

Referred pain from the uterus is common in the lower back.

Shoulders, neck and jaw

These are common areas of tension. Pressure, stroking and holding, together with verbal encouragement to release, can be helpful. A tense jaw relates to tense pelvic floor so it is important to check for this.

Legs

The legs may become shaky or tired, Use light Swedish or lymphatic techniques to improve venous return and disperse lactic acid. Be observant for any areas of tension: tension not only creates more pain but also wastes energy that is better directed towards the hard-working uterine muscles.

APPROPRIATE MASSAGE TECHNIQUES DURING CONTRACTIONS

Make sure you continue the pressure until the contraction finishes. Consider using the following:

- Firm circles with heel and palm of hand over sacrum and/or lower back
- Firm sawing motions across sacrum or lower back
- Using counter-pressure on sacrum (ideally done with woman in all fours position. This also helps a posterior baby to turn. Use the fist to press downwards. This can be combined with vibrations.
- Circular massage of the buttocks. Use heels of both hands to press firmly into the middle of the buttocks and move in circular motion around to outside of buttocks and back up centre.
- Pelvic tilting. Place one hand over the sacrum with the heel of hand at S1 and fingers pointing down towards the toes. Place other the hand on top of the ASIS. Gently push the pelvis posteriorly, stretching the lumbar spine. Hold throughout the contraction.
- Sacral lift (avoid with coccyx pain or dislocation). Using the fist, heel of hand or forearm, place over the sacrum with fingers pointing towards head. With the other hand over the ASIS, lean in and push upwards towards the navel at a 45-degree angle. This can relieve pressure of the baby's head and lower abdominal pain. Hold during a contraction.²
- Hip press. This is most easily done with the woman on all fours or leaning forward over beanbag, but can be done with the woman on her side. Place fists or heels of hands in middle of buttocks and squeeze towards sacrum to relieve pain in sacrum. Hold throughout a contraction.³

Acupressure points

There are many excellent acupressure points that are extremely effective during labour. Debra Betts, an acupuncturist in New Zealand, has detailed descriptions of the points and diagrams on her website. They are available as a free download from www.acupuncture.rhizome.net.nz

The points I have found very helpful are:

- Spleen 6 (4 finger widths up from inner ankle) for helping to induce labour
- Large Intestine 4 (web of hand) for induction, pain relief and promoting efficient labour
- Bladder 32, 33, 34 (sacral points) which are excellent for reducing pain during contractions
- Gall Bladder 21 (midway between C7 and the acromion process) for difficult or prolonged labour, retention of placenta and as pain relief.

For diagrams of the above, please refer to Debra's website.

Dr Gowri Motha, an obstetrician in the UK, uses the pituitary points in the centre of each big toe to stimulate contractions and has found the technique to be very useful.⁴ The uterus points on the inside of each heel can also be stimulated.

The abdomen may be stroked during contractions to provide relief, however this is often done by either the woman herself or her partner.

In summary, be flexible, open hearted, compassionate and encouraging! Your skills as a massage therapist are very likely to help a woman manage her labour better and have a more positive experience however the birth unfolds.

Further reading:

Balaskas, J., *New Active Birth and Yoga*, Unwin, UK, 1983.

Bruce, H., *What Dads Can Do*, 2005, available from www.heatherbrucebooks.com.au

Lieberman, A., *Easing Labour Pain*, New York, 1992.

Naish, F. & Roberts, J., *The natural way to better birth and bonding*, Sydney, 2000.

Osbourne-Sheets, C., *Pre and Perinatal Massage Therapy*, San Diego, 2004, available from www.bodytherapyassociates.com

References

1. Klaus, M, Kenneal, J & Klaus, P "Mothering the Mother" Merloyd Lawrence USA 1996
2. Stillerman, E "Prenatal Massage" New York 2008
3. Simkin, P "The Birth Partner", Harvard Press, Boston 1989
4. Motha, G, "Gentle Birth Method" Thorsons, London 2004

Julia Willoughby is a massage therapist and educator specialising in prenatal and post-natal massage, as well as a Childbirth Educator and pre and post-natal yoga teacher. She has taught Pregnancy Massage workshops at Nature Care College in Sydney for over 12 years and trained with Carole Osbourne-Sheets in San Diego, CA.

■amt

amt conference 2009 t-shirts



contact head office on
(02) 9517 9925 or email
message@amt.org.au

NOTICE TO THERAPISTS
Do you hold the Diploma of Remedial Massage?

Then upgrade to the Advanced Diploma of Remedial Massage (Myotherapy)

OUR ADRM COURSE IS RUN OVER ONE WEEKEND PER MONTH FOR FOUR MONTHS COURSE ENTRY IS AT ANY TIME

For further details, visit our website www.vche.com.au
Phone (03) 9553 5959 or email secretary@vche.com.au

Nearby accommodation is available for interstate students

Level 1, 18 Station Street, Moorabbin, Vic 3189

Diploma of TCM Remedial Massage Diploma of Remedial Massage

Certificate IV in Massage Therapy Practice

Accredited competency training program to obtain or upgrade yourself to nationally endorsed Health Training Package Qualification:

HLT50107 - HLT50307 or HLT40307



NSW Vocational
Education & Training
Accreditation Board

**Diploma of TCM
Remedial Massage
(HLT50107)**

**Diploma of
Remedial Massage
(HLT50307)**

**Cert.IV in Massage
Therapy Practice
(HLT40307)**



NATIONALLY RECOGNISED
TRAINING

Training Venues: STRATHFIELD - NEWCASTLE

Special open/information day – Mon. 18th Jan. 2010 3:30pm – 8:30pm
At CCHC Strathfield Training Centre – 18A Margaret St. Strathfield

Course Commencement: February 2010

2010 China Tui Na Therapy Study Tour (Shanghai TCM University)

**Place: Shanghai University of Traditional Chinese
Medicine - International Training Centre**

Date: 10 ~ 25 April 2010

Departure: Sydney

- * Two weeks intensive training in reputable TCM Hospital
- * Daily hands on clinical experience with expert physicians
- * Tutorial lectures on Tui Na therapy, Cupping, Moxibustion etc.
- * Daily Tai Chi Qi Gong remedial exercises
- * Optional organized sightseeing to beautiful Hangzhou & Suzhou

**Upon completion, a certificate of participation in
Chinese Tui Na Therapy training will be issued from:
Shanghai University of Traditional Chinese Medicine**

\$4090.00 (Inc. airfares, meals, accommodation, trainings)
Affordable investment, limited placement.
Opportunity of lifetime not to be missed!

Chi-Chinese Healing College



RENOWNED GERMAN TECHNIQUE IN AUSTRALIA

- One of the oldest Meridian Therapies
- Established technique for over 35 years
- Restores health and eliminates pain
- Corrects a 'short leg' and realigns the spine
- Less stress on therapist

DIPLOMA IS DIVIDED INTO 4 COURSES

Course A – 27-30 March 2010



- DISCOUNTS FOR EARLY ENROLMENTS •

Call or e-mail for enquiries

Rene or Karen Goschnik

Phone: 02 95470158 or 0411 039 819

E-mail: rene.karen@optusnet.com.au

www.akupunkt-massage.com.au

Akupunkt-Massage
according to Penzel®

AMT Conference 2009

Four days, 198 delegates, 782 coffees, 12 kilos of prawns, several hangovers and definitive proof that too many Hawaiian shirts is never enough ... the 2009 AMT conference showed that bad fashion sense and colour blindness cannot get in the way of a spiffingly excellent time.

We publish some snapshots of the event for your reading pleasure on page 15.



▲ A clerical error with the seating arrangements



▲ Aloha desperate turpsichoreans (sic)



▲ Tamsin breaks the world land speed record for speech making



▲ Golden ticket prize winners

CONGRATULATIONS TO OUR AWARD RECIPIENTS:

Massage Therapist of the Year

Daniel Robinson

Student Therapists of the Year

Simon Renn

Jing Xuan (Rick) Shang

James Paporousis

Thank you to the following companies for donating prizes:

OAMPS

Terra Rosa

Lippincott, Williams and Wilkins

Human Kinetics

Special thanks to Firm N Fold for supplying tables for the breakout workshops.



▲ Linda McClure uses some elbow grease



▲ The sexy face of research



▲ Polyester bots



▲ Encouraging upward mobility



▲ Rick Shang receives his Student Therapist Award



▲ Exhibitionists

**The Newcomer
by Sigrid Wilson**

The conference was a blast! I really enjoyed meeting new people, especially since I came to the event on my own from South-West Victoria. I am only 22 years old and new to the industry. Having been in practice for two years, it was invaluable for me to be exposed to the knowledge and experience of other delegates at the conference. Making friends at the conference was easy: I could relate to delegates of any age or experience, and found the overall atmosphere was pleasant and exciting.

I particularly enjoyed spending time with people who share the same values and focus. I found it easy to get a conversation going with strangers because we all had something in common and we were all interested in each other's further areas of study within the Massage Therapy field.

I was really surprised by some of the things I learnt at the conference. Since Paul Doney's forward head carriage workshop, I have taken to squatting over the toilet instead of sitting. (This new-found knowledge made for some curious and interesting synchronised dancing at the conference dinner on Saturday night. It has also become my signature party move!)

The most refreshing experience is discovery and the conference was just what I needed to gain more momentum and enthusiasm for my work. The workshops and presenters were amazing. They have inspired me to aim towards becoming an educator in the future and to uphold my utmost duty of care as a professional. I left with many more skills and a more open mind.

Thank you for a wonderful experience.

**The Old Hand
by Dan Alter**

Another year, another conference. Well done and congratulations to all those who helped to make it such a great success. The presenters were excellent, as was the venue and catering.

I also highly enjoyed the dinner on Saturday evening, although I think it affected my full concentration on Sunday afternoon. With a long trip home to Armidale in inclement weather, I needed a day or two to recover. I must be getting old!

I attended the 'Superficial Back Line' and 'Massage Therapy as a Healer for Life' breakout sessions, and could not speak more highly of the professionalism of the presentations or the enjoyment they engendered.

I would encourage the organisers to consider producing and distributing a DVD or booklet of all the conference powerpoint presentations. I presume we all missed a lot of invaluable information in the breakout sessions we could not attend. I was fortunate to have a thumb drive with me and be honoured with a download of the wealth of information from presenter Susan Davis, who is an inspiration to Massage Therapists.

Keep up the great work gang. I look forward to catching up with everyone again next year in Canberra and hope one day to see a conference in Armidale!

**The Breakouts
by Corrine Farnes**

I found both the Forward Head Carriage and Superficial Back Line breakouts incredibly interesting.

I particularly liked Paul Doney's intelligent use of audiovisuals in the Forward Head workshop. He used a video camera to project the work he was doing onto the screen so everyone could get a bird's eye view of the effect. Being able to see Paul's point of view via the camera was really helpful: as he talked a delegate/subject through various movements and exercises, the whole group could watch the process 'live' and see how effective the work was. The overall feedback on this approach was really positive.

I attended both of Linda McClure's conference sessions (Superficial Back Line and Balancing the Feet). I found the content that Linda presented was easy to understand and put into immediate practice. I went back to work on Monday and used the techniques to good effect straight away. I already incorporate work on the feet into my treatments but Linda's presentation enhanced my understanding of the mechanics of the feet and the connection with tension in the neck.

I would love to see both Paul and Linda again at a future conference.

**The Conference Dinner
by Ern Malley**

Innumerable the images -
The register of frangipani and lurid plastic
grass skirtage
A panoply of pink and purple and pacific
plumage,
the visual alliterative of plosive titillation.
The slant sun now descending on the
montage
of salmon, sirloin, sausage and other
sacrificial meets
and the tenacious pastes of solid milk or,
as I prefer to call it, cheese.

Wind altered and suppressing a shiver
the intemperate torch grazed
With fire the umbel of the dark.
The pond-lilies and waterfalls could not
stifle
the green descant of Brighton Le Sands'
local frog population
and the white roar of turbo-charged V8s
and turbocharged trousers.
Nature has her own green centuries which
move
through our thin convex time. Aeons
of that purpose slowly riot
in the decimals of our deceiving age.

A minute's speech marks the triumphs of a
year's effort,
both infinitesimal junctions in the
inalienable machinery of eternity.

The solemn symphony of angels lighting
My steps with music, o
consolations! Palms!
Oh Michael Jackson! Oh Large Sound
Explosion!
Oh culturally out of context limbo!
Too many times I've seen the sun come up
Through bloodshot eyes this week.

Later, in the heavy, muted dark of the
Novotel bar.

Now we find, too late
that these distractions were clues
to a transposed version
of our too rigid state.
It is an ancient forgotten ruse
and a natural diversion.
Wiser now, but dissident
we awake to the seriousness of
Dental hygiene, nostril breathing and
The Index of Massive Bodies.
There is always consolation in icecream.

In Conversation with Dan: Introducing the AMT Massage Therapist of the Year

Dan Robinson has been a Massage Therapist for 4 years. He runs a busy full-time practice in Adamstown with his son Jake, working 5 days a week. His clinic services three corporate clients.

Dan does not advertise the practice. His client base is built on referrals from existing clients, chiropractors, physiotherapists, doctors and personal trainers. He specialises in Remedial Massage, Trigger Point Therapy, Sports Massage, Onsen and Myofascial Dry Needling. He is also WorkCover accredited.



▲ Dan Robinson receives his award from Tamsin Rossiter during the conference plenary.

Massage Therapy was not your first career. What attracted you to the profession?

I started my working life as a diesel mechanic. When my wife Jane and I started our family, we decided to reverse roles and I became a stay-at-home dad. I quickly discovered the benefits of massage to soothe and calm our first son, Jake. When both our sons started school I re-entered the work force as a community Care Worker, both in the field and in a managerial role, working with the disabled and the frail aged. After 11 years I decided to pursue a new career - one that I was very passionate about. No prizes for guessing what that was!

I undertook my initial training with Bernard Scully on weekends and attained my Diploma of Remedial Massage.

You run a successful practice in Newcastle with your son. What do you think are the key factors in your success as both a Massage Therapist and a businessperson?

Support from my family; realising that the more I learn the better and more effectively I can treat my clients; establishing a network of local professionals (physios, chiro's and other remedial massage therapists). My approach was to start small and constantly work towards a realistic business plan.

Has the global financial crisis had any impact on your business?

We have not noticed a downturn in clientele. Our clinic is aimed at remedial treatments: with our clients working harder and longer hours due to various pressures, they need our help as much as ever to manage their stress and maintain their health.

Generally speaking, what do you think the qualities of a good Massage Therapist are?

I think a good Massage Therapist needs to have a solid mechanical understanding of how the musculoskeletal system works. Along with that, a good therapist needs the ability to listen to what the client is saying and a willingness to invest the time in carrying out a thorough assessment. I also think it's important to recognise the value of ongoing education - to realise and acknowledge that there is always more to learn.

Your son nominated you as Massage Therapist of the Year. You inspired him to choose Massage Therapy as a career. Were you surprised that he chose that path or did you strongly encourage him in that direction?

I didn't encourage Jake to become a massage therapist but I did support his choice. I was very proud when Jake told me of his decision.

Do you think your early investment in infant massage might have been a factor in determining Jake's future career choice?

Jake has always enjoyed being massaged so I think it probably did!

You've become involved in your local Regional Executive (Hunter). What motivated you to get involved in AMT on that level?

For a long time Massage Therapy has been viewed by the community as a cottage industry. I think that if people choose to make Massage Therapy their career they need to be involved in a professional association such as the AMT to take us from that perception to that of a recognised and credible profession.

Do you think that being more closely involved with the management of AMT has influenced your attitudes to clinical practice or perhaps even changed the way you practice?

I have always wanted our clinic to be a professional practice. Through attending AGMs, conferences and our regional meetings I have been given the opportunity to liaise with other therapists who share the same ideals.

You are obviously very dedicated to continuing education and have become a familiar face at AMT events. What are your plans for continuing ed in the coming year?

Next year, the Hunter Branch will be running Onsen Volume 1 training with Jeff Murray. I already use many of these tools and techniques in our clinic every day from the training I attended in 2007. I feel that I will be able to refresh and further my understanding of Onsen when I revisit this course. And obviously, I wouldn't miss the AMT AGM or the conference!

What do you think are the main challenges for our profession in the future?

Recognition by government, other health professionals and a common code of practice for all remedial massage therapists.

Thanks Dan

DVD Review

By Tyraus Farrelly

DEEP TISSUE MASSAGE & MYOFASCIAL RELEASE



Supplier: Terra Rosa

Producer: Real Bodywork

Presenter: Art Riggs

Format: DVD - All regions, PAL/NTSC - Widescreen

Duration: 11 Hours – 7-volume set.

Price: \$349.00 + P&H -

Ask for AMT Discount!

Contact: www.terrarosa.com.au or 0402 059 570

This DVD was supplied for review by Terra Rosa (see contact details above). It is a 7 volume DVD set with over 11 hours of instructional video.

Disc 1 and 2 takes the viewer through the fundamentals, covering topics such as cultivating correct touch and palpation skills when working with tissue layers, the use of good body mechanics, and how to use our tools of the trade more efficiently (elbows, forearms, fists, knuckles, fingers and thumbs).

The presenter explains client/patient positioning and demonstrates how we can greatly improve our treatment effectiveness through sidelying positions. He talks about strategies in using "purposeful strokes" to free adhesions, lengthen tissue and release holding patterns.

In the second part (discs 3, 4 & 5), Art takes us progressively through every body region, demonstrating hundreds of techniques in a purposeful, goal-oriented manner. Anatomy slides and models are utilised throughout to clearly demonstrate correct application and outcomes. Art demonstrates various strategies for joint and rib mobilisation, citing other reference material for those who are looking for more in-depth studies.

The presenter again promotes the advantages of sidelying, a treatment position he believes is extremely underused by many bodyworkers!

In summary, section 2 has over 5 hours of high quality instructional footage that therapists at all levels will benefit from.

The third part (discs 6 & 7) deals with advanced strategies for common complaints and injuries. The focus is on treatment rationales and how to apply specific techniques for a wide variety of presenting conditions.

Disc 6 covers injuries to the feet, ankles, knees, hip, pelvis and lower back. Conditions featured include plantar fasciitis, achilles tendonitis, shin splints, joint sprains, knee dysfunction, piriformis syndrome and sciatica.

Disc 7 examines thoracic and cervical conditions, ribs, shoulder, elbow and wrist. Conditions featured include whiplash, thoracic outlet syndromes, rotator cuff injuries, tennis and golfer's elbow, carpal tunnel and other wrist complaints.

These are precise techniques focused on precise outcomes, but at the same time adaptable to just about any clinic. The 11-hour program is so comprehensive that it could be used as a major component of a clinical training program. However, that is not to suggest that the content is only suitable for the beginner. The DVDs progressively guide the viewer from the basic principles of correct body mechanics and technique application through to advanced bodywork.

I believe therapists at all stages and levels would benefit tremendously from this fantastic addition to the growing body of training literature within our profession. Art Riggs presents the material in a concise, easy-to-follow format. His obvious passion for what he teaches really shines through!

At \$349.00, this series may sound like a large investment. However, this equates to \$50.00 a DVD, which represents tremendous value for a training resource you will refer to time and time again!

The excellent audio and video quality, and great use of camera angles, educational slides and models all add to the high quality nature of this production.

At a glance:

- Excellent quality
- Excellent value for money
- Invaluable learning resource
- Progressive & easy to learn techniques
- Brilliant Presenter & Educator

Overall Rating

★★★★★

A must see, 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

Contemporary Cupping Concepts

presented by Bruce Bentley & Shirley Gabriel

Sydney July 11 & 12

by Dave Moore

The workshop reviewed here was presented by Bruce Bentley, one of AMT's accredited presenters. Bruce has an encyclopedic knowledge of cupping and related techniques which he has acquired during more than 30 years of study. He also wrote his Masters thesis on the subject 'Cupping as Therapeutic Technology'.

He has continued to study cupping around the world, visiting many exotic places in Africa, Asia, Europe and the Middle East, including historic research for the famous Wellcome Institute in London and for Rome University. He has also worked closer to home at the AIS in Canberra.

Much of the subject matter for this new workshop was based on techniques introduced to Bruce while he was in the USA last year. Bruce co-presented the content with his colleague, Shirley Gabriel, a Massage Therapist and yoga student who has undertaken extensive training with Bruce. A comprehensive 47-page set of course notes was provided, generously illustrated with pictures and examples, and time was allocated for pre-reading before the workshop commenced. As usual, Bruce's notes included a lot of background information to assist in our understanding of the techniques we were to learn.

Bruce began by giving us an overview of cupping and what we would learn in the workshop. He then talked us through the new 'flame free' cups we would be using throughout the weekend, explaining that we were Australian pioneers for the use of these particular tools and techniques.

Bruce outlined the importance of cleanliness, contraindications for cupping, precautions to be taken during treatment and the importance of getting informed consent from the client, particularly because cupping does generally leave marks.

An after-cupping protocol was also discussed. There was extensive discussion on the issue of cupping marks. The course notes include comprehensive notes on this subject, along with interpretations of the discoloration and patterns that are often encountered.

The use of oils, massage wax and specific techniques for applying cups to uneven areas such as the sole of the foot and hairy areas were included in Bruce's introductory remarks.



▲ Facial cups. The coin has been included for scale.

After morning Tea, Shirley led a session on 'Cosmetic Cupping for Facial Rejuvenation'. She introduced us to the beautifully hand-crafted miniature glass cups with rubber bulbs that have been purpose-made for this delicate task. We were all particularly intrigued by the special 'lip plumping cup' which offers those who favour the bee sting look a safe, non-toxic alternative to botox and other fillers.



▲ Lip plumper. The coin has been included for scale.

In the practical demonstration, emphasis was placed on carefully controlling the amount of suction (to ensure no marks were made) and on the direction, size of cup and number of strokes to be used. Shirley stressed the importance of using even strokes and demonstrated the use of additional static magnetic cups on acupoints in the leg to aid in the treatment. She pointed out that the treatment could be adapted to treat minor headaches and sinus conditions.

In the afternoon, we ventured back into more traditional cupping therapy but using a non-traditional tool. The use of new rubber cups allows for precision control of the amount of suction or grip, so the traditional static and glide cupping techniques can be enhanced with lifting and pulling, and a two-cup fascial stretching technique. The flexibility of these rubber cups allows work to be done on a slightly curved or uneven area. This is something that traditional glass cups simply cannot do and, when you add to this the advantage that you can use these cups at any time without needing a fire or special pump, and the fact that they bounce rather than break, you soon appreciate what a great innovation they are!



▲ Rubber cups

The rubber cups we used came in 4 sizes and nest together for storage. (When nested, they look just like a Kong dog toy!)



▲ Size of Rubber cup

Using rubber cups, we worked with the client in both prone and side-lying postures, covering the whole shoulder and upper back. As with traditional glass cups, the techniques we employed with the rubber cups did mark the body.

The first day finished with a look at cupping on the arms and hands using both rubber cups and static magnetic cups (a gentle, glass bell cup, excellent for use on sensitive areas).

Day two began with Bruce giving us special instruction on the use of magnetic cups, and a list of precautions and contraindications for their use. The cups generate two different magnetic fields that have different therapeutic effects. The magnetic core of the cups is coloured to indicate which one is being generated. There are different indications and contraindications for each kind of magnetic field and it is possible to use the two kinds in combination to enhance or weaken the effect.



▲ Magnetic cups

Shirley then introduced a procedure for working on the lower limb with a combination of stationary, magnetic and gliding cups. Draping was an important consideration here as both the client and the therapist move quite a lot during this activity, which works on all aspects of the leg from various angles.

Both the plain and the magnetic stationary cups are located on acupoints and the gliding cups are used to release structures such as the ITB, using fairly strong rubber cups, and the adductors, using gentler strokes and glass cups. The treatment continued onto the lower leg using a similar approach.

Next came the challenge of attaching cups to the feet. Bruce demonstrated the use of gels and waxes to ensure a good seal between the cups and the foot, and we practised using stationary and moving cups.

After lunch, Bruce demonstrated a routine for working on the abdomen. He emphasised the importance of following this protocol carefully as it has to work with the peristalsis mechanisms of the gut. He studied this technique in the USA in 2008 and acknowledged his teacher, Marty Ryan, who developed the sequence. Marty's moving cup routine was followed up by the application of stationary cups according to established Traditional Chinese Medicine procedures.

The final part of the program included demonstrations of techniques for cellulite reduction, scar release and stretch marks.

Bruce is convinced by his extensive and ongoing studies that cupping can be an aid to detoxification and offered case studies to support this in the course notes, along with a TCM cupping protocol.

I was impressed by the high level of preparation and the quality of both the teaching and the course notes that Bruce and Shirley brought to us. This workshop was primarily aimed at those with some basic cupping knowledge and an understanding of the underlying principles that pertain to it. But I believe even those 'cupping virgins' who participated came away feeling satisfied with new skills gained from a good weekend of learning and, like me, an eagerness to know even more.

■amt

AMT NEW MEMBERS

ACT

Marija Blazevic, Dawn Hamilton, Frederick Nortje, Susan Proud

NSW

Jamie Daniels, Kylie Davies, Andrea Delgado-Rivas, Scott Edeling, Skye Erbacher, Gassan Faraj, Andru Gyulay, Wayne Harpur, Karin Jones, Britt Kenny, Jian Lin, Xiubing Lin, Andrea Mackey, Kendra McCallum, Rachel Morley, Shayne Peters, Erin Rapley, Natalie Robinson, Kylie Van Est, Esther Vass, Xing Xing, Tarniah Zivkovic

QLD

Mike Stevens

VIC

Alison Hunter, Danica Newbold, Mario Salcedo-Vargas, Bronwen Elizabeth Thompson

Clinical Perspectives: Carpal Tunnel Syndrome

We carry on our regular series about how different therapists view and treat a particular musculoskeletal problem with a look at carpal tunnel syndrome. Three therapists, Kerry Hage, Alan Ford and Colin Rossie generously share their approach and treatment protocols for this prevalent condition.

A Myotherapist's Approach By Kerry Hage

Carpal Tunnel Syndrome (CTS) is a condition that most people have heard of but don't actually understand. It is a term often used to describe any wrist or hand pain. However, true CTS is caused by increased pressure on the median nerve through the carpal tunnel which is made up of the carpal (wrist) bones and the flexor retinaculum. Symptoms include sensory disturbances distal to the wrist in the areas of the hand innervated by the median nerve, namely the thumb, first, second and half of the third fingers. Pain may be felt in the hand, wrist, up to the elbow and as far as the shoulder.

Diagnosis for CTS is confirmed following a positive nerve conduction test. Nevertheless, clinical testing can help the manual therapist to assess and identify the probability that their client is suffering from the condition. The most commonly used tests for assessing CTS are Tinel's Sign and Phelan's Manoeuvre.

Tinel's Sign is conducted by tapping over the median nerve, which if positive, will reproduce tingling and paraesthesia into the hand along the distribution of the median nerve. Phelan's Manoeuvre is conducted by asking the client to place the dorsal aspect of both hands together with the wrist at a 90 degree angle. It is deemed positive if symptoms are reproduced within 60 seconds. The quicker the symptoms appear, the more severe the case.

My Experience with a case of CTS

Forty-seven year old female career receptionist suffering with CTS.

Both of this client's arms were strongly affected but symptoms were more severe in the right hand, arm, shoulder and into her neck. Aggravating factors were knitting, working with her arms up and at night time. She experienced numbness at the wrist and hands which could sometimes affect the whole arm and could be quite painful. She woke up every night with pain, burning and numbness. She also experienced a burning sensation at the shoulders, once again mainly on the right side.

The client had a nerve conduction test which was positive. She also tested positive to Tinel's Sign and Phelan's Manoeuvre. She had been putting off having surgery for two years, but was seriously considering it due to pain levels. She booked a myotherapy session with me as one last resort before taking the surgery option.

Treatment

First session:

Taking into account the client's occupation, my treatment involved the neck, shoulders, arms and hands. As a starting point, I identified that the pain patterns experienced by the client were also consistent with many of the referral pain zones for trigger points in muscles of the rotator cuff, triceps, wrist flexors and wrist extensors. Therefore I used myofascial dry needling at the trapezius, rhomboids, levator scapulae, infraspinatus and supraspinatus. Once the needles had been removed, deep tissue massage and trigger point therapy was used through the triceps, wrist flexors and hands. I advised the client to have another treatment in one week to compound the effects of her initial treatment.

Second session: three weeks later

The client reported that she felt like she was back at square one—her arms were sore and burning etc. These symptoms had only been reoccurring in the previous two days which was why she had not come back one week after her last treatment. She had experienced nearly two weeks of relief from pain in her arms, hands and shoulders with only mild 'true' CTS symptoms consisting of tingling in her hands still present.

Once again the treatment focus was on using myofascial dry needling at the trapezius, rhomboids, and levator scapulae; with deep tissue massage and trigger point therapy through the triceps, wrist flexors and hands. I advised the client to have another follow-up treatment in two weeks, but due to great results, the client did not rebook.

To date: six months later

The client has still not experienced a reoccurrence of symptoms other than mild tingling in her hands which she is quite happy to put up with. She feels no need to go through with surgery. She is now able to sleep normally without having her arms or hands in odd positions and can do all the activities she enjoys like knitting. She is able to continue at work as a receptionist without aggravating symptoms.

Reference

Brukner P, Khan K. Clinical sports medicine: third edition. North Ryde: McGraw Hill, 2000.

Kerry Hage has been a myotherapist for five years. She treats at two prominent multidisciplinary clinics in Victoria's south-east. Kerry believes that client education is as important as a comprehensive, multifaceted treatment.

An Onsen Therapist's Perspective By Alan Ford

As an Onsen-trained sports and remedial massage therapist, I look for the cause of CTS coming from other areas of the body, not just in the vicinity of the symptoms. As with all neural symptomatic pain, CTS pain can vary from a dull ache radiating from the hand and wrist up into the arm and shoulder, to acute discomfort which may render the client incapable of any movement in the hand and wrist. All of this pain, numbness and weakness is associated with compression of the median nerve against the inelastic transverse carpal ligament. Often, this is caused by pressure from swollen synovium in the flexor tendons.

The first requirement for an Onsen therapist in relation to this condition is to take a thorough case history to find out if this is the client's first occasion of these symptoms, and whether he or she has undertaken any recent repetitive hand movement activities.

The sliding movements of the flexor tendons within the carpal tunnel change the viscosity of the synovial fluid—not unlike the change in viscosity of gear box oil after several tens of thousands of kilometres—causing friction and expansion of the tendons which, over time, will compress the median nerve.

Specific tests for CTS should be undertaken, in conjunction with length and strength tests for the forearm flexors and extensors, and grip and expansion tests for the hands and fingers. The information gathered from these simple tests and assessments will best guide the therapist toward the next step in the treatment plan.

Depending on the findings of the muscle and joint testing, trigger point therapy would be conducted where appropriate. In the case of shortening in the forearm flexor, biceps, pectoralis, sternocleidomastoid, anterior scalene and subscapularis muscles (the most common cause of CTS that I have observed in my clinic) these muscles are released and lengthened through remedial massage techniques and isometric stretching. The opposing muscle groups may also need trigger point release, in particular infraspinatus, rhomboids and triceps. The forearm extensors more often than not require strengthening, with opening the fingers and back of the hand against a rubber band being the 'pick of the bunch' exercise.

Rehabilitation exercise should be given with extreme caution together with an emphatic direction to the client to STOP the exercise if it hurts. I have often recommended that the client use an ice pack around the wrist, whilst applying a warm towel or wheat bag to the superior forearm flexor attachments.

The warmth in the muscle will encourage lengthening and release to the musculature of the forearm flexors, while the ice will assist in bringing the increased temperature down in the carpal tunnel area, thereby assisting the viscosity of the synovial fluid back to its original composition.

The reverse to the aforementioned is applied if the shortness is found in the forearm extensors and there is tensile stress in the forearm flexors. Splinting of the wrist is also recommended at night if symptoms are slow to dissipate. Furthermore, the client should be willing to modify their lifestyle or work environment to eliminate repeated stress on the hands.

Alan Ford is well known to AMT members as a presenter, journal contributor, active member in the ACT region and, more recently, as immediate past President. He has a thriving practice in the Canberra suburb of Kingston.

A Remedial Massage Therapist's Perspective

By Colin Rossie

Description

Carpal Tunnel Syndrome (CTS) is an occupational overuse syndrome of the wrist. The tunnel is formed by the carpal bones on the dorsal aspect and by the transverse carpal ligament (and to a lesser extent the flexor retinaculum) on the volar aspect of the wrist. The tendons of the wrist, finger flexor and thumb muscles pass through this tunnel along with the median nerve. The tendons can become inflamed and swell through overuse, thereby compressing the median nerve.

CTS is a mono-neuropathy in that only a single nerve is affected. Muscles that are affected would include the palmaris longus, flexors carpi radialis and ulnaris, flexors digitorum superficialis and profundus, and flexor pollicis longus.

Many references state that CTS is more prevalent in middle-aged females. This could perhaps be partially attributed to physiological changes occurring around menopause, but could also be the result of long-term keyboard use. In practice, I find the condition presenting in both genders, and across a wide range of ages and occupations. In addition to assembly line workers and keyboard operators, CTS also commonly affects any occupation where power or precision grip is constantly required such as musicians, waiting staff, chefs and drivers.

Initially, symptoms are low level and of insidious onset, starting with numbness and tingling in the thumb (I digit), index (II digit) and middle (III digit) fingers, the radial half of the ring finger (IV digit) and possibly the wrist, gradually becoming chronic.

After several months this becomes an acute pain in the wrist and forearm, described as "burning", "itching" and "throbbing" by those with it. Clients will also report that their fingers feel swollen and numb, even though there will be no visible swelling. In fact, after prolonged periods the forearm muscles and fingers atrophy. Power and precision grips weaken, fine motor skills diminish and the ability to distinguish temperature variations can become difficult. Symptoms are not relieved by rest and actually worsen with sleep, especially where there is a tendency to clutch the hand and fingers in flexion.

Differential Diagnosis

Differential diagnosis would include medial epicondylitis, neuropathies of the ulnar and radial nerves, cervical radiculopathies, thoracic outlet syndrome, sub-acromial impingement, osteoarthritis of either the carpal bones, metacarpals or distal radius and ulna, and tenosynovitis. Also, active trigger points from the scalenes, infraspinatus, subscapularis, brachialis, supinator, pectoralis major and minor, serratus anterior, pronator teres, palmaris longus, flexors carpi ulnaris and radialis, and digitorum profundus and superficialis, adductor pollicis and opponens pollicis all refer pain in patterns that mimic CTS.

In closed kinetic chains, I believe that myofascial trigger points are tertiary considerations - more a symptom of stability and core dysfunction than a primary factor (essentially, they are a local symptom of a poor global relationship to gravity). However, in open kinetic chains such as the upper limb, trigger points play a more significant role as manifestations of purely local dysfunctions, occupying a more central role in the treatment protocols employed.

Assessment

Pain from the median nerve can originate anywhere along the length of the nerve, not just the carpal tunnel. Although symptoms may appear the same between individuals, the causes may be completely different. True CTS is over diagnosed, being a convenient catch-all for any wrist pain or pain of median nerve origin. Therefore accurate assessment is vital before commencing treatment.

What follows are the assessment protocols I use and a brief rationale for their use.

This is followed by a description of some treatment approaches, which would vary according to the specific findings of the assessment. Fuller descriptions of the tests can be found in the references provided. Kerry Hage has already described Tinel's Sign and Phalen's test.

- Active Quick Test of the median nerve to determine that it is the median nerve involved (Butler, 2008, p34).
- Tinel's Sign to determine median nerve involvement at the carpal tunnel (Magee, p441).
- Phalen's Test (Magee, p442) to determine carpal tunnel involvement.
- Upper Limb Neurodynamic Test 1 (median nerve), another test to determine median nerve involvement (Butler, 2008, p35-6).

- Upper Limb Neurodynamic Test 2 (median nerve), again to determine median nerve involvement (Butler, 2008, p37-8).
- Adson's Manoeuvre or Halstead Manoeuvre to determine whether thoracic outlet syndrome is involved in the wrist symptoms (Magee, p322),
- Apley's Scratch Test to determine if there is gleno-humeral joint involvement (Magee, p254-255).

I would perform the following to rule out involvement of structures other than the median nerve and to determine what structures to work:

- Passive, active and resisted testing of elbow flexion/extension
- Passive, active and resisted testing of forearm supination/pronation
- Passive, active and resisted testing of wrist in flexion/extension, ulnar and radial deviation

- Passive, active and resisted testing of finger flexion/extension, abduction / adduction

I would also assess power and precision grip (Magee, p422) to determine how these are affected by the CTS. This can also be used as a pre- and post-session yardstick for both the client and practitioner.

Treatment

I would commence by decreasing the hypertonicity of the myofascial structures of the forearm starting with gentle, myofascial release to the forearm flexors. This would be followed by deep transverse frictions to the common flexor tendon, then deep connective tissue massage along the length of the muscles from the distal tendon at the wrist through to the epicondyles, followed by broadening, transverse compression across the muscle fibres.



▲ Photo 1 - DMFT of the forearm flexors & IOM using the proximal phalanges



▲ Photo 2 - AMP: extending the wrist and fingers from a soft fist



▲ Photo 3 - DMFT w/AMP of the forearm flexors & IOM using re-enforced fingers



▲ Photo 4 - DMFT w/AMP of the forearm flexors & IOM using thumbs of both hands



▲ Photo 5 - DMFT w/AMP of the forearm extensors using the palm

A good series of techniques similar to the above can be found at:

<http://www.massagemag.com/Magazine/2004/issue107/assess107.5.php>

Another good source of techniques that could be employed, along with excellent illustrations of the anatomy, can be found in Clay & Pounds 'Basic Clinical Massage Therapy'. The technique illustrated for working with the Flexor Retinaculum is particularly useful. A word of caution though – unfortunately, the photo in the 1st edition of this book looks like the therapist is crushing the nerve. I'm sure this isn't actually the case! Always keep in mind that your intent isn't to crush the nerve (which would exacerbate the client's symptoms) but to free it from the surrounding structures that it might be adhered to, lengthen shortened structures that could be impinging it and decrease the swelling of other soft tissue structures within the carpal tunnel.

Next, I would deactivate trigger points that may be present in the forearm myofascia and tendons. Kerry Hage has already addressed this aspect in her piece. If it is a genuine case of Carpal Tunnel Syndrome, it is likely there will be active TrPs in the shoulder girdle as well. These should be deactivated too.

This could be followed with a 'flushing' effleurage, starting gently but with depth, gradually decreasing the depth and slowing the rate to create a flushing effect on any soft tissue swelling.

I would then use direct myofascial technique with active movement participation (DMFT w/AMP) to the forearm flexors and inter-osseous membrane (IOM) of the forearm. For more information on this style of work, see Smith (2005), Stanborough (2004), Riggs (2007) and Schleip (www.somatics.de).

Many of the forearm flexor muscle fibres attach directly to the IOM (Stecco 2004), so working it can have a profound effect on CTS symptoms.

With the client supine and their hand and forearm supinated, I ask them to form a soft fist and flex the wrist, then apply pressure to the appropriate depth at the wrist and move slowly up the forearm toward the common flexor tendon.

At the same time, I ask the client to slowly bring the wrist into extension, at maximum extension gradually opening the fingers and then extending them as well (see photos 1-3). I work up the arm like this several times, paying attention to the feel of the tissue being worked. I also pay attention to the different slips of muscle/fascia I contact, always seeking to differentiate the tissue (see photo 4). I would usually work a second plane of movement by having the client vary the movement with medial and lateral deviation of their wrist. As the radius and ulna move you will affect the IOM, especially if you hone your intent on it. Other techniques I could incorporate would include:

- DMFT w/AMP to the forearm extensors, again with the intention of affecting the IOM (see photo 5), this time from the dorsal side (client supine, forearm pronated). I ask for medial and lateral deviation of the wrist as I work the forearm (figure 1).



▲ Figure 1 (©2005 Ed Maupin used with permission)

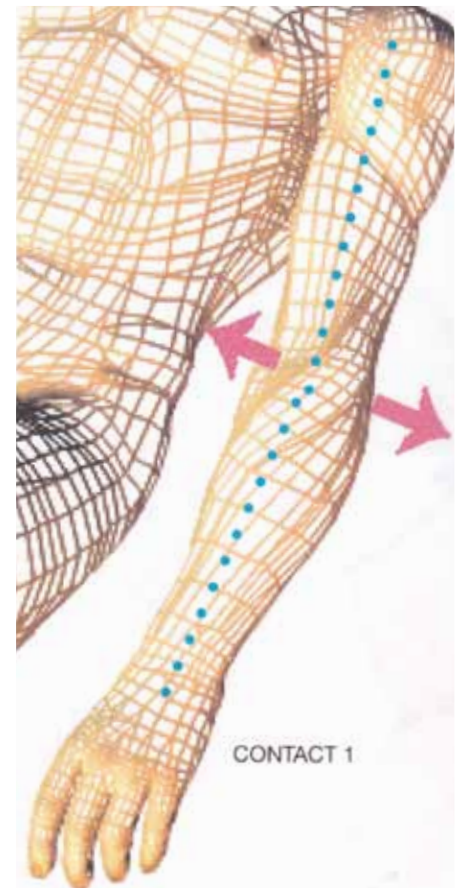
To get a second plane of movement, I request the client slowly lift their hand up and back again (extend and flex the wrist –figure 2).



▲ Figure 2 (©2005 Ed Maupin used with permission)

Alternately, as I work, they could gradually press their palm into the table and slowly release it.

Another variation could involve the client pressing their palm into the table to anchor it and moving their elbow medially and laterally as I work up it (figure 3 – see Maupin, 2005, pp80-81).



▲ Figure 3 (©2005 Ed Maupin used with permission)

- DMFT w/AMP to the palmar fascia. I do this by applying direct pressure to the palm with either the thumb or finger pads, and slowly moving as the client flexes and extends their digits.
- DMFT w/AMP to the flexor retinaculum. With the client's forearm supinated, I hold the outsides of the client's hand with both my hands, thumbs on the centre of the flexor retinaculum. I ask the client to extend their wrist at the same time opening (abducting) their fingers as I slowly and deeply drag both thumbs out to the sides.

I may also perform a series of neural mobilisations for the median nerve. These are fully described in Butler (2000) pp314-325, (2008) pp41 -43, and Barral (2007), pp161- 169.

They are also demonstrated in the relevant section of the DVD accompanying Butler (2008). These mobilisations can be used as pre- and post- assessment tools or at any stage during the treatment session.

If the client has tested positive to the median nerve tests, the nerve may be impinged at sites other than the carpal tunnel. Neural massage of the median nerve at more proximal locations might be required.

In the upper arm, the median nerve is about the width of a window sash cord and is on the medial aspect of the arm between the biceps brachii and triceps brachii. Here it can be easily palpated and treated for restrictions (Barral, p162 and figure 6.58), also at the ligament of Struthers in the elbow (Barral, p164 and figure 6.59, Hammer, p165), in the forearm (Barral, p165 and figure 6.60), at the wrist (Barral, p165-6 and figure 6.62) and in the hand. The intent of this style of work is to release the nerve from the surrounding structures it could be adhered to. Basically, it is working epineurium. Nerves themselves have the consistency of blancmange and the intent should not be to crush them.

Tom Myers discusses the arm in his 'Anatomy Trains' model of the body, according it 6 myofascial meridians. Of special note in terms of working with CTS in his myofascial meridians paradigm would be the Deep Front Arm Line, which roughly corresponds to the lung meridian in Traditional Chinese Medicine (Myers, 2009, pp151-155) and more importantly the Superficial Front Arm Line, which approximates the pericardium meridian in TCM (Myers, 2009, pp155-158). Myers' model is worth consideration and further study if you are seeing a large number of CTS clients (Myers, 2009, pp 149-169).

Homework

Wearing a wrist splint to bed to prevent wrist and finger flexion during sleep is one option that will help prevent the nocturnal exacerbation of CTS. Stretching the forearm flexors in conjunction helps reduce symptoms and speeds recovery.

Butler (2008) shows a series of exercises in both his book (pp 44- 48) and DVD. I play the relevant median nerve self-management section of the DVD to clients, who have found it particularly useful.

CTS shouldn't be considered from just a local, remedial perspective but in the global context of the whole being. From a structural Integration perspective, this would involve the body's relationship to its centre of gravity. Previous trauma or unbalanced, repetitive work habits affect this relationship. Poor posture will affect the brachial plexus, thoracic outlet and sub-acromial region. Re-education regarding seated posture, shoulder girdle and upper limb usage (relating these to the body's centre of gravity) would be essential in this paradigm, as well as modifying the workstation layout to improve its ergonomic efficiency.

Acknowledgments

My sincere thanks to Ed Maupin for generously allowing me to re-print his diagrams from "A Dynamic Relationship to Gravity: Volume 1-The Elements of Structural Integration". Thanks also to Tania Lambert for her photography.

Bibliography

- Barral J.P. 2007 *Manual Therapy for the Peripheral Nerves* Churchill Livingstone/ Elsevier Edinburgh
- Butler, David, 2000 *The Sensitive Nervous System* Noigroup Publications Adelaide
- Butler, David 2008 *The Neurodynamic Techniques* Noigroup Publications Adelaide
- Clay, J.H. & Pounds, D.M. 2003 *Basic Clinical Massage: Integrating Anatomy & Treatment* 1st edition, Lippincott Williams & Wilkins, Baltimore MD
- Hammer, Warren 1999 *Functional Soft-Tissue Examination and Treatment by Manual Methods* 2nd edition, Aspen Publications, Gaithersburg MD
- Lowe, W. 2004 "Assess and Address: Carpal Tunnel Syndrome" in *Massage Magazine*, issue 107. Available online: <http://www.massagemag.com/Magazine/2004/issue107/assess107.5.php>
- Magee D.G. 2008 *Orthopedic Physical Assessment*, 5th Edition, Saunders/Elsevier St Louis Missouri

Maupin, E. 2005. *A Dynamic Relation To Gravity, Vol 1—The Elements of Structural Integration*. Dawn Eve Press

Myers, T.W. 2009 *Anatomy Trains, Myofascial Meridians for Manual and Movement Therapists* 2nd edition, Churchill Livingstone/Elsevier Edinburgh

Riggs, A 2007 *Deep Tissue Massage: A Visual Guide to the Techniques* Revised Edition, North Atlantic Books, Berkeley California

Schleip, R. *Put more AMPs into your sessions: Advantages & Tips for Active Movement Participation (AMP) of the client during the hands-on myofascial work* www.somatics.de

Smith, J. 2005, *Structural Bodywork* Churchill Livingstone/Elsevier Edinburgh

Stanborough, M. 2004, *Direct Release Myofascial Technique* Churchill Livingstone/ Elsevier Edinburgh

Stecco, L 2004 *Fascial Manipulation for Musculoskeletal Pain* Piccin, Padova, Italy

Colin Rossie has over 20 years experience as a bodyworker—initially as a shiatsu practitioner, then as a remedial and sports massage therapist, before becoming a Certified Rolfer® and Rolf® Movement practitioner. His work is firmly grounded in a sound knowledge of anatomy and physiology and Western science. Colin also brings a strong awareness and exploratory approach to kinaesthetics when treating clients. He works mainly from his Lilyfield, Sydney clinic and occasionally in the Tweed Heads/Byron region.

The next time we run this column we will be featuring tension headache. We invite all of you to make suggestions for other conditions that could be covered and encourage any therapists to contribute. If you would like to make a suggestion or find out more about writing for this column, please email Rebecca Barnett at journal@amt.org.au

■ amt

An open letter to the readers of *In Good Hands*

by Colin Rossie

You may have wondered why there wasn't a clinical perspectives article in the previous two editions of *'In Good Hands'*.

There were actually a few contributions from the usual suspects that were held over until this issue ... and that, partly, is the problem.

Sadly, the clinical perspectives feature consists of insights from the same 4 or 5 therapists who are mostly also AMT board members. I had written an outline of my contribution for this issue's featured piece on Carpal Tunnel a long time ago but didn't submit a piece because I have been hoping that more members might write of their experiences or approaches or learning curves.

Basically, the clinical perspectives column is going to become fairly boring if it's always the Alan Ford show, the Jeff Murray show, the Kerry Hage show or the Colin Rossie show. Don't get me wrong!

I love the contributions from my peers and really enjoy reading them. I appreciate the effort they put into writing them because I am also a regular contributor.

But the regular feature now looks like a showcase for AMT board members which, I can assure you, is definitely not its intent. It is meant to provide a series of different viewpoints from working therapists for fellow therapists so that they can gain new perspectives on presentations in their clinic, have new tools to add to their toolbox, and think about old conditions with a new focus. As such, every member's experience is valid and also vital to the ongoing success and relevance of the column. It's all about sharing!

So I am issuing a challenge to the whole membership: please contribute to the clinical perspectives article. Think of it as sharing your knowledge, wisdom and expertise with your peers.

Think of it as potentially providing that 'ah ha' moment to a colleague. Think of it as 30 CEUs if you must.

Your clinical experience may provide the inspiration for one of your peers to investigate, question or further research. The net result is better treatment - a bonus to the therapist, their client and the good standing of the profession.

This is your opportunity to document what you do, your successes and perhaps even the failures that have led to some kind of epiphany.

Those of us who have contributed over the last 18 months can always be relied upon to provide a myotherapy perspective, an Onsen perspective or a Structural Integration perspective but that is not enough. Come on the rest of you - tell us what you do!

The next Clinical Perspectives will focus on Tension Headache.

Take the challenge ... I look forward to reading your contribution!

amt merchandise buy all this and more!

download an order form
from the merchandise section
of the AMT website
www.amt.org.au



Health Fund Status

HEALTH FUNDS AND SOCIETIES	CRITERIA
Commonwealth Bank Health Society	This fund recognises all AMT practitioner levels.
A.C.A Health Benefits Fund Cessnock District Health Benefits Fund CUA Health Limited Defence Health GMHBA Heath Care Insurance Limited Health Partners HIF WA Latrobe Health Services (Federation Health) Mildura District Hospital Fund Navy Health Fund Onemedifund Peoplecare Health Insurance Phoenix Health Fund Police Health Fund Queensland Country Health Ltd Reserve Bank Health Society Railway & Transport Health Fund Ltd St. Luke's Health Teachers Federation Health Teachers Union Health Transport Health United Ancient Order of Druids Friendly Society Westfund	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.
NIB Victorian WorkCover Authority	These funds recognise Senior Level One & Two members.
Australian Unity GU Health	These funds recognise members with HLT40302/07 and all Senior Level One and Two members.
HCF Manchester Unity	These funds recognise members with HLT50302/ HLT50307 Diploma of Remedial Massage Advanced Diploma of Applied Science (Massage) Diploma of Health Science (Massage Therapy) 21511VIC/21920VIC Advanced Diploma in Remedial Therapy (Myotherapy). Existing HCF providers remain eligible.
MBF NRMA SGIC (MBF Alliances) SGIO (MBF Alliances)	These funds recognise members with the HLT 50302/07 Diploma of Remedial Massage. You must send a signed consent form to AMT. Existing Senior Level One and Two providers remain eligible.
Australian Health Management Group Medibank Private	These funds recognise Senior Level One & Two members.
HBF	HBF recognises Senior Level 2 members.
ANZ Health Insurance (HBA) Cardmember Health Insurance Plan (HBA) CSR Health Plan (HBA) HBA (formerly AXA) HealthCover Direct (HBA) Mutual Community (HBA) Overseas Student Health Cover (HBA) St George Protect (HBA) VSP Health Scheme (HBA)	These funds recognise members with HLT 50302/7 Diploma of Remedial Massage and HLT 50102/07 Diploma of Chinese Medicine Remedial Massage. Existing providers remain eligible.
The Doctor's Health Fund	Doctors' Fund recognises members with HLT 50302/07 Diploma of Remedial Massage, Advanced Diploma of Applied Science (Remedial Massage), Advanced Diploma of Soft Tissue Therapies, Advanced Diploma of Remedial Massage (Myotherapy) and Bachelor of Health Science (Musculoskeletal Therapy). All Senior Level One and Two members remain eligible. They require you to use their provider number. This number is AMXXXX, where the Xs are your 4-digit AMT membership number.

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.

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.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 2009		CEUs
4-6	Infant Massage Training. Presented by IMIS. Sydney. Ph: 1300 137 551	120
4-8	Neurostructural Integration. Presented by Ron Phelan. Sydney. Ph: 0419 380 443	175
7-11	Somatic Craniosacral Therapy 1. Presented by Patricia Farnsworth. Sydney. Ph: 1800 101 105	160
14	ACT Branch Meeting. Fyshwick. Ph: 0480 238 274	15
19	Mid North Coast Meeting. Port Macquarie. Ph: 02 6584 6661	15

January 2010		CEUs
27-28	Contemporary Cupping. Presented by Bruce Bentley and Shirley Gabriel. Adelaide. Ph: 03 9576 1787	80
29-31	Infant Massage Training. Presented by IMIS. Melbourne. Ph: 1300 588 608	120
30-31	Pregnancy, Labour and Post Natal Massage. Presented by Julia Willoughby. Canberra. Ph: 02 6295 2323	70

February 2010		CEUs
3	South Sydney Branch Meeting. Hurstville. Ph: 0411 039 819	15
5-7	Structural Assessments and Correction for Pelvis, Sacrum and Lumbar (Onsen Vol.1). Presented by Jeff Murray. Sydney. Ph: 07 5599 2514	105
6-7	Contemporary Cupping. Presented by Bruce Bentley and Shirley Gabriel. Sydney. Ph: 03 9576 1787	80
8-12	Somatic CST 1. Presented by Patricia Farnsworth. Sydney. Ph: 1800 101 105	160
12-16	Neurostructural Integration. Presented by Ron Phelan. Melbourne. Ph: 0419 380 443	175
13-14	Contemporary Cupping. Presented by Bruce Bentley and Shirley Gabriel. Melbourne. Ph: 03 9576 1787	80
13-14	Dorn Spinal Therapy. Presented by Barbara Simon. Sydney. Ph: 02 9918 8057	95
14	ACT Branch Meeting. Venue TBA. Ph: 0408 238 274	15
19-21	Infant Massage Training. Presented by IMIS. Brisbane. Ph: 1300 588 608	120
21	Muscles and Pelvic Alignment. Presented by John Bragg. Katoomba. Ph: 0410 434 092	35
23	Illawarra Branch Meeting. Corrimal. Ph: 0417 671 007	15
27-28	Dorn Spinal Therapy. Presented by Barbara Simon. Melbourne. Ph: 02 9918 8057	95

March 2010		CEUs
5	Better Body Therapy. Presented by Philip Latey. Sydney. Ph: 02 9437 3900	15
5-7	Structural Assessments and Correction for Pelvis, Sacrum and Lumbar (Onsen Vol.1) Presented by Jeff Murray. Newcastle. Ph: 07 5599 2514	105
6-7	Traditional Cupping - Eastern Tradition. Presented by Bruce Bentley. Sydney. Ph: 03 9576 1787	80
8	Gua Sha Day. Presented by Bruce Bentley. Sydney. Ph: 03 9576 1787	40
12	Better Body Therapy. Presented by Philip Latey. Sydney. Ph: 02 9437 3900	15
13-14	Contemporary Cupping. Presented by Bruce Bentley and Shirley Gabriel. Brisbane. Ph: 03 9576 1787	80
13-14	Dorn Spinal Therapy. Presented by Barbara Simon. Perth. Ph: 02 9918 8057	95
19	Better Body Therapy. Presented by Philip Latey. Sydney. Ph: 02 9437 3900	15
19-21	Infant Massage Training. Presented by IMIS. Wollongong. Ph: 1300 588 608	120
20-21	Pregnancy Massage. Presented by Catherine McInerney. Melbourne. Ph: 03 9532 8144	60
20-21	Traditional Cupping - Eastern Tradition. Presented by Bruce Bentley. Melbourne. Ph: 03 9576 1787	80
21	Scoliosis. Presented by John Bragg. Katoomba. Ph: 0410 434 092	35
26	Better Body Therapy. Presented by Philip Latey. Sydney. Ph: 02 9437 3900	15
26-30	Neurostructural Integration. Presented by Ron Phelan. Launceston. Ph: 0419 380 443	175
27-28	Contemporary Cupping. Presented by Bruce Bentley and Shirley Gabriel. Canberra. Ph: 03 9576 1787	80
27-30	Akupunkt - Massage according to Penzel (Course A). Presented by Rene Goschnik. Sydney. Ph: 02 9547 0158	200
27-28	Dorn Spinal Therapy. Presented by Barbara Simon. Brisbane. Ph: 02 9918 8057	95
29	ACT Branch Meeting. Venue TBA. Ph: 0408 238 274	15
30	Illawarra Branch Meeting. Corrimal. Ph: 0417 671 007	15

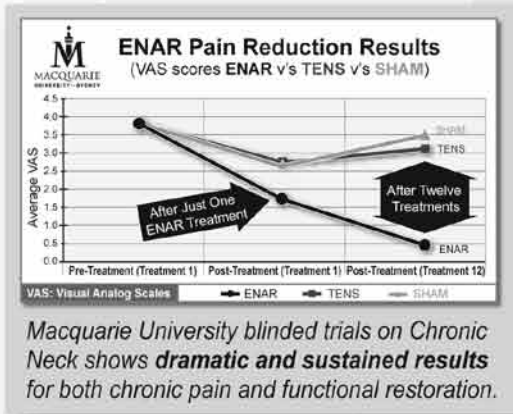
Please view the Calendar of Events on the AMT website for the complete 2009 listing: www.amt.org.au

Are your thumbs,
neck and back dictating
your massage success and
... your use-by-date?

Get Yourself an ENAR now
at a very special offer of \$990

University proven!
Universally praised!

see www.enar.com.au



*Macquarie University Research - Sponsor: Enlightened Therapies



ARTG 91686
Therapeutic medical device for pain and dysfunction.
If pain persists see your health practitioner.



PAINFUL DYSFUNCTIONAL PROBLEMS ? USE ENAR



- *Electro Neuro Adaptive Regulator*
- *Interactive Nerve-Energy Stimulation*
- *Fast, Easy, Non-invasive, Non-toxic*
- *Acute, Chronic, Holistic & Energetic*
- *Warranty, Service, Training & Support*
- *Treatments, Rental, Easy Buy Option*

DIFFICULT DISORDERS ? BECOME A SCENAR THERAPIST



- The SCENAR Professional device and protocols enable you to readily
- **MAP** the body and pinpoint problems to **VERY PRECISE LOCATIONS**
 - **MEASURE** the process exactly with **PERSONALISED DOSES**
 - **MANAGE** the treatment digitally to **ACCELERATE REHABILITATION**



ARTG 101783



Free DVD + Info Pack + Free Demos - ph 1300 305 107



CALL FOR NOMINATIONS FOR ASSOCIATION OFFICE BEARERS FOR 2010

Nominations are called for the following positions, which take effect from the close of the 2010 Annual General Meeting:

**President,
Vice-President,
Treasurer,
Secretary
and up to 5 other Directors**

Nominations shall be on the form or in the form prescribed below and close at the AMT office 3pm Friday 29 January 2010.

Where nominations equal vacancies on 30 January 2010 then those persons are deemed to be elected.

Where nominations exceed vacancies, a postal ballot of practitioner members that were financial on 1 January 2010 will be conducted during February. Where nominations are below vacancies, the differential shall be treated as casual vacancies at the Annual General Meeting.

Nomination for Office for the Association of Massage Therapists Ltd

I * (name) _____

consent to be nominated for the position of _____

Signature _____ Ph _____

Nominator * _____ Ph _____

Secunder * _____ Ph _____

* All must be financial members of AMT