



in good hands

amt

the journal of the association of massage therapists ltd

december 2011

President's Message

By Tamsin Rossiter

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Well, what a fantastic conference! The research in clinical practice theme proved to be popular, stimulating and, surprisingly for some, fun! Our presenters enthusiastically shared their research findings in ways that were both accessible and relevant.

Professor Jon Adams reminded us of the benefits of research at both the pre-conference Educators' Forum and the conference. The Forum was once again a great success, with some 35 educators collaborating. Jon's infectious passion for research has resulted in the genesis of a project involving students and educators from around Australia in a research project. The venture will unite educators from different RTOs and encourage students to engage with, and participate in, a research study.

Of course, we cannot mention conferences without acknowledging Linda and Katie, our expert office staff, who continue to raise the bar and set new standards in member support. The consistent growth of our organisation is a reflection of their dedication to AMT and the Australian massage therapy profession.

I would like to congratulate our long standing Director, Derek Zorzit, for his Massage Therapist of the Year Award. The award not only recognises Derek's passion for his career but also his advocacy work for AMT and the profession at large. In performing his duties as a Director, Derek draws on his current clinical expertise as a massage practitioner and rehabilitative fitness consultant, bringing currency of practice to the Board.

He is strongly committed to professional development, participating in sports and remedial therapy workshops, seminars and conferences. And to all these attributes, we can add his warm, friendly and professional disposition. Congratulations Derek!

It was with sadness that we farewelled Colin Rossie from the AMT Board. Colin held the Vice-President position and was AMT's longest standing Director. It is rare to find a member so passionately dedicated to the advancement of a profession. Colin has campaigned ceaselessly for public recognition of massage therapy. He is largely responsible for AMT's continued membership growth, part of which involves introducing AMT to students Australia wide. He will be missed in his executive position but I am confident he will maintain an active role in our profession and continue to provide post-graduate level training. His enduring capacity to play devil's advocate is a quality that ensured every avenue of dialogue was exhausted during discussions, and aided in transparency and fairness in the Board's decision-making processes.

Thank you to all members who provided feedback on the draft Code of Practice and to those who participated in our open forum at the conference. We have been warmed and encouraged by the positive responses from members, practitioners, educators and Government agencies. We have appreciated the input that has identified areas for improvement and omissions from the draft. There is still plenty of work to do and we are committed to finalising the document by October 2012.



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Secretary's Report

by Rebecca Barnett

The consultation period for feedback on the draft AMT Code of Practice has now officially closed. AMT received a total of 65 responses, including 33 from AMT members, 4 from regional branches of AMT, 25 from government agencies, including WorkCover authorities and healthcare complaint entities, and 3 from other allied health associations. I'd like to warmly thank all members who engaged with the draft document and took the time to submit feedback. Combined with the lively discussion and insights that closed this year's annual conference, your comments will guide the AMT Board in developing a final Code of Practice that will propel the profession forward and embed massage therapy more solidly in mainstream healthcare policy and delivery.

The tenor of the feedback reveals that the document thoroughly captured the public interest side of the equation. The response to the draft Code from the various government agencies was consistently positive and encouraging. The letter of acknowledgement from the Federal Health Minister's office, reprinted on page 4, somewhat captures the tone of the responses received from external health-related agencies. This acknowledgment is a coup for the authors of the draft code and should be welcomed by all AMT members.

I'd like to personally acknowledge the guidance and advice given by the Office of Health Services in Victoria, and the Health Quality and Complaints Commission in Queensland.

Safety and quality in healthcare is at the centre of all government health policy so encapsulating this agenda in unique standards of practice for the massage therapy profession will provide an excellent platform for all advocacy work that AMT undertakes with healthcare agencies.

It is important to remember that the public interest will be the basis of any proposed model of regulation for the massage therapy profession. In fact, the primary goal of regulation is protection of the public so we need to be thinking in these terms in all aspects of our clinical practice. One could easily argue that it is inconvenient, tedious and annoying to thoroughly wash your hands before and after every client but we can all acknowledge that it is essential to minimise the risk of infection and cross-infection. It has become an accepted part of working life and is embedded in our clinical routine. Equally, one might argue that requiring all clients to wear underpants is prudish, heavy-handed and over the top but we cannot disavow that underpants also help to minimise the risk of cross infection, not to mention the enormous range of physical and ethical boundary functions they fill in the clinical context.

In the preliminary review of the feedback from AMT members and regions, it has become evident that a number of requirements in the draft Code have been controversial or confronting. This may, at least in part, be due to the fact that standards and protocols have changed since some therapists graduated from their initial training. Those of you who have been in the industry a long time will be able to recall when performing uncovered chest massage was an acceptable practice and yet it seems unthinkable now.

Standards inevitably evolve and change over time, as attitudes shift and knowledge amplifies. As healthcare professionals, we have a clear duty of care to move with the times, keep abreast of developments, and apply current practices and policies in our place of work.

Please be reassured that, as we redraft the code in response to the feedback we have received, we will also be developing guidelines around key standards such as infection control and OHS. So, if you don't know what is in a Spills Kit now, you're soon going to find out!

The AMT Board is in the process of setting a timetable for review of the feedback and revision of the draft Code. The work involved in this review is complex so we anticipate launching the final Code at the 2012 AMT conference. I will report on the review timetable in the next issue of *In Good Hands* and should be able to indicate how we are progressing against the milestones we have set!

AMT partners with NORPHCAM

We are particularly pleased and excited to announce that AMT has formalised a partnership with the Network of Researchers in the Public Health of Complementary and Alternative Medicine (NORPHCAM) via a Memorandum of Understanding (MoU). AMT President, Tamsin Rossiter, and NORPHCAM Executive Director, Professor Jon Adams, signed off on the MoU at the AMT Conference in Sydney.

The purpose of collaboration between AMT and NORPHCAM is to foster opportunities for research capacity building within the massage therapy community.



▲ Tamsin Rossiter and Jon Adams formalise the partnership between AMT and NORPHCAM at the AMT Annual Conference.

NORPHCAM has undertaken to provide support, expertise and guidance across a range of areas, including research projects and grant applications. We are currently developing a number of exciting proposals and look forward to tangible research outcomes flowing out of AMT's partnership with NORPHCAM.

2012 Annual Conference

We are also moderately pumped about announcing the location of next year's annual conference. Pack your swimming trunks and snorkels cause we're heading to the Sunshine Coast! The conference committee is diligently beavering away at the program, but we have already confirmed Art Riggs as a presenter. Yes, he's baaaaack! Mark the dates in your diary now – October 19 – 21. We promise you another excellent conference, with a range of brilliant speakers and workshops.

We will be doing our darndest to best this year's crop of presenters ... no small feat as you'll see from our conference feature on page 18. Special thanks to our international visitors this year, Bethany Ward and Larry Koliha, whose tag team workshops won the hearts and minds of those who were fortunate enough to see them in action.

New Vocational Education and Training regulations

There have been some exciting developments in our training sector as well. The new National VET regulator, the Australian Skills Quality Authority (ASQA), commenced operations on 1 July 2011. This national body replaces all the state-based regulatory authorities, except in Victoria and Western Australia where they have chosen not to refer their VET regulation powers to the Commonwealth.

One of the more significant developments in connection with the establishment of ASQA is the Department of Education, Employment and Workplace Relations (DEEWR) move to trademark the entire Australian Qualifications Framework. This trademark encompasses all qualification titles contained within the AQF from Certificate I through to Doctoral degrees.

In a nutshell, the practical effect of this is that colleges can no longer legitimately offer fly-by-night massage diplomas without being in breach of the AQF trademark. In essence, a diploma ain't a diploma unless it's an AQF diploma.

The National Vocational Education and Training Regulator Act 2011 includes specific offences and penalties that relate directly to previously unregulated training providers. These penalties cover false or misleading advertising of training and false or misleading representation of qualifications. Essentially, there is now a mechanism that enables ASQA to pursue and prosecute providers of substandard trainings. The ramifications of this for our industry are immediately obvious. Hopefully, this development heralds the beginning of the end for weekend massage diplomas. That is a great leap forward for our profession.

What's in a name?

And in news just to hand, we have received advice from the NSW Ministry of Health that a bill has been passed amending the NSW Health Care Complaints Act and the Health Records and Information Privacy Act to change our occupational title from "masseur" to "massage therapist". AMT commenced lobbying for this change in August 2008 so it has only taken just over three years to achieve this outcome! The wheels of government grind slowly ...

The amendment to the Acts will commence on 6 January 2012 so we can hold our heads high that a victory has been achieved. It's a small but significant step for us to be recognised in statute as health professionals, with all the attendant responsibilities that this entails.

Herewith, the letter from the Legal and Legislative Services branch of the NSW Ministry of Health.

"I refer to your letter to Legal and Legislative Services Branch at the Ministry of Health regarding the use of the word "masseurs" in the Health Care Complaints Act 1993 and requesting that this term be amended to "massage therapists."

On 10 November 2011, the Parliament passed the Statute Law (Miscellaneous Provisions) Bill (No 2) 2011. This Bill makes a number of minor amendments to various Acts, including both the Health Care Complaints Act and the Health Records and Information Privacy Act 2002.

The Bill amends the Health Care Complaints Act and the Health Records and Information Privacy Act to substitute the term "masseurs" used in those Acts with the term "massage therapists".

The Statute Law (Miscellaneous Provisions) Bill (No 2) 2011 will commence on 6 January 2012.

I hope the changes to be made to the Health Care Complaints Act and the Health Records and Information Privacy Act address your concerns in relation to this matter.

*Yours sincerely
Gemma Broderick
A/Assistant Director, Legal"*

Celebrating our own

Each year, the AMT annual conference gives us an opportunity to reflect on the achievements of an individual AMT member via AMT's Massage Therapist of the Year Award. Hearty congratulations to Derek Zorzit, the recipient of this year's award!

However, it is not often that an AMT member is formally recognised for their excellence and achievements outside the context of the massage therapy community. I am delighted to announce that AMT President, Tamsin Rossiter, is the recipient of a NSW Education Minister's Quality Teaching Award (QTA), recognising her outstanding achievements as Head Teacher of Health Sciences and Complementary Therapies at Western Sydney Institute of TAFE.

The QTA is among the most prestigious teaching awards in Australia. It is open to teachers in all disciplines across the primary, secondary and TAFE sectors in NSW. To put Tamsin's achievement in context, there were 21 QTA recipients this year and only 6 of these came from the entire NSW TAFE sector.



▲ Tamsin receives her Award from NSW Education Minister, Adrian Piccoli, at Government House in early November.

Receiving the Award is not just a simple matter of being nominated and assessed either. As part of the process, Tamsin had to compile a comprehensive evidence portfolio, documenting all aspects of her teaching practice and the path that led her there in the first place.

She sacrificed many weekends (and some of her sanity!) to earn the recognition and, in the process, has demonstrated what an inspiring and competent ambassador she is for the massage therapy profession. Congratulations to Tamsin for achieving professional recognition at the highest possible level and sincere thanks for representing the massage therapy community so winningly! Tamsin, we salute you ...

Herewith, the extract about Tamsin from the QTA Award ceremony program:

"Tamsin Rossiter is an exemplary teacher who manages an innovative and supportive learning environment, meeting the needs of culturally diverse groups of students. A dedicated and strategic Head Teacher of Health Sciences and Complementary Therapies, she interprets and delivers training to the highest standard, ensuring students develop the skills, knowledge and values necessary for their work.

She mentors colleagues through collaborative teaching. Tamsin's ability to critically analyse the learning process through self reflection and evaluation underpins her educational leadership. Her interactions with students and colleagues are informed by uncompromising standards of ethical behaviour, motivating them to aspire to the same high standards.

Students and colleagues benefit from Tamsin's significant contributions to the industry as a whole, particularly her executive role in the Association of Massage Therapists and in the development of standards of practice for massage therapists."

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Letter from Nicola Roxon's office

Thank you for your correspondence of 6 June 2011 to the Minister for Health and Ageing, the Hon Nicola Roxon MP, regarding the AMT Code of Practice. The Minister has asked me to reply on her behalf.

The Australian Government values the contribution that a wide range of health workers make to the health care system in Australia. The Government also recognises the value of professional standards, codes and guidelines to help ensure the quality and safety of services provided by health professionals.

Thank you for providing your draft Massage Therapy Code of Practice. The Minister and Department do not generally provide input directly on professional standards, which is led by professions with input from the community and professional groups as relevant. Accordingly, we have no comment at this time.

However, as you are aware, the Australian Health Ministers' Advisory Council has recently undertaken national consultation on options for strengthening the regulation of unregistered health professionals. I understand the draft Code of Practice was included in the AMT's submission to this consultation process.

I value your commitment to the massage therapy workforce in Australia and wish you well in developing the final Code of Practice.

*Yours sincerely
Paula Sheehan
Director
Allied Health Section*

Need CEUs?

Journal question -
December edition
True or false?

In the study by
Matullo et al, the
presence of a first rib
intracostal ligament
was more prevalent in
female cadavers than
male cadavers.

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Melbourne	28th & 29th May	30th, 31st May & 1st Jun
Perth	16th & 17th Jun	
Sydney	21st & 22nd Jul	

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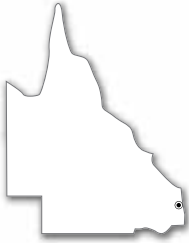
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News from the regions



Sunshine Coast by Lesley Carter and Ingrid Mozart

Queensland's Sunshine Coast now has an AMT branch! The newly formed branch currently has around 30 members made up chiefly of former Queensland Swedish Massage Institute (QSMI) members. It has been formed with the intention of providing continuity to the established meeting cycle of the former QSMI, allowing local members to accrue their professional education units and to enjoy the tradition of holding regular workshops (with the all-important lunch break that allows time to mingle and foster strong bonds with peers!).

We are an informal, friendly group who enjoy learning new skills and developing our professionalism. Anyone is welcome so bring a friend and learn something new. We meet at the Seventh-day Adventist Church Hall, Coes Creek Road, Nambour. Everyone brings a plate of something healthy to share for lunch. Water, tea and coffee are provided.

Please note the following dates for 2012, with speakers and topics to be advised:

March 18

June 17

August 19

We look forward to meeting with you in 2012 and to hosting the Annual Conference in our region in 2012.

Chairperson/Secretary: Lesley Carter

Treasurer: Ingrid Mozart



Hunter by Paul Lindsay

Our September meeting began with a discussion of the draft AMT Code of Practice. A few of the more controversial items were covered, with broad agreement on these as well as the document as a whole. Our guest speaker, Kinesiologist Renee Wilkinson, then gave a presentation on Kinesiology. Renee's talk explained the concepts behind Kinesiology and the different modalities within it, including demonstrations.

Our planned voluntary fundraising massage at the Avon Race for [breast cancer] Research had to be cancelled when one of the therapists was unable to attend, leaving only two therapists to run the event. This was unfortunate as it was the final year the race was being held and a rare opportunity to market AMT to a large audience.



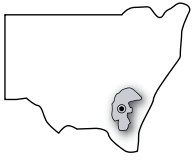
Riverina by Jodee Shead

What a big three months we have had! The draft Code of Practice was discussed by the branch and has been viewed as a positive outcome for the profession of Massage Therapy. The Riverina sent group feedback, as well as individual feedback from some branch members. Subsequent discussions and email dialogue has helped to allay some of the concerns expressed by members in connection with how the standards apply, and the distinction between professional standards and legal requirements.

Our recent meetings have been relatively well attended. Our last meeting featured a presentation by a Physiotherapist on plantar fasciitis. She believes that Massage Therapists can play a large part in the treatment of this condition. Not surprisingly, her talk was well received.

Our next big excursion is to a wet lab in Albury, with about 15 local members attending. I would like to thank Karen for organising the Wet Lab visit and trust that all attendees will benefit greatly from the learning.

I wish you all a merry Christmas and hope you all have a safe and prosperous year ahead.



ACT by Karin Cavanagh

The ACT has been fairly quiet since our last report, though we did send several delegates to the special Code of Practice forum held at the end of the AMT conference, to ask questions on behalf of regional members. Thanks to Maxine and Hussam for making the journey to Sydney and flying the flag for the region.

Our last branch meeting was held on 11 September where we lightly touched on the hotly discussed Code of Practice for a second time as a branch. After our meeting, Hussam led a discussion on stretching for the therapist!

The dates for our upcoming meetings are as follows:

Wednesday 14th December

Meeting & Christmas Party

Sunday 12th February

Meeting & Workshop (Presenter TBC)

Thursday 5th April

AGM

We hold our meetings in the Weston Club, 1 Liardet st Weston. Meetings during the week commence at 7:30pm and Sunday meetings commence at 10:30am.



Sydney South by Maria Earley

We had a very productive meeting on 5 October with another new member joining proceedings. The main purpose of the meeting was to discuss in more detail the draft Code of Practice. Some valuable and informative comments were made on the following topics:

- Draping for old clients
- Breast Massage
- Informed Consent
- Treatment of Minors
- Dry Needling

Details of the above comments were further discussed at the AGM/Open Forum on 16 October 2011.

Our next meeting will be held over dinner at The Ritz Hotel, Hurstville, on Wednesday, 14 December 2011. We look forward to ending the year with good tidings and a positive outlook towards 2012.

The following dates have been scheduled for next year's meetings:

1 February 2012

4 April 2012


6 June 2012


1 August 2012

3 October 2012

All welcome!

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A further cause of Thoracic Outlet Syndrome?

by Colin Rossie

Thoracic outlet syndrome (TOS), subscapular impingement, median nerve impingement, ulnar nerve impingement, carpal tunnel, "double crush" syndrome, cervical rib ... a familiar list of upper girdle, neuro-vascular diagnoses that can present in our clinics.

A previously undocumented, first rib intracostal ligament may also have clinical ramifications for remedial massage therapists. A recent article in the journal *Spine* by Matullo, K.S et al.¹ describes this new potential culprit to add to the causes of upper girdle dysfunction.

In the course of teaching gross anatomy, one of the article's authors, Dr Carson Schenk, frequently noted an aberrant, previously undescribed ligament crossing the first thoracic rib. A study was done of both shoulders of 21 embalmed cadavers -13 males (26 shoulders) and 8 females (16 shoulders).

Incidence of the ligament

The ligament was found to be present in 17 of 21 bodies, an incidence of 81%. It was present bilaterally in 11 of 21 subjects (52%) and unilaterally in a further 6 subjects (29%), and completely absent in 4 subjects. In the total sample of 42 shoulders, the ligament was present in 28, a total incidence of 67%. An additional, smaller ligament was also found in the shoulder of 1 subject (2%).

It was more prevalent in males – present in 11 of the 13 male cadavers (85% incidence), 8 of them bilaterally and 3 unilaterally. In total it was present in 19 of the 26 male shoulders (76%).

In females the ligament was present in 6 of the 8 cadavers (75% incidence), bilaterally in 3 subjects and unilaterally in the other 3. In the total it was present in 9 of 16 female shoulders (56%).

These figures are summarised in Table 1 from the article, presented below:

Table 1: Anatomic Characteristics of the Study Group

	Numbers	Percent incidence
Total number of specimens	21	
Male specimen	13	
Female specimen	8	
Male shoulders	26	
Female shoulders	16	
Total number of ligaments	28	
Total number of shoulders	42	
Incidence of ligaments per shoulder	28/42	67
Incidence of ligament in male shoulders	19/26	73
Incidence of ligament in female shoulders	9/16	56
Total specimens with ligament present either unilaterally or bilaterally	17/21	81
Specimens with bilateral ligaments	11/21	52
Specimens with unilateral ligaments	6/21	29
Males with ligament present either unilaterally or bilaterally	11/13	85
Males with bilateral ligaments	8/13	62
Males with unilateral ligaments	3/13	23
Males with no ligament present	2/13	15
Females with ligament present either unilaterally or bilaterally	6/8	75
Females with bilateral ligaments	3/8	38
Females with unilateral ligaments	3/8	38
Females with no ligament	2/8	25

Description

The first ribs bilaterally form a ring-like structure at the top of the rib cage, articulating directly with the first thoracic vertebra (T1) posteriorly and the sternum anteriorly.

The article reports that, where present, the ligament goes from the posteromedial aspect of the rib, just anterior to the tip of the T1 transverse process, to the anterolateral part of the same rib, directly posterior to the scalene tubercle. It is trapezoidal shape, wider on its anterior aspect (7.1 mm, +/- 3.8 mm) and narrower posteriorly (3.5 mm, +/- 1.3 mm), with an average middle width of 3.6 mm, +/- 1.5 mm. It is longer on its medial side (31.9 mm +/- 4.7 mm) and shorter on the lateral side (30.1 mm, +/- 4.1 mm), with an average centre length of 31.00 mm, +/- 4.3 mm. In thickness it is 0.5 mm, +/- 0.3mm. At the opening between the mid-substance of the ligament and the medial border of the first rib (where the T1 ventral ramus must pass before crossing the superior aspect of the 1st rib) an average distance of 6.3 mm (+/- 1.3 mm) was recorded.

Dimensions of the ligament are presented in Table 2 below, again from the article:

Significance

The T1 ventral ramus passes through the T1/2 neural foramen, between the anterior and middle scalene muscles and then travels superior to the first rib to join with the C8 ventral ramus, together forming the inferior trunk of the brachial plexus. When the first rib ligament is present it alters the course of the T1 ventral ramus. Medially, the ligament creates a roof-like structure over the ventral ramus, which could potentially create a compression site for the T1 ventral ramus against the underside of the ligament. Laterally, the ligament creates a small space through which the T1 ventral ramus must travel. In the research cadavers this measured as little as 3.1 mm in some subjects. In the research, it was noted that this space could be further narrowed by hypertrophy and degenerative changes, increasing the potential for neural entrapment at this location.

The key points were that:

- the ligament runs from the lateral surface to the posterior angle of the first rib.
- the ligament has the potential to entrap the T1 ventral ramus.
- the ligament is clearly identified on over 80% of cadavers studied.

This has relevance for all remedial massage therapists working with the upper girdle and neck. It has particular relevance to practitioners of Visceral Manipulation and Cranio-sacral therapy, as well as osteopaths, physiotherapists, chiropractors and acupuncturists.

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Table 2: Ligament Dimensions

Combined Data No. Cadaver	Length Laterally	Average				Opening		
		Medially	Length	Thickness Middle	Width Anterior	Middle	Posterior	Middle
Average	30.1	31.5	31.0	0.5	7.1	3.6	3.5	6.3
Standard Deviation	4.1	4.7	4.3	0.3	3.8	1.5	1.3	1.6
Minimum	22.6	22.4	22.5	0.1	2.2	1.4	1.2	3.1
Maximum	40.4	42.2	41.3	1.1	14.5	6.8	6.8	8.6

Aston Kinetics – Alignment from a Dimensional Perspective

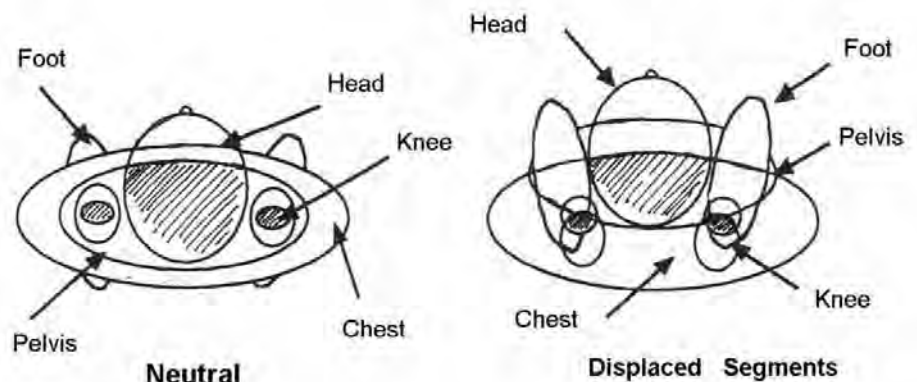
by Laura Servid

The directive to stand up straight is a familiar one. But what is the most functionally correct upright alignment? Often a matter of controversy, the answer depends on one's perspective and particular school of thought.

The progression to an upright posture, in both human evolution and individual development, demands a delicate balance of a complex structure.

Looking at the familiar anatomical charts that describe alignment in terms of three planes, the coronal plane divides the body front and back. Using this as a reference, correct alignment is traditionally assumed to be attained when a vertical line runs through the ear, shoulder, mid-trunk, hip, knee and lateral malleolus. This version of ideal alignment follows the model that describes the body structure in terms of straight lines and perpendicular planes.

Many researchers, scholars and practitioners have grappled with the question of how the body's balance and movement should be organised. For example, some have suggested that a flattened and lengthened spine would be advantageous in relieving pressure on the lumbar spine. Ida Rolf, who pioneered both the understanding of the body in relationship with gravity and of fascia as an 'organ of structure', was an advocate of the straight body. In his work, F. M. Alexander developed a system that postulates that "primary control", which he believed to characterise all effective movement, happens when the head leads and the spine follows. The Pilates method, originally developed by Joseph Pilates to assist dancers, advocates a central idea of core strength, incorporating use of the transverse abdominis to pull the navel to the spine and support the erect body with maximum length.



▲ Figure 1

The above are just a few examples of the many attempts to describe optimal human alignment and usage. This article will discuss the work of another pioneer, Judith Aston, the originator of the system of bodywork and movement education known as Aston-Patterning.

The body in three dimensions

One of Aston's early observations was that, regardless of how well people were trained into a 'correct' alignment, they would only hold that posture when they were consciously on their best behaviour. In other words, this 'good' posture seemed to be a forced position. It made people look stiff, uncomfortable and less like themselves. Her question was why, if a posture is supposed to be correct and good for us, is it so difficult to maintain? Why don't we see people naturally assuming this pattern?

The key to Aston's view of alignment is the shift from a description of the body in terms of perpendicular lines and planes to a three-dimensional concept described in terms of shapes.

Aston's paradigm sees the body as a series of 3-D segments, supported from the ground up with each segment having an inherent optimal shape that differs from person to person, depending on genetics and personal history.

Imagine each segment having its centre balanced over the support available from below. When a structure is at its best, no one part compromises alignment or movement of another segment. The goal of this 3-D alignment in standing is to balance the body over the feet so that the whole structure can move together cooperatively, with gravity travelling optimally through the centre of the structure down to the base of support. When the structure is at its best, no one part 'borrows' space from another, nor does it compromise the movement of another segment.

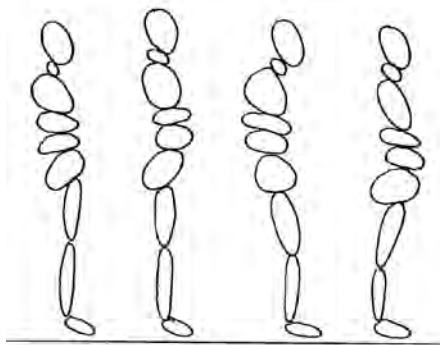
Figure 1 is a schematic of the 3-D model, showing segments in both neutral and displaced positions. In this model, the relationships among the three spatial dimensions (length, width, and depth) are used to describe body segments. Aston contends that these body segments have an optimally placed centre and are best aligned when the body is angled forward approx 2 to 4 degrees off vertical because the body is deeper anteriorly than posteriorly (that is, the ribcage, pelvis and head are deeper to the front). This placement allows the body's centre of gravity to rest over the arches, allowing a dynamic relaxed balance that accesses the complete tensegrity of the feet.

Standing in relation to gravity

Taking this principle of dynamic relaxed balance, Aston also suggests that a slightly open stance, where the forefoot is turned out about 5 to 15 degrees, matches the natural structure of the body and brings the heels fairly directly under the ischial tuberosities, reducing tension in the hip joints and generally providing better osseous support through the body's midline. She further contends that a slightly anteriorly tipped pelvis is a more accurate expression of human anthropological development and is ideally received by both the hip joints and the spine, allowing the chest, neck and head to be supported optimally from below rather than having to hold themselves up with all the attending tension and stress.

While the three surface dimensions describe the shape of a segment, the inner space of the segment is also vitally important. This space is referred to as "internal volume" in Aston Patterning and contains all the body structures and organs. When this space is compromised, so is function (musculoskeletal, visceral and neural). Visualise a balloon being squashed from above and the internal volume being displaced out to the sides. Figure 2 shows some examples of the compromised body segments being displaced by gravity and postural dysfunction.

Foundation, or base of support, is an essential concept in this system. Rather than thinking of the structure as hanging from an imaginary sky hook, the focus is on the (non-imaginary) ground. The ground offers support on which to rest and a base from which one pushes off. The base of support is defined as the surface on which the majority of the weight of a segment, or segments, is resting. Thus, in the standing position, the base of support (BOS) for the whole body is the ground or floor. When sitting, the primary BOS is the chair and the secondary BOS is the floor, which supports a lesser amount of weight through the legs. One segment can also be considered to be the BOS for the segment above. For example, the pelvis acts as a base of support for the abdominal segment, and the neck acts as a base of support for the head.

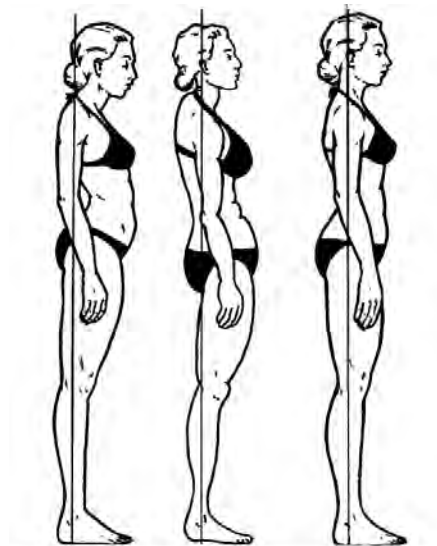


▲ Figure 2

Postural Assessment

Figure 3 shows examples of where the body has become compressed and shortened, and over-extended and locked long, with the attending loss of dimension either anteriorly or posteriorly. For example, if a pelvis is held in a posterior tilt, the length at the back of the hip is reduced by compression, creating less depth between the lesser trochanter and the ischial tuberosity.

Excess thoracic flexion provides another example of loss of dimension. The neck segment is pulled down and forward on the upper chest so there is loss of dimension both in the front of the chest and in the posterior neck. The anterior chest loses both length and depth, and the rounding shoulders result in loss of width too, putting pressure on the lungs and limiting mobility of the anterior ribs in respiration. The forward neck creates compression in the cervical spine and, over time, we may find disc protrusions, stenosis or bone spurs occurring.



▲ Figure 3

Newton's third law of motion ...

Fortunately, gravity does not act alone. As Newton's third law of motion states, every action has an equal and opposite reaction. Ground reaction force (GRF) refers to the force supplied by the ground, specifically the reaction to the force that the body exerts on the ground. GRF can be exaggerated by actively pushing against the earth, increasing length and lift through the body, and moving it away from the ground. Aston movement is a continuous recycling of these forces, not felt simultaneously, but used alternately to enhance and enable function. For example, in the simple act of breathing, the exhale can be facilitated by gravity and the inhale by ground reaction force.

We all remember Michael Jordan's outrageous ability to harness GRF, where it seemed he had an agreement with gravity to allow him to float in the air far longer than seemed possible before taking him back to the floor of the basketball court. Aston calls this pause at the top of the jump 'the moment of suspension' where we are weightless and anything is possible, as indeed it was for this legendary basketballer and others such as the ballet dancer, Rudolf Nureyev. The interplay of GRF and gravity is at the heart of Aston-Patterning movement education and is called Aston-Mechanics. When we find gravity compressing and reducing the shape and space of our body, we can use GRF (pushing downward), to suspend and fill the compressed space, reclaiming our dimensionality by creating a cyclical uplifting motion that is easily recognised as graceful and efficient movement. The Aston paradigm empowers clients by inviting them to problem solve their physical experience and teaching them to listen to their bodies through their own unique sensory perception, to find their best aligned dynamic equilibrium in any given moment.

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Is there really an underpants law? Assessing your risks in practice

by Rebecca Barnett

The release of the consultation draft of AMT's Code of Practice has provided the impetus for some welcome focus on ethical and professional standards for massage therapists. Reflection on clinical practice is a critical part of being a professional in any field, but the public health and safety ramifications of working as a healthcare professional amplify the duty of care by orders of magnitude.

One of the genuinely surprising things to emerge out of the Code of Practice dialogue has been the vociferous and emotional response to a few of the requirements in the Code, particularly some elements that the Board and, indeed, the majority of AMT members would already have accepted as the benchmark standard.

It's fair to say that no single element in the draft Code caused more of a storm of emotion and comment than the issue of underpants, specifically the codified requirement for clients to wear underpants at all times in the treatment context.

The dialogue that has erupted around this requirement has been both frustrating and immensely useful: frustrating, because the underlying assumption of the authors of the Code was that massage therapists were already applying this principle in the clinic; and useful, because it underscored a gap in currency of knowledge and a flawed understanding of the distinction between professional/ethical standards and legal and/or statutory requirements.

Professional standards versus the law

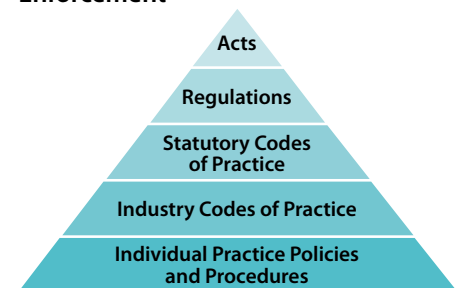
The distinction between professional standards and legal obligations is made even more confusing by the fact that the AMT Code of Practice contains some elements that are distilled from existing statutory requirements that apply to the practice of massage therapy, such as health information privacy laws and infection control regulations (ie these are indeed the law), and other elements that are essentially benchmarks for best practice (ie they are ethical and professional standards that are not legally enforceable).

To complicate matters even further, the statutory requirements that apply to the practice of massage therapy may vary by state. For example, in NSW a Statutory Code of Conduct is in place, providing the NSW Health Care Complaints Commission with a legal instrument to prosecute breaches by practitioners. At this stage, the Code only applies in NSW, though it may be rolled out nationally, depending on the outcome of the Australian Health Ministers' Advisory Council consultation undertaken earlier this year.

For the time being, the AMT Code of Practice will operate at the level of a voluntary industry Code. In other words, it is a form of strengthened self-regulation, clearly articulating appropriate, consistent and expected standards of care for the benefit of massage therapy practitioners and the public alike. Voluntary Codes such as the AMT Code of Practice are used to promote the awareness and use of benchmark standards. This is particularly important in the healthcare sector, where consistent and reliable standards of care are everything in terms of ensuring client comfort and safety.

The 'hierarchy of enforcement' may help to explain the key distinction I am trying to make between laws and professional standards in connection with how the AMT Code of Practice will operate (Figure 1).

Figure 1: The Hierarchy of Enforcement



At the top of the pyramid sits the requirements that are codified in the law, that is, the Acts. A breach of an Act carries with it a civil or criminal penalty. Regulations are official rules, arising in connection with the provisions of an Act, which are also legally enforceable. A Statutory Code of Practice is a specific industry code that has been adopted as a legal instrument and therefore has the force of the law.

The AMT Code of Practice is an example of an industry code. It is not legally enforceable but it may be used in legal deliberations and judgements, such as a court case.

At the base of the pyramid, Individual practice policies and procedures form the bedrock of care delivery and should reflect the standards set by a specific industry body.

It is worth noting that it is the AMT Board's intention to establish the AMT Code of Practice as a national statutory Code of Practice for Massage Therapists. In our submission to the Australian Health Ministers, adoption of the Code of Practice as a statutory instrument was one of the key recommendations AMT made.

The underpants police never sleep ...

So, where do underpants fit into this complex ethical and legal spectrum? Well, for those of you who might be concerned that the underpants police are inevitably going to come knocking on your clinic door to enforce the underpants law, I have been reliably informed by Father Christmas that you'll be waiting an awfully long time. In fact, it's unlikely that Australia will ever have underpants police, unless we have a Woody Allen style revolution and the mad dictator of our banana republic decrees that everyone must wear their underpants on the outside ... move over the Arab Spring, the Antipodean Boxer Rebellion is on its way.

Managing your risks

The requirement for clients to wear underpants is a benchmark professional standard, not a law. There is no Act or Statute associated with the requirement and therefore no enforceable civil or criminal penalty can be applied if you choose to breach the requirement. However, the AMT Board has articulated this standard because we believe that it is clearly and demonstrably best practice.

Where does this leave you as a practitioner if you choose to treat a client who is not wearing underpants? Essentially, it leaves you with a real and significant risk to manage since you will be acting in breach of AMT's professional recommendation. Assessing the degree of risk against the benchmark standards that AMT has articulated is critical to ensure that you protect yourself from potential complaint or litigation.

Some of the questions that you will need to ask yourself in assessing the degree of risk are:

- Why am I breaching the AMT Code of Practice?
- Can I articulate the rationale for breaching the AMT Code of Practice clearly and simply to an audience of my professional peers?
- Could I justify my actions in a court of law, knowing that I am in breach of the AMT Code of Practice?
- Can I explain my actions clearly and simply to the client?

- Is my client likely to misread or misinterpret my actions? What steps can I take to ensure that my client does not misread or misinterpret my actions?
- Are my actions consistent with my normal client protocols? If not, do I have a clear policy on exceptions?
- Is there a reasonable alternative to taking this action that doesn't involve a breach of the Code of Practice?

If you are currently treating some clients with underpants and some without, you definitely need to ask yourself what your protocols are in relation to client disrobing and precisely locate where and why you make exceptions (or, indeed, why you treat some clients one way and other clients another way). If you can't articulate or justify the exceptions you are making or the inconsistencies in your protocol, you are already taking too many risks. And there is a significant chance that none of the exceptions are actually worth the attendant risks, remembering that you are in charge of setting the tone in the therapeutic relationship. Clients are not the party held accountable for the extent to which they disrobe and matters of personal taste or expression do no apply in a court of law.

Next time you allow a nude client on the massage table, please stop to consider what is easier: explaining to the client that your professional Code requires you to ensure they have their underpants on or taking on the risk of having your actions queried by a disciplinary body or public defender.

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AMT NEW MEMBERS

ACT

Madeleine Cowie

NSW

Gemma Ainsworth, Sophia Ashenhurst, Andrew Barber, Sangpian Barber, Apiwan Bunnak, Silvia Carbajal-Rojas, Teresa Cavallaro, Ji Ho Choi, Cindy Dietrich, Kelly Edwards, Robert Gamble, Phillip Geurs, Amanda Herbert, Jamie Herbert, Michal Hrcka, Thanachote Intathep, Bin Jensen Zhong, Pattama Jiraphongpipat, Ryan Ladd, Louise Laing, Ru Li, Belinda Lloyd, Mary Grace Lowther, Leonie Macpherson, Brett Mainon, Lovella Manners, Amy Morgan, Tessa Nikov, Hong Guang Niu, Sungbok Oh, Junyoung Park, Deanne Rees, Chettaporn Saenseela, Melanie Shubert, Eric Simeoni, Zhi Hong Song, Helena Sullivan, Yue Hua Tan, Kathleen Taylor, Regan Taylor, Kendall Tomlins, Sarayut Wannakun, Thanamate Warasittiwatana, Benjamin Wearing, Jeffrey White, Xian Hui Xin, Bo Zhang, Jun Zhang

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SA

Yvonne Ashton, Xiao Hong Fang, Yue Ma

TAS

Bianca Moore

VIC

Rebecca Davey, Louise Kelly, Ebony McChrystal, Amy Woods

WA

Letia Kriskovich, Damien Mandin

Conference 2011: Putting the fun back into research

the buck starts here: research makes sense
association of massage therapists

22nd national conference 2011

Three days, seven presenters, 180 delegates, 212 danish pastries and one morning tea crisis ... the AMT conference was a thrilling whirlwind of ideas and inspiration. Our overseas guests, Bethany Ward and Larry Koliha, wowed delegates with their accessible and practical approach to making current research clinically relevant. Judy Lovas and Jon Adams shone a light for massage therapists thinking about doing their own research, and Thuy Bridges somehow managed to make ergonomics seem interesting and exciting.

Here's what you had to say about our 22nd annual conference:

"Bethany did a brilliant job on my ITB! I have been using her technique on my distance runners and it works great."

John Mason

"I could only go to the Friday session due to family commitments. I loved it and it was the first time I've been to a massage conference and wished that I had booked the whole weekend."

Sandi Davis

"I want to formally congratulate AMT on running such a successful educators' forum. It brought some wonderful, enthusiastic educators and education managers together to put forward some worthwhile discussion. The speakers were very good and there was a strong sense amongst the attendees that we're heading in the right direction."

Graeme De Goldi
Melbourne Institute of Massage Therapy

"The pre conference Kinesiotaping workshop has already brought an entirely new aspect to my business. I have been able to increase my income by \$5.00 per session if I use the method without anyone being offended or upset at being required to pay a little extra for the use of the tap. To date, all results have been positive with some saying it is the perfect adjunct to what they have been receiving for their particular condition."

Alan Ford

"The talk on the current research on fascia was fascinating. I love that you bring in excellent presenters to workshop us on the latest research and findings that are so pertinent to our work as massage therapists."

Salvina Xuereb

"It was great coming together and sharing experiences with other massage therapists at the conference."

Jana Bayly

"Lunch was delicious and I had a lot of fun at the conference dinner."

Joy Brown

"I loved the American duo who did myofascial release. They gave me so much information that my brain needed a release to retain it. They were VERY good."

Pam Stark

"I think you guys do a great job each year with these conferences. It is controlled sufficiently to be well organised, yet there is also a personal level that comes through so it's not just some "faceless committee" that runs things and the members just turn up and get told what to do and where to go.

This aspect was no more apparent than in the final forum discussion session on Sunday. I can't think of many organisations at this sort of level that are as directly open with their members about what they are planning to do, how they propose to get there and why they are doing it - as well as being perfectly frank about the issues that have been faced along the way. Whilst it may seem natural that a Massage Therapy association has a "personal touch", it is nonetheless heartening to see!"

Clint Bridges
Education Director, Kinesio Australia

"I got much more out of the research based workshops than I could have imagined. The fact that you can inform your clients why you are taking a particular approach (because of scientific evidence) makes it so much easier to sell your product. It just helps a great deal to be able to add some real facts to the process."

Ern Malley

"Very excited and inspired at the prospect of an Australia-wide collaborative research project with all the major RTOs, with the guidance of NORPHCAM."

Annemarie Gibson
Box Hill TAFE

"Fantastic & inspiring three days. As always, the standard of presenters was excellent. The conference stands as a testament to AMT's consistently high standards in professional massage therapy in Australia. A dynamic collection of like-minded professionals always striving to further the standing of both individual massage therapists (through quality education) and the massage therapy industry (through the enormous work still in progress on the Standards of Practice). As always, I'd like to thank the executive committee for their continued hard work, dedication and sheer excellence! Proud to be a part of it."

Joanne Griffiths



▲ Colin Rossie receives an Award far excellence in Hawaiian shirt wearing (aka Honorary Life Membership).



▲ Massage Therapist of the Year, Derek Zorzit

Congratulations to our Award recipients

Massage Therapist of the Year
Derek Zorzit

Student Therapist of the Year
Connie Tsiounis

Honorary Life Membership
Colin Rossie

Special recognition awards
Tamsin Rossiter
Desley Scott

Thanks to:

Terra Rosa, Lippincott, Williams and Wilkins, and Human Kinetics for donating prizes.

Thanks to our major sponsors:

Sportstek
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Prime Alternatives



▲ Head Office staff, Katie and Linda, receive special acknowledgement from a dressed down AMT President.



▲ Larry Koliha shows how to work an ITB!



▲ Bethany Ward interprets the fascia science.



▲ How many nerds does it take to make a scientific breakthrough?



▲ No animals were injured in the making of this costume ...

Massage and Joint Mobilisation

by Joe Muscolino

Massage therapy involves a number of treatment tools that can be employed for a variety of purposes. Massage can be performed to decrease stress, improve local fluid circulation or simply provide therapeutic touch. Perhaps the greatest advance for massage therapy, though, has been the mainstream acceptance of clinical orthopedic massage.

Clinical orthopedic massage is done with the intention of treating a specific musculoskeletal condition. Toward this end, massage therapy education includes science education, the major focus of which is learning muscles. Indeed, massage therapists often know their muscles better than many physicians.

Muscles and Fascia

If you ask most orthopedic massage therapists what their intent and goal is when working on a client, they will usually describe a muscle or group of muscles that they want to manipulate and loosen. Certainly, tight musculature is likely one of the most common, if not the most common, presenting complaint of clients. However, with the increased awareness of fascial tissues (both the understanding of fascial adhesions and the concept of fascial contraction, as well as the understanding of the fascial links between muscles of a myofascial meridian), some of the focus of massage therapy is being shifted away from the muscles and towards fascia. Although the pendulum should not swing too far away from musculature, it is important that a greater understanding and focus on fascia occurs so that we can have a more balanced approach to treating all soft tissues. By encompassing the fascial tissues in the treatment paradigm, massage therapists can broaden their domain to define themselves not only as *muscle therapists* but *rather as myofascial therapists*.

Defining the scope of massage therapy in this way is crucially important. It is not just inflexible muscles that can decrease mobility, limit a client's function, and cause discomfort and pain. All inflexible taut soft tissues can do this, whether they are muscles, tendons, broad fascial planes between and around musculature, ligaments or even joint capsules. In this context, the role of massage therapy can be understood to include the manipulation of all soft tissues.

“The difference between a chiropractic joint manipulation/adjustment and a joint mobilisation is that the joint mobilisation is performed slowly and never involves a fast thrust.”

Joint capsules and joint manipulation

Massage therapists can and should pay attention to the flexibility/tautness of all soft tissues, including joint capsules and other deeply seated intrinsic ligaments. These deeper fascial structures connect and provide stability to the bones of a joint. However, if joint capsules become taut, often due to the accumulation of fascial adhesions over time, the joint will lose its mobility. The province of loosening joint capsules is usually left to chiropractic and osteopathic joint manipulation. With the use of high velocity, short lever arm manipulation (a fast thrust that is implemented over a short range of motion), chiropractors and osteopaths stretch joint capsules, thereby increasing the joint's range of motion and therefore the client's mobility.

Muscles and Joints - *Chicken and Egg*

Given that a major goal of clinical orthopedic work is to increase the client's mobility, it is important that both tight musculature and taut joint capsules are treated. Indeed, tight muscles and taut joint capsules can be looked at as the proverbial chicken and egg. If tight muscles are loosened with massage, the remaining taut joint capsules will still decrease joint motion and this decreased motion will eventually cause the muscles to tighten again. If, on the other hand, the client has a chiropractic adjustment to loosen the joint capsule but the muscles are not loosened, these tight muscles will decrease the joint's range of motion, ultimately leading to the joint capsule becoming taut again. For this reason, it is critically important that muscles and joints are both addressed. This is why chiropractors and massage therapists so often work together. Marrying joint adjustments with massage soft tissue manipulation ideally complement each other, addressing both the chicken and the egg.

Chiropractic and Massage

When chiropractors and massage therapists practice together, the order in which their work is performed can matter. Many chiropractors choose to have the massage therapist work on the patient/client after the adjustment is done. However, this decision is often more motivated by ease of schedule and patient flow than by optimal treatment protocol. Given that an adjustment takes only a couple of minutes but massage is performed for anywhere from 15 minutes to an hour, it is often easier for the chiropractor to adjust all of his/her patients and then leave them for the massage therapists to work on.

¹ As in all professions, business decisions often take precedence over what might be considered best practices. There are many chiropractors who employ massage therapists not because of a strong ideological belief in the benefit of marrying massage with chiropractic, but rather because their revenues can be increased by having another therapy for which they can charge. Pay attention to this when you are interviewing for a position at a chiropractor's office. If you are looking for a therapeutic partnership, look for a chiropractor who truly believes in the importance and benefit of massage therapy.

This frees and makes more flexible the chiropractor's schedule¹.

However, for most clients, it is more beneficial to have the massage done first. An adjustment can be performed more gently when the client's musculature and other fascial tissues have already been loosened. This is important because, if an adjustment is performed too forcefully, not only might it be uncomfortable for the patient but there is also an increased chance that it will trigger a muscle spindle (stretch) reflex that could then result in increased muscle spasming. The more gentle the adjustment, the less likely spasming will occur and the more comfortable it will be. Further, if the muscles and other fascial tissues are loosened first, the joint will release more fully, resulting in a more successful adjustment. For this reason, it is usually preferable to have the adjustment follow the massage, not precede it. When partnering with a chiropractor, it is valuable to discuss these ideas and determine how to best work for the benefit of your patients/clients.

Massage Therapy Joint Mobilisation

Massage therapists who do not partner with a chiropractor can still do valuable work to address taut joint capsules through joint mobilisation. Joint mobilisation is performed by bringing a joint slowly through a small and precise range of motion.

Mobilisation is similar to chiropractic manipulation in that it is performed through a short range of motion and focuses on loosening deeper intrinsic ligaments and joint capsules. However, the crucial difference between a chiropractic joint manipulation/adjustment and a joint mobilisation is that the mobilisation is performed slowly and **never involves a fast thrust**.

Joint mobilisation of the neck

To best understand joint mobilisation, let's look at joint mobilisation of the cervical spine into right lateral flexion at the C5-6 joint level².

In essence, a joint mobilisation can be looked at as a type of pin and stretch. One vertebra must be pinned while the adjacent vertebra is moved/stretched relative to it.

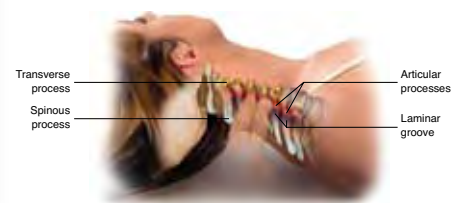
Joint mobilisation versus stretching:

Although joint mobilisation can be viewed as a type of stretching, specifically a type of pin and stretch technique, there is a critical difference between joint mobilisation and other stretching techniques. All other stretching techniques, whether they are classic static stretching, dynamic stretching or even advanced neurologic inhibition stretching techniques such as proprioceptive neuromuscular facilitation (PNF) stretching or agonist contract (AC) stretching, involve bringing the joint through a large range of motion. Joint mobilisation, on the other hand, involves a small range of motion that is focused at a specific segmental joint level. Let's look at the neck to understand the difference. If the entire neck is stretched into right lateral flexion, the stretch will be spread over the left side of the neck. However, because the stretch is applied across the entire left side of the neck, a taut (hypomobile) joint capsule at one level of the neck may not be stretched because other (hypermobile) levels of the neck compensate by stretching more. Therefore, a hypomobile joint may avoid the stretch because adjacent hypermobile joints compensate. For this reason, as valuable as stretching is as a treatment tool, it can be ineffective at addressing segmental hypomobile joints. Joint mobilisation technique is critically important because it is the only technique available to massage therapists that can restore motion to specific segmental hypomobilities.



▲ **Figure 1:** A. Thumb contact. B. Finger pad contact. C. Radial side of the index finger contact.

In Figure 1A, we see that the therapist uses one hand to contact the lower vertebra (C6). Three contact options are shown: the thumb, finger pads and the radial side of the index finger. In each case, the contact is made on the facet (articular process) of the vertebra, approximately halfway between the spinous process and the transverse process (Figure 2).



▲ **Figure 2:** The cervical spinal facets provide an excellent contact for the therapist.

² Joint mobilisation is a powerful technique that can produce excellent results but can also hurt the client if not performed correctly. Joint mobilisation should never be forced and should never result in pain to the client. Further, when performing joint mobilisation to the spine, the presence of a pathologic disc or advanced degenerative joint disease (osteoarthritis) is likely a contraindication. In these cases, permission from the client's physician should be obtained before performing joint mobilisation.

The facets form a broad smooth surface that is a comfortable contact for the client (contacting the transverse processes would be extremely uncomfortable). The therapist's other hand must hold and move the client's head. As a rule, this hand is placed on the other side of the head from the hand that is contacting the vertebra. It must be placed under the centre of weight of the client's head so that the head is easily balanced in the hand. Care must be taken not to cup over the client's ear or press on their mandible.

Now, securely pinning the vertebra below (C6), bring the client's head and upper cervical spine (C1-C5) around the pinned vertebra until the end of passive range of motion is reached and tension is felt at the C5-6 joint (Figure 3).



▲ **Figure 3:** C6 is pinned while the head and upper neck (C1-C5) are moved into tension.

The actual joint mobilisation can be performed in one of three ways:

1. The facet of C6 can be pushed further while the client's head and upper neck are securely held.
2. The client's head and upper neck can be moved further while C6 is securely held.
3. Both C6 and the client's head and upper neck can be simultaneously moved relative to each other.

The position of joint mobilisation is held for less than one second and then released. This procedure is usually repeated a few times at that level and then performed at the other joint levels of the neck. After mobilising into right lateral flexion, left lateral flexion is done, as well as other ranges of motion bilaterally.

The result is that the entire neck is mobilised in all ranges of motion.

Conclusion

Effective and thorough clinical orthopedic work requires increasing flexibility of not only muscles and superficial/intermediate fascial tissues but also the deeper intrinsic ligaments and capsules of joints. Massage strokes are ideal for remedying tightness in the superficial and intermediate tissues. Supplementing this, stretching can be invaluable in increasing flexibility of most soft tissues. However, to truly address tautness/adhesions in the deepest fascial structures of the joints, intrinsic ligaments and joint capsules, joint mobilisation is necessary. Although joint mobilisation technique can take time and practice to learn well, the benefit to your clients and to your practice makes the effort well worthwhile.

Figure credits:

Figure 1 Reprinted with kind permission from the massage therapy journal (mtj). Photography by Yanik Chauvin.

Figure 2 Reprinted with kind permission from *Advanced Treatment Techniques for the Manual Therapist: Neck*, JE Muscolino, to be published by Lippincott, Williams & Wilkins, February of 2012. Modeled from the massage therapy journal, *joint manipulation of the neck*, fall, 2007 body mechanics column article; JE Muscolino.

Figure 3 Reprinted with kind permission from *Advanced Treatment Techniques for the Manual Therapist: Neck*, JE Muscolino, to be published by Lippincott, Williams & Wilkins, February of 2012. Photography by Yanik Chauvin.

Joseph E. Muscolino has been a massage therapy educator for 25 years, and a chiropractor in private practice for 26 years. He is the author of The Muscle and Bone Palpation Manual, With Trigger Points, Referral Patterns, and Stretching; The Muscular System Manual, The Skeletal Muscles of the Human Body, 3ed; and Kinesiology, The Skeletal System and Muscle Function, 2ed; as well as the upcoming Advanced Treatment Techniques for the Manual Therapist: Neck. Joe's books are translated into seven foreign languages.

Joe also teaches continuing professional education workshops and will be visiting Australia again in March next year.

For more information, visit his website: www.learnmuscles.com

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DEADLINE

**Deadline for the
March 2012
issue of
In Good Hands is:
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Please email
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Health Fund Status

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CBHS Health Fund Ltd	This fund recognises all AMT practitioner levels.
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Australian Unity GU Health	These funds recognise members with HLT40302/07 and all Senior Level One and Two members.
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Victorian WorkCover Authority	This fund recognises Senior Level 1 and 2 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. Manchester Unity will recognise HLT50202/07 Diploma of Shiatsu.
ANZ Health Insurance (HBA) Cardmember Health Insurance Plan (HBA) CSR Health Plan (HBA) HBA (formerly AXA) HealthCover Direct (HBA) MBF Mutual Community (HBA) NRMA Overseas Student Health Cover (HBA) SGIC (MBF Alliances) SGIO (MBF Alliances) St George Protect (HBA) VSP Health Scheme (HBA)	BUPA recognises members with HLT5030207 Diploma of Remedial Massage, HLT50102/07 Diploma of Chinese Medicine Remedial Massage, HLT50202/07 Diploma of Shiatsu and Oriental Therapies, 21920VIC or 21511VIC Advanced Diploma of Remedial Massage (Myotherapy).
Australian Health Management Group Medibank Private	These funds recognise Senior Level One & Two members.
HBF	HBF recognises Senior Level 2 members.
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 X's 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 2011		CEUs
1-4	Somatic CST 5. Presented by Patricia Farnsworth. Adelaide. Ph: 1800 101 105. Part of a 5 day programme, commencement date 30/11/11	160
2-4	Infant Massage Training. Presented by IMIS. Sydney. Ph: 1300 558 608	120
2-6	Neurostructural Integration Technique Basic. Presented by Ron Phelan. Sydney. Ph: 03 5255 5229	175
2-4	Infant Massage Training. Presented by IMIS. Sydney. Ph: 1300 558 608	120
2-6	Neurostructural Integration Technique Basic. Presented by Ron Phelan. Sydney. Ph: 03 5255 5229 or 0419 380 443	175
3-4	Functional Fascial Taping Upper and Lower Body. Presented by Ron Alexander. Brisbane. Ph: 03 9481 6724	90
5	Blue Mountains Branch Meeting. Wentworth Falls. Ph: 0416 220 045	15
14	South Sydney Branch Meeting. Hurstville. Ph: 0411 039 819	15
14	ACT Branch Meeting. Weston. Ph: 0408 238 274	15
17	Mid-North Coast Branch Meeting. Port Macquarie. Ph: 0438 813 994	15

February 2012		CEUs
1	South Sydney Branch Meeting. Hurstville. Ph: 0419 241 258	15
3-5	Infant Massage Training. Presented by IMIS. Brisbane. Ph: 1300 558 608	120
3-7	Advanced Certificate in Integrated Cupping Therapy. Presented by Bruce Bentley. Sydney. Ph: 03 9576 1787	175
3-5	Master Class in Traditional East-West Cupping. Presented by Bruce Bentley. Sydney. Ph: 03 9576 1787	105
6-7	Remedial Cupping. Presented by Bruce Bentley. Sydney. Ph: 03 9576 1787	70
6-10	Somatic CST 7. Presented by Patricia Farnsworth. Adelaide. Ph: 1800 101 105	175
12	ACT Branch Meeting. Weston. Ph: 0408 238 274	15
12	Curly Customers. Presented by John Bragg. Katoomba. Ph: 0410 434 092	35
18-22	Advanced Certificate in Integrated Cupping Therapy. Presented by Bruce Bentley. Melbourne. Ph: 03 9576 1787	175
18-22	Master Class in Traditional East-West Cupping. Presented by Bruce Bentley. Melbourne. Ph: 03 9576 1787	105
21-22	Remedial Cupping. Presented by Bruce Bentley. Melbourne. Ph: 03 9576 1787	70
24-26	Infant Massage Training. Presented by IMIS. Melbourne. Ph: 1300 558 608	120
25-26	Neurostructural Integration Technique Introductory. Presented by Marianne Grainger. Perth. Ph: 0407 036 047	70
25-26	Neurostructural Integration Technique Introductory. Presented by Robert Monro. Brisbane. Ph: 07 3269 7250	70

March 2012		CEUs
1-5	Neurostructural Integration Technique Basic. Presented by Ron Phelan. Melbourne. Contact 03 5255 5229 or 0419 380 443	175
2-4	Onsen Volume 1 Structural Assessment and Correction of the Thoracolumbar, Pelvis and Sacrum. Canberra. Presented by Jeff Murray. Contact 07 5599 2514	100
3-4	Remedial Cupping. Presented by Bruce Bentley. Brisbane. Contact 03 9576 1787	70
5-9	Somatic CST 1. Presented by Patricia Farnsworth. Adelaide. Contact 1800 101 105	140
11	Scoliosis. Presented by John Bragg. Katoomba. 0410 434 092	35
15-19	Neurostructural Integration Technique Basic. Presented by Ron Phelan. Perth. Contact 03 5255 5229 or 0419 380 443	175
18	Sunshine Coast Branch Meeting. Nambour. Contact 0403 647 754	15
19	Blue Mountains Branch AGM. Wentworth Falls. Contact 0416 220 045	15
23-25	Infant Massage Training. Presented by IMIS. Sydney. Contact 1300 558 608	120
26-30	Somatic CST 8. Presented by Patricia Farnsworth. Adelaide. Contact 1800 101 105	175
30-31	Onsen Volume 1 Structural Assessment and Correction of the Thoracolumbar, Pelvis and Sacrum. Tweed Heads. Presented by Jeff Murray. Contact 07 5599 2514	100
31	Somatic CST 1. Presented by Patricia Farnsworth. Adelaide. Contact 1800 101 105. Part of a 5 day programme, completion date 22/04/12	140

Please view the Calendar of Events on the AMT website for the complete 2011/2012 listing: www.amt.org.au

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CALL FOR NOMINATIONS FOR ASSOCIATION OFFICE BEARERS FOR 2012

Nominations are called for the following positions, which take effect from the close of the 2012 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 27 January 2012.

Where nominations equal vacancies on 27 January 2012 then those persons are deemed to be elected.

Where nominations exceed vacancies, a postal ballot of practitioner members that were financial on 1 January 2012 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