

President's Message

By Alan Ford

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Congratulations to all those were involved in making AMT's 2012 Annual Conference such a resounding success. Special thanks to Katie Snell for overseeing the smooth running of the event throughout the weekend and to local Sunshine Coast region members, who willingly stuffed conference satchels. Special acknowledgement also goes to our sponsors and exhibitors for their ongoing support of AMT's key educational event of the year. Feedback from delegates clearly indicates that they got great value out of the conference presentations and workshops. The stunning setting was a huge bonus.

'Blink and you've missed it' ... that just about sums up 2012 for me. AMT has enjoyed another successful year, with a growing member base, plenty of activity in our regional branches and redoubling of our efforts to represent AMT members to government agencies, health funds and allied health professional bodies. Much of this advocacy work was founded on the review and completion of AMT's Code of Practice, which had already garnered great praise from a range of quarters prior to its launch at the conference. In particular, massage therapy educators across the country are champing at the bit to incorporate the final Code in their teaching – in other words, the Code will set the tone and tenor of massage therapy education in Australia, long into the future.

For those who were unable to attend the Conference, I am pleased to report that the launch of the Code of Practice was a singular and auspicious event in AMT's 46-year history. We were extremely fortunate to have Professor Michael Weir, an expert in law and ethics for complementary therapists, on hand to deliver the keynote address. His intelligent and thoughtful insights into the Code underscored its significance in terms of the broader context of health practitioner regulation in Australia.

It was pleasing to hear an expert in the field praise the quality of the work.

As I stressed in my speech during the launch, a great many hours of background research have been invested in ensuring that the Code of Practice is a world-class document. Such a monumental task takes its toll and I again salute the efforts of the key authors of the Code for staying the distance and committing to its completion in spite of the stress, barriers and even occasional opposition that was thrown up throughout the 3-year authoring process.

My thanks also to members of the AMT Board, both past and present, for their ongoing backing of the Code of Practice project.

Having completed such a landmark project, it is now time to regroup and focus on the next tasks at hand. Obviously, there is still much work to be done and the AMT Board's focus will turn towards new challenges such as GST exemption and the inclusion of massage therapy services on the Enhanced Care Plan. You will note that this issue of the Journal includes a nomination for Board positions in 2013. If you have special expertise, experience or knowledge to bring to the table and a passion to advance the cause of massage therapists in Australia, I encourage you to seriously think about nominating.

As this is my final report for 2012, I would like to personally thank the members of the Executive for their wonderful support throughout the past 9 months. Many thanks also to our ever-reliable Head Office staff Beck, Katie and Bek, whose cheerful enthusiasm, competence and intelligence are the bedrock on which all member services are built.

Happy holidays!

■ amt



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Secretary's Report

by **Rebecca Barnett**

So ... the AMT Code of Practice is complete and the metaphoric post-Codal cigarette has been smoked. Needless to say, we won't be basking in the glow for long.

While the completion of the Code of Practice is an enormous milestone for AMT and the massage therapy industry at large, it is also the foundation of a much larger program of work in service of AMT's vision "to establish massage therapy as an allied health profession in Australia". Clearly, achieving this vision will require an even greater degree of nose-to-the-grindstone determination and commitment by AMT's oft-unseen doers. It will also require the commitment, support and foresight of all AMT members. We need to embody and promulgate excellence in clinical practice that is commensurate with the recognition we crave as health professionals. In short, we need to be it, not just dream it (oh lord, I feel a song coming on).

There are many challenges ahead, not the least of which is the ongoing question of professional identity and where massage therapy fits into healthcare delivery in Australia. There is a real risk that we might surrender many of the core qualities that have got us to where we are now by slavishly mimicking the medical hegemony. After all, it's a blindingly obvious strategy – if you want power and status, attach yourself like a barnacle to the most powerful in your field. In fact, the modern physiotherapy profession has done this very successfully, adopting the paradigm of the medical establishment to advance their standing. As a consequence, they have embedded themselves into the medical system, enjoying the status inferred on them by virtue of their alignment with the keepers of the health kingdom.

Just over 70 years ago, physiotherapists still called themselves massage therapists. Only 40 years ago, despite their new name, physiotherapists still essentially practised massage therapy.

There is a strong sense of déjà vu about where we currently find ourselves. We have made enormous strides in terms of recognition and credibility but we still fall short of being able to declare ourselves a fully-fledged health profession. Last time we were in this position, we became physios.

The ever-present temptation to advance our cause by aligning ourselves with the medical model of treatment - and changing our name - forces us to engage with fundamental questions of identity: do we practise holistically or dualistically; do we treat symptoms and conditions or people; do we operate by science or intuition; are we reactive or responsive ... or does the truth lie somewhere in the middle of these apparent poles?

There is much that we might sacrifice at the altar of the medical establishment in pursuit of greater status within the healthcare system. But if we reduce or restrict our focus to symptoms and conditions, at the expense of whole-person care, we critically erode our body of work and much of our relevance within the healthcare system. There is a huge need for massage therapists to continue practising general health maintenance treatments in the community. Burgeoning demand for in-home care within the aged care sector is just one example of where this kind of work is utterly appropriate and where there is a golden opportunity for us to embed ourselves within the primary care system.

These sentiments may sound high-falutin' and abstract but their ramifications are being played out at a very practical and immediate level right now.

The Health Training Package is currently being reviewed, which means changes to the Certificate IV in Massage Therapy Practice and the Diploma of Remedial Massage. On the table at the moment is a proposal to rename the Cert IV "Certificate IV in Relaxation Massage" and substantially dilute its content. The stated rationale for this is a need to make the distinction between Certificate IV and Diploma level job outcomes clearer. In the context of the broader ideological struggle I have sketched out above, though, it looks much more like an attempt to disavow our foundations – to erect impenetrable silos around massage that is based on non-specific, 'therapeutic' effects and massage that is based on specific, 'remedial' effects. Never mind that our clinical evidence base does not support such a division. Never mind that relaxation is not necessarily the only therapeutic outcome of a generalised treatment. Never mind that Certificate IV competencies are the foundation of all massage therapy practice.

I believe that it is possible to achieve professional status without jettisoning the philosophy of holism that has nurtured us to this point. I believe that it is possible for us to advance our standing without disavowing our entry-level qualifications and the significant work that gets done at Certificate IV level. I believe that massage therapists can continue to do so much more than just assess and treat presenting conditions.

On the following two pages is AMT's blueprint for achieving professional status without losing our core. We sincerely hope you'll join us on the ride.

■ **amt**

AMT is a national, not-for-profit association representing qualified Massage Therapists and Massage Therapy Students. Established in 1966, we are the oldest association in Australia to represent massage therapy in its own right. We advocate vigorously on behalf of our members to advance the profile and standing of massage therapists, and promote the health benefits of massage therapy.

VISION

Our vision is to establish massage therapy as an allied health profession in Australia.

MISSION

Our mission is to:

- Support our members
- Professionalise the industry
- Educate and inform the public and other health professionals

AMT VALUES

- **Best practice:** We support our members to deliver evidence based, skilled, ethical and professional treatment
- **Participation:** We encourage our members to connect with and contribute to their professional community
- **Innovation:** We continue to set the advocacy agenda for the massage therapy profession
- **Governance:** We operate to the highest standards of transparency and accountability
- **Client focus:** We place quality and safety at the centre of all we do

SUPPORT PRACTITIONERS		
Objectives	Strategies	Indicators
Members are skilled and well educated	Disseminate research to practitioners	Increase in: <ul style="list-style-type: none"> • # research articles disseminated to members • Research literacy (self-reported)
	Increase the number of practitioners maintaining and exceeding competency standards	Increase in: <ul style="list-style-type: none"> • # members engaging in continuing education • # members exceeding their annual continuing education requirement
	Increase opportunities for further education by establishing pathways between the Vocational Education Sector and the Higher Education Sector	Increase in: <ul style="list-style-type: none"> • # of undergraduate courses that offer advanced standing to graduates of HTP qualifications • # of partnerships with tertiary institutions
Members are supported in clinical practice	Provide practice management resources to members	Increase in: <ul style="list-style-type: none"> • % of practitioners working full time • Working life span of practitioners • Retention of members
	Provide client management resources to members	
	Provide promotional resources to members	
	Provide peer support and mentoring to members	

PROFESSIONALISE THE INDUSTRY

Objectives	Strategies	Indicators
Massage Therapy is an evidence-based health intervention	Synthesise the clinical evidence base for Massage Therapy and establish a discrete body of knowledge	• Increase in research literacy (self-reported by members)
	Work with universities and other research bodies to increase the quantity and quality of Massage Therapy research	Increase in: <ul style="list-style-type: none"> • # partnerships formed • # studies completed
Massage Therapy is recognised as a distinct profession	Develop a Massage Therapy Scope of Practice	• Scope of Practice established • Scope of practice endorsed
The Australian government recognises Massage Therapy as a legitimate health service	Synthesise clinical evidence base	• Massage therapy treatments are GST exempt • Massage therapy treatments are included on the Enhanced Care Plan
	Form alliances with other associations and advocates	
	Lobby Treasury and Government	
The practice of Massage Therapy is supported by a sustainable model for governance and regulation	Develop a model for industry regulation	• A national peak body is established • A national Code of Conduct and Code of Practice are endorsed by Government • A national Practitioner Accreditation Scheme is endorsed by Government • A national Quality Assurance program is endorsed by government
	Lobby Government	

EDUCATE AND INFORM OTHERS

Objectives	Strategies	Indicators
The Australian public recognises the health benefits of Massage Therapy	Disseminate educational and promotional material to the public	Increases in: <ul style="list-style-type: none"> • Private health fund claims for Massage Therapy treatments • Service demand (self reported by members)
Allied health professionals recognise the benefits of Massage Therapy	Disseminate information to allied health professionals, including: <ul style="list-style-type: none"> • Training requirements • Scope of Practice • Professional standards of competence • Research results / health benefits • Gains in professional standing (as a result of above) 	• Increase in referrals from allied health professionals (self reported by members)
The Australian public has the information, knowledge and resources to choose a professional therapist	Raise the profile of AMT	• Massage therapy treatments are GST exempt • Massage therapy treatments are included on the Enhanced Care Plan
	Form alliances with other associations and advocates	
The practice of Massage Therapy is supported by a sustainable model for governance and regulation	Develop a model for industry regulation	Increases in: <ul style="list-style-type: none"> • Hits to the AMT website • Telephone inquiries to AMT Head Office • Service demand (self reported by members)
	Promote members via <ul style="list-style-type: none"> • AMT website • Media • Sporting and community events • Exhibitions and expos 	

DEADLINE

**Deadline for the
March 2013
issue of
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for 2013 have
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The use of Myofascial Cupping for the prevention of injury

Presented by David Sheehan, BAppSc (Physical Education), Dip Ed, Dip Health Sc (Remedial Massage)

Traditional Myofascial Release and other massage techniques simply compress tissues together. Myofascial Cupping not only uses this compression via the rim of the cup, but also lifts, stretches and separates soft tissue.

The Myofascial Cupping technique provides profound benefits for your clients, particularly in assisting the body in maintaining Range Of Motion, eliminating Myofascial Trigger Points and reducing restrictive and sometimes-painful fascial adhesions commonly found from repetitive movement originating from sports and the workplace. By reducing fascial adhesions, while encouraging optimal hydration levels of soft tissue, Myofascial Cupping can assist in reducing the incidence of injury.

Join David Sheehan, Founder and International Presenter, as he explores the latest groundbreaking research presented from the 3rd International Fascia Research Congress held in Vancouver, Canada in March 2012 and its relevance for the inclusion of the Myofascial Cupping technique in your bags of tricks.

After David's presentation, hear from past students who now successfully incorporate Myofascial Cupping into their treatment sessions and how their clientele has increased while reducing their load on fingers and thumbs.

For the last segment of the seminar, David will demonstrate and explain some of the techniques taught in both the 2-day Level 1 workshop and the Advanced course, while answering questions from the audience.



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Adelaide	26 & 27 Oct

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NOTE: Certificate of Pregnancy Massage must be obtained before enrolment into the NurtureLife™ Pregnancy Massage Practitioner course will be granted.

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Conference Round Up

by Colin Rossie

Another year, another conference done and dusted.

With the theme "Diversity in Practice, Security in Business", AMT's 23rd Annual Conference was held at what was possibly the most beautiful location this event has seen yet, the Twin Waters resort on the Sunshine Coast. I could wax lyrical about the beauty of the place, the ocean, climate, fresh air and natural beauty of the environment but it might feel like I'm rubbing it in to those of you who didn't attend (especially those from more southern parts of the country).



*Location, location, location...
or should that be vacation,
vacation, vacation?*

One hundred and thirty delegates attended the two days of the conference and a further 50 plus therapists attended Art Riggs' post conference workshop "Creating Pelvic Balance." In addition to workshops by Leonie Dale, Catherine McInerney, Kay Fredericks, Bronwen Kendall, Dr Judy Lovas, Colin Rossie and the ever popular Art Riggs, this conference saw the launch of AMT's completed Code of Practice at the opening plenary.

Professor Michael Weir, Australia's pre-eminent authority on law and ethics in the complementary and allied health field, presented the keynote speech on "AMT Code of Practice – Implications for Practitioners", examining its ramifications for practice and the legal risks and obligations of practitioners in plain, simple to understand language.



*Professor Michael Weir
delivering his keynote*

Jeff Shearer followed this with "Marketing With Soul - How To Get Busier Without Selling Out." Jeff's unique entrance is something that will be spoken about for years to come. Later Jeff chaired a panel discussion consisting of practitioners from a range of different massage businesses, from sole traders to multi-practitioner clinics and multi-practice businesses, who exchanged information on the nature of their massage therapy business, followed by questions to the panel from the floor.

I should also not neglect to mention that we ran our 4th annual Educators Forum on the afternoon of the first day, too.

Speaking of not neglecting mention, a special thanks and congratulations to Katie Snell for organising the logistics, registration desk and doing or dealing with just about everything else the weekend threw at her.

In these endeavours Kerry Hage and Annette Cassar ably assisted her. Thanks to Dave Moore for the AV, the local Sunshine Coast volunteers for getting the satchels together, and to anyone and everyone else not mentioned but who contributed their fair share of sweat to make the enterprise a success.

But rather than waffle on too much about the conference here, I'll let the presenter's speak for themselves, through synopses of their presentations on the following pages.

Plenary Session: Marketing with Soul Jeff Shearer

Marketing!

As practitioners, that word conjures up for many of us images of gold-toothed smiles, slicked back hair and the scent of cheap aftershave as you hear the words "Trust me!"

But marketing really doesn't have to be like that. It is more about building a bridge between you and the people you are trying to help - and that bridge should be built without resorting to dodgy sales tactics or hustle.

To ensure your bridge builds a true connection between you and the community you want to reach out to, you need to consider 7 key areas:

1. Knowing Your Message

When building your bridge we need to consider building a strong foundation. This is our message because if we don't know what we want to say then we have no chance.

2. Talking to others

It's something we all shy away from but if you know your message and practice presenting then you will leave a memorable impression on everyone you talk to.

3. Branding

Every piece of marketing material that goes out into the world has to look like yours. Having fancy designs that don't connect reduces your impact. Why?



Jeff Shearer, AKA P T Barnum

Because marketing research tells us that on average a person needs to see something from you 6 times before they are likely to act. So if your flyers are green, your business cards yellow and a print media advertisement is blue then it is making it harder mentally for people to connect these things together.

4. Websites

Not being on the web means you miss out on connecting to a huge portion of the population who now search for practitioners on line. A website is vital these days, even if you are busy - it will help you stay that way.

5. E-news

A regular way to keep in contact with people who you have worked with or people who are interested in what you do. This keeps you front of mind when they need help.

However, remember that you must get permission to put people on your e-news list otherwise you are breaking privacy laws.

6. Health Directories

Natural Therapy Pages is a great way to get some extra, cheap exposure on the web.

7. Social Media

Facebook is my pick of the bunch. It's free. Learn how to use it well and it's a great way to connect with the 11 million active users in Australia.

Another vital point about marketing is that it takes time to have an impact, because marketing is about repetition. Consider how long it took for you to learn all of your muscles, origins, insertions and actions.

For me it took forever and I had to go over and over and over the information so it stuck. So why would someone remember one flyer they received in their mailbox last week? Thinking about marketing as a long-term approach rather than a one-off event will get you busy helping people and keep you that way in the long term.

To learn more about the 7 ways to build your bridge and revise what I presented at the conference, you can view our free, 90-minute online video. This has heaps of useful tips to help make your marketing work. For more information on accessing this video and let us help you get your practice on track, please contact us at info@ethicalpractice.net

Jeff has been a remedial massage therapist for over 17 years. His practice styles have ranged from a small mobile massage business to operating a multiple-practitioner Chinese Medicine Clinic. Through trial and error, Jeff has learnt many valuable lessons about how to achieve better results for clients, build a successful practice and maintain quality of life without sacrificing standards of care. This experience has inspired him to create 'Ethical Practice', an information-based business designed to assist natural therapists in developing a successful practice with integrity.

2012 AMT National Educators' Forum

Tamsin Rossiter

The 4th National Educators' Forum, held in conjunction with AMT's annual conference, was a resounding success. The brainchild of Rebecca Barnett, this annual event now sits at the top of the list for educators around the nation. Sixteen educators attended, with equal representation from public and private Registered Training Organisations (RTOs). The forum was collegial and productive, with the main dialogue focusing on streamlining the Health Training Package and regulation of Vocational Education and Training (VET) in Australia. Our two presenters, Bronwyn Walker from the Community Services and Health Industry Skills Council (CS&HISC), and Michael Lavarch from the Australian Quality Skills Authority (ASQA) led professional conversations.

The Honorable Michael Lavarch AO is a lawyer, educator, and former Attorney General during the Keating era.

He has a long and distinguished career in the legal profession, academia and has held the position of CEO of the Law Council of Australia. We were privileged to have the opportunity to consult directly with such a key figure.

In his current role as Commissioner of Risk Analysis and Investigation with ASQA, Michael talked about the role of ASQA as regulator of VET in Australia. He didn't disappoint. Topics ranged from current auditing requirements, risk assessment procedures, the role and governance of ASQA, and non-compliance within RTOs. In addition, he addressed the configuration of regulatory action undertaken by ASQA and how educators, professional associations and ASQA can work together to ensure high standards of massage education and training and compliance with regulations.

We are also fortunate to have Bronwyn Walker (CS&HISC) as a regular presenter at our Educators' Forum. Bronwyn is a dynamic presenter and her wealth of experience and knowledge of the Health Training Package (HLT07) is warmly appreciated by educators.



Educators waiting in earnest for the Forum to begin

Bronwyn discussed the current VET reform policy including the new streamlining and design model of training packages. It was greatly beneficial to have an update of the current review and the imminent changes to HLT07. There was an animated discussion regarding the proposed changes to the titles of massage qualifications.

Participants were overwhelmingly in favour of not changing the Cert IV in Massage Practice to the suggested Cert IV in Relaxation Massage, as it was concluded that this name does not accurately reflect the skills and knowledge required for the Certificate IV level qualification.

Bronwyn also spoke about the continuous improvement plan for training packages from 2011 to 2014. The Industry Skills Council's consultation structure permits stakeholders to provide training package feedback on an ongoing basis. This can be achieved through the Industry Reference Groups, the Subject Matter Expert Groups and via the wider Industry Consultation and Working Groups. Bronwyn used the educational and industry consultation from our forum as part of the public consultation process for the CS &HISC. Due to popular demand, Bronwyn generously made herself available for further discussion after lunch. Our thanks and appreciation goes to Bronwyn for her flexibility and willingness to extend her time at the forum. This was offered, despite the alluring warm weather and inviting pool at the Twin Waters Resort. The forum concluded with some discussion of Recognition of Prior Learning (RPL) for overseas qualification and the viability of RTOs collectively being able to recognise qualification from specific RTOs outside Australia. Due to the complexity of such a task, it was decided this concept would require further investigation and consideration. Once again AMT received unparalleled praise and endorsement from the educators on the significance and worth of our recently completed Code of Practice. We reassured educators that, with the appropriate recognition of its source, we welcome and encourage the use of the code within the education, training and practise of massage therapy in Australia.



Leonie Dale in action

Massage Safely: Working with People with Cancer

Leonie Dale

Awareness of oncology massage has grown over the last ten years, especially in the last five. When I spoke on massage and cancer at the 2006 AMT conference, the focus was on dispelling the myth that we could not massage anyone with a cancer diagnosis or cancer history. Standard wisdom, as taught in massage therapy training schools at the time, was that massage was a blanket contraindication for cancer. Dispelling the myths surrounding this 'misinformation' took some time for the wider massage community to process and digest.

The paradigm shift away from blanket contraindications began in the early 2000's. Thanks to Google, research articles became so much easier to find. Tiffany Field and her research teams at the Touch Institute in Miami contributed greatly to our understanding of how massage therapy enhanced parts of the immune system to increase natural killer cells (NK cells) and decrease the stress hormone cortisol. NK cells destroy both cancer and viral cells. Cortisol, on the other hand, which elevates under stressful conditions, is known to kill immune cells like NK cells. Scientists and doctors involved in psychoneuroimmunology (PNI) research and mind-body medicine took biological measurements from 'stressed' individuals before and after a relaxation method, often touch or massage therapy, was used. Judy Lovas, who is presenting on PNI at this conference, will elucidate that further in her presentation.

I found Gayle Macdonald's book 'Medicine Hands' in 1999. This provided much information referenced by evidence and research. It also provided clear diagrams and the science to support the principle that massage does not spread cancer. At the time, I was teaching at TAFE and needed to be certain what I was teaching was correct. For me, final proof came when the Memorial Sloan Kettering Cancer Centre (MSKCC), a major cancer centre in New York, provided further training for massage therapists to work with people with cancer and then developed a Massage Therapy Department which employed massage therapists, paying them very well to massage cancer patients in all stages of condition and conventional treatment.

There was plenty of evidence and research for evidence based practice (EBP) or best practice in our own massage therapy practices when working with this client group. The next question was **HOW** do we massage people with cancer? The answer to that question involved further research and study, several specific courses, both here and overseas, meeting some great people working in the same field and lots more reading! At last I felt absolutely sure that what I was teaching and practising was safe, effective, health enhancing and healing on many levels. I'd like to think that currently all massage therapists complete their initial training with some basic knowledge of how to safely massage not just people with a cancer diagnosis but anyone with a complex, chronic condition, is immune compromised or is old and frail or just frail. Perhaps this is naive thinking or a dream yet to be realised!

For the many massage therapists interested in pursuing their interest in working with people with cancer there is Oncology Massage Training (OMT) which has grown over the last ten years to include 4 levels of training in most Australian states. This further training ensures safe practice for the client, by delivering a sound understanding of the biology of cancer, the treatments, complications of the condition and treatments, physical and psychological signs and symptoms as well as encompassing self-care for the therapist, an area of great importance when working in this field.

With early detection methods diagnosing cancer and increased efficacy of treatments there is a growing number of people in 'survivorship' mode from cancer. This, combined with the statistics in Australia of 1:6 people who will develop cancer at some stage of their lives, means that even massage therapists who have a clinic offering remedial and/or sports massage therapy to either a specific population groups (athletes, women etc) or to a general cross section of the public will encounter clients with a diagnosis or history of cancer at some stage, whatever population group they work with.

In the **'Massage Safely'** workshop I specifically wanted to share some information regarding the treatments for cancer. These include surgery, chemotherapy and radiation therapy, each with side effects and complications that create cautions that as massage therapists we need to be aware of. To keep it as simple and clear as possible in the short time we had in the workshop, the focus was on restrictions to massage therapy treatments, which include **site restrictions, position restrictions and pressure restrictions** for each of the treatments the client endures. We also addressed physical, psychological, and emotional signs and symptoms the client may be experiencing from their diagnosis and the medical treatment of their condition and how they may be affected (and feeling) when all three treatments are combined, as they often are.

We looked at redefining massage therapy to include lotioning (Macdonald, 2007) light touch, holding, and using a pressure level scale to indicate how deep or light the pressure restriction needed to be and how we, as massage therapists, must be in 'charge' of the treatment and not be tempted or coerced into performing deep massage at the client's request, certainly for the first twelve months following their treatment. This is very important because the client may experience severe flu like symptoms such as fatigue, nausea, vomiting and headaches following an inappropriately deep massage treatment for their current level of wellness and time-line of their cancer treatment.

Being qualified in the management and treatment of lymphoedema I am very concerned regarding the potential

damage done to the fine lymphatic ducts and vessels during a deep remedial massage. Even a lighter massage which still increases the lymphatic or vascular circulation by an 'unaware' practitioner can cause further congestion and possibly lymphoedema in the affected area. The risk of lymphoedema increases with a combination of treatments, for example surgery with removal of lymph nodes poses a risk of compromising the lymph flow. The more nodes removed, the higher the risk. Add radiation therapy to the treatments and the risk increases. The nearer to the nodes (cervical, axilla or inguinal) the radiation therapy is, the risk is even greater of the client developing lymphoedema at some stage.

Currently we are not sure who will develop lymphoedema following their treatments for cancer. Risk factors can be obesity, infection, inflammation, and almost any condition that causes an increase in the lymphatic or circulatory flow in the affected region. Early detection and management is vital and referral to a lymphoedema specialist is necessary.

Tracy Walton (2011) uses the **'quadrant principle'** to illustrate and inform massage therapists to be aware of the caution necessary when working with this client group. A detailed client history is necessary to become aware of the need to include the quadrant principle in our massage therapy treatments.

We need to know what surgery was performed, if lymph nodes were removed and, if so, how many and whether radiation therapy to the area was included in the treatment.

We drew the lymphatic quadrants on a workshop participant to demonstrate the direction lymph flows in the quadrants and how to massage safely in the affected quadrant. I would like to thank him for volunteering. It was a water-soluble pen, so hope you were able to wash it off!

Notes and a sample client history form, which is a 'work in progress' involving the Blue Mountains College of TAFE Students, provided a 'take-home' reminder of the workshop information and a quick reference of **how** to massage safely when working with this specific client population.

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Web sites:

Gayle MacDonald – Oncology Massage Education Associates

www.medicinehands.com

Memorial Sloan Kettering Cancer Centre

www.mskcc.org

Oncology Massage Training

www.oncologymassagetraining.com.au

Society for Oncology Massage (S4OM)

www.S4OM.org

Tracy Walton & Associates

www.tracywaltona.com

Leonie has over 20 years experience in remedial massage therapy, following many years in the nursing profession. She has researched, studied and specialised in massage therapy for people with cancer and other medical conditions. Her qualifications include a Masters in Nursing, lymphoedema management (CPT), and oncology massage. Leonie was a senior massage therapist at Quest for Life Foundation and is a massage therapist and consultant for Blue Mountains Cancer help. She has taught at Blue Mountains College of TAFE since 1996, while maintaining a successful massage therapy practice. She can be contacted at leonie.dale@vatd.net

Hyper-kyphosis; considerations in working with sagittal thoracic dysfunction

Colin Rossie

The well-aligned, healthy adult spine has two curves forward (kyphoses) and two backward (lordoses) around the centre of gravity. This four-curve arrangement gives the spine great resilience and allows optimal posture and movement.

At birth, the spinal column consists of a single forward curve, the primary curve, a kyphosis that is the result of spinal flexion in utero. Secondary spinal curves, called lordoses, are created by spinal extension in the lumbar and cervical spines. The lumbar lordosis results from the developmental move toward upright stance and bipedal walking, and the cervical lordosis results from the need of the senses to operate from a stable, level base.



Colin Rossie assesses a pelvis

The creation of the two secondary curves means that the original single forward flexion kyphosis becomes two curves: a kyphosis in the thoracic spine and another in the sacral/coccygeal spine.

Hyperkyphosis is the abnormal exaggeration of the forward (flexion) curvature of the thoracic spine. Though scoliosis is the most common thoracic deformity, hyperkyphosis is the second most prevalent thoracic deformity, with an incidence of between 1:10 to 1:50 people. It can be either idiopathic or secondary to conditions such as Scheurmann's disease and osteoporosis or pathologies like rickets and tuberculosis. While scoliosis is often asymptomatic, hyperkyphosis is responsible for a high incidence of back pain.

Longitudinal studies of teenagers in Finland, Scandinavia, Great Britain, Western Europe, the United States and China have found a progressive increase in the incidence of hyperkyphosis over the past 30 years. Initially this was attributed to the greater load and weight of backpacks filled with heavy schoolbooks. However, with the advent of widespread computer use, the increase in the incidence of hyperkyphosis has been even greater. Additionally, it has been found that people with hyperkyphosis are 4.6 times more likely to suffer severely damaging falls in old age. This increased incidence means that more clients will be seeking massage for thoracic spine pain in the future.

Due to the heavy research focus on lumbar and cervical spine pain in the last 25 years, thoracic pain has been significantly under-researched proportionate to the pain reported in general practice.

Protocols useful in the assessment and treatment of scoliosis can be readily modified for application to hyperkyphosis. Whereas scoliosis can be viewed as a three-dimensional rotation of the whole body around its central axis, hyperkyphosis can be viewed more as an exaggerated anterior/posterior deformity in the sagittal plane. Though it primarily affects the spine, like scoliosis, its effects can be seen in the whole body!

Many people with hyperkyphosis have never received any treatment, be it medical intervention or conservative treatment. In extreme circumstances surgery may be recommended but conservative treatment is more frequently used. Conventional conservative treatment would be likely to be either bracing or physiotherapy. Unlike scoliosis, there is less research literature for conservative treatment of hyperkyphosis. Nonetheless, many massage therapy texts have protocols for the treatment of hyperkyphosis. In my clinical experience, massage or manual therapy alone will not have a lasting effect on hyperkyphosis. Nor will purely movement approaches, Manual interventions need to be combined with movement interventions to have efficacy. In treating the body holistically, manual therapy is only one component, which consists of both direct and indirect techniques.

The neurological aspect of hyperkyphosis is another huge component. The stimulation of the sensory homunculus via the mechanoreceptors through direct touch affects the neuro-myo-fascial and connective tissues. This is as important as the effects of whatever technique is used on the tissues themselves. Active and passive movement, both intrinsic and extrinsic, creates awareness of how the body moves and where it is in its environment via the stimulation of intero- and extero-ceptors. This is a form of proprioceptive refreshment that creates a feedback loop that re-educates movement patterns.

Change your movement pattern and you change the way you use your body. Movement affects not only one's sense of self in space with regard to the external three-dimensional environment but also how your body relates to its internal environment.

In addition to the obvious structural benefits, this sense of relating to internal space possibly has as-yet-unresearched psychoneuroimmunological benefits.

Role of the Therapist

The role of the therapist is to:

- empower the client to create their own wellbeing
- assist the client to achieve their therapeutic goals.
- respect that the client knows their own body best
- facilitate the client's process, using their knowledge, skills and insight
- act as coach to the client.

Specific considerations:

- Bring the client's awareness to restrictions in their movement pattern to make them aware of their current dysfunctional pattern.
- Educate the client to recognise where they currently are in space, and where they could they be if they were functioning optimally. (Compare and contrast.)

Postural assessment

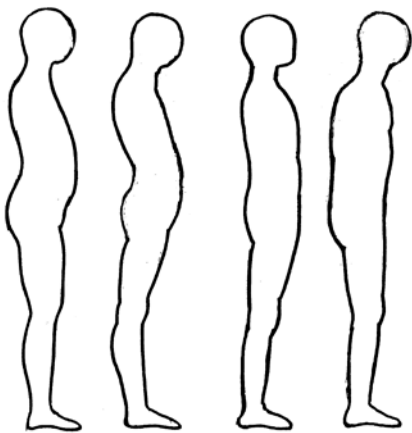
Several different models of viewing the body are utilised in assessing hyperkyphosis. These models should not be considered as definitive diagnostic criteria, but rather as serving a didactic purpose in the assessment process. An assessment is made and a treatment plan developed via a triangulation of the observations drawn from different postural models. There are at least four different types of hyperkyphosis so differential assessment is the vital first step before determining the treatment plan.

The main postural models I utilise for viewing and assessing hyperkyphosis are:

1. **Basic orthopaedic assessment of pelvic position**, probably best known in Australia through the influence of Onsen technique. Of specific relevance are the assessment protocols and techniques for the position of the sacrum in relation to the ilia, which influences the level of the pelvis and also position of the spine on the sacrum.

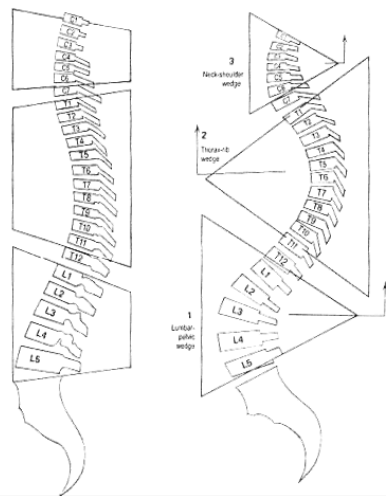
The true situation of the lumbar and thoracic spine can only be accurately assessed on a level pelvis.

2. **The tilt/ shift model of Hans Flury**, a Swiss Rolfer. This considers the tilt of the pelvis (anterior or posterior) in relation to the femurs, combined with the shift of the pelvis in relation to the feet (i.e. the position of the acetabulum in relation to the malleoli.) This then determines the musculoskeletal pattern and the position of the spine in relation to the pelvis.



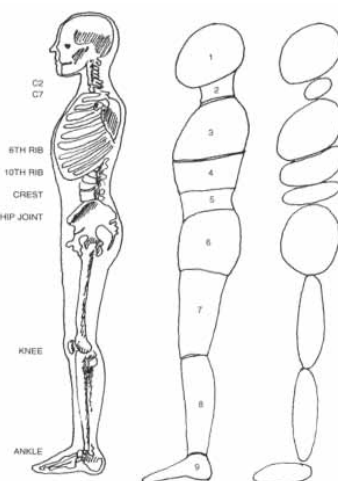
▲ The Tilt/Shift model of Hans Flury (from Schleip, R "The Structural Typology of Hans Flury" available www.somatics.de)

3. **The Schroth Wedge model.** Katerina Schroth, a pioneering German physiotherapist, postulated that the trunk consisted of three wedge components. In a balanced, integrated body, these three segments are stacked on each other. Viewed laterally, due to the natural curvature of the spine, these form three interlocking trapezoids, balanced around the body's centre of gravity. In dysfunction, the shape of these trapezoids becomes exaggerated. These wedges consist of:
 - The shoulder girdle, which includes the cervical spine.
 - The rib cage, which includes the thoracic spine.
 - The pelvic girdle, consisting of the lumbar spine with the pelvis



▲ Examples of normal wedging and exaggerated (hyper-kyphotic) wedging (from Lehnert-Schroth, C.,et.al, 2007 *The Schroth Method: Three-Dimensional Treatment for Scoliosis*)

Segments relate to the segments above and below, and can displace anteriorly and posteriorly, shifting their centre of mass in relation to the centre of gravity of the body. Gravity and Ground Reaction Force (GRF) influence the response of these segments. Variations in tone, function and applied force also affect the segmental relationships. Alignment is seen as the result of the placement and displacement of segments, with displacement leading to structural dysfunction and poor alignment.



▲ Judith Aston's segmental model

Treatment considerations

- Before commencing treatment, the following should be considered:
1. Disease / pathological issues.
 2. Osteopenia / osteoporosis.
 3. Tilt and shift

4. Tone in the different parts of the rectus
5. Breathing patterns
6. Shoulder girdle's relationship to the thorax
7. Pectoral muscles
8. Type of kyphosis. Does it originate in the thoracic or lumbar spine? If thoracic, is it thoraco-lumbar, mid or upper thoracic? Are there any flat spots in the thoracic spine?
9. The cervical spine's relationship to the thoracic spine.

Treatment protocols

In working with clients with hyperkyphosis, firstly assess the position of the sacrum between the ilia, secondly assess the tilt and shift of the pelvis. Using Flury's tilt/shift model, this will give a strong indication of the type of kyphosis and subsequently the muscular pattern accompanying it. Determine how exaggerated the "wedges" in the torso are and work with direct manual techniques to lengthen the shortened aspect of each wedge. Following that, using a mixture of manual and movement techniques, bring the varying segments into more congruent relationship with each other.

In summary, after assessment, manual therapy would proceed using the following protocol:

1. Level the sacrum in the ilia
2. Bring the pelvis to neutral tilt, attending to the flexors and extensors of the hip joint
3. Work the anterior aspect of the middle wedge
4. Work the posterior aspect of the upper wedge
5. Work the posterior aspect of the lower wedge
6. Bring client's awareness to their hip hinge
7. Bring client's awareness to the function of the segments from their pelvis to their neck
8. Enhance their interoception and exteroception via extrinsic and intrinsic movements.

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Judy Lovas singing for her supper?

Introduction to Psychoneuroimmunology

Dr Judy Lovas

Psychoneuroimmunology (PNI) offers a new framework from which massage therapists can practice. It is the study of interactions between physical and psychological processes, which examines communication between the central nervous system (CNS), endocrine and immune systems and their relationship with behaviour. In other words, PNI provides evidence for the intimate links between thoughts, emotions and health.

PNI investigates the integration of body systems rather than a reductionist approach. Previously independent disciplines collaborate in research and as a result, PNI extends into many areas of health and medical science such as infectious diseases, psychological disorders, rehabilitation, aging and complementary therapies (Cohen, 2006). Research in PNI reveals multidirectional biochemical and pathophysiological processes between the mind and the body. This fundamentally challenges previous notions that the mind and body are separate and distinct entities.

Evidence of close communication between the CNS, endocrine and immune systems include CNS innervation of lymphatic tissue (Ader et al. 1995), the effect of psychosocial factors on immune function (Kemeny & Gruenewald, 1999) and increased lymphocyte activity during phases of regular massage therapy (Lovas et al, 2002).

More specifically, PNI research has demonstrated explicit molecular and cellular interactions between hormones, neurotransmitters, neuro-peptides and cytokines, and their impact on health (McCain et al. 2005).

Within PNI, the study of stress, health and disease is of particular relevance to massage therapists. Psychological stress such as anxiety or depression and physical stress such as pain can compromise, alter and disrupt communication between cellular signals of the CNS, endocrine and immune systems and lead to increased susceptibility to inflammatory and chronic diseases (Raison et al. 2006; Kiecolt-Glaser et al. 2002). During pain, these interactions can include hyperalgesic or analgesic responses and pro or anti-inflammatory responses. For example, Substance P and the opioids are involved in communication between nociceptors and immune cells (Moalem et al. 2004). Stress can directly stimulate the production of pro-inflammatory cytokines that influence conditions such as depression (Kiecolt-Glaser et al. 2002). Conversely, depression can down-regulate cellular immune responses (Nash, 2000). Both acute and chronic psychological stress can affect wound healing and infection (Dantzer et al. 2008) and stress-induced immune dysfunction is implicated in a range of medical conditions (Esch et al. 2003).

This highlights the need for research in the relationship between relaxation and immune enhancement. Mindfulness based stress reduction in breast and prostate cancer outpatients was associated with altered cortisol and immune patterns consistent with less stress and mood disturbance (Carlson et al. 2007). Self-hypnosis and imagery decreased anxiety and improved immune responses in medical students during examinations (Gruzelier et al. 2001). Massage therapy can be efficacious in immunomodulation (Lovas et al. 2002) and reduce immunosuppressive effects of stress (Hernandez-Reif et al. 2004). While it is unfortunate that randomised clinical trials in massage therapy and immune responses are still rare, the focus in relaxation research is not whether it has an impact on immunity, but rather how and to what extent interventions such as massage therapy may positively contribute to health and healing.

Massage therapists experience clinically, what is increasingly evidence-based; that physiological effects of massage therapy can result in psychological and immunological outcomes. Understanding basic tenants of PNI necessitates a re-evaluation of best practice in massage therapy. It can lead to refinements in history taking, structural analysis, treatment and marketing. Adopting a clinical approach that also considers clients' cognitive and emotional health requires time, empathy and a comprehensive network of multidisciplinary practitioners for referrals. In any massage therapy practice, the inclusion of relaxation techniques such as stroking, face massage or holding can benefit each client.

As PNI has developed over the last 40 years, so too has public and government recognition of massage therapy. Clearly, many massage therapists are dedicated to continuing education and developing greater expertise. PNI is a scientific framework that enables therapists to understand that massage treatment can improve clients' physical conditions and psychological well being and thereby enhance the health of the whole person.

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Judy has practised, taught or researched massage therapy since 1985. She investigated the Effects of Massage Therapy on the Immune Response as a Masters of Science degree before completing her PhD in 2009.

Pregnancy Massage

Catherine McInerney

This workshop offered the participants the opportunity to reflect on their current practices and increase awareness of the knowledge required to specialise in this area of massage. The day offered an introduction to pregnancy massage. There is a misconception that pregnancy massage is an adaptation of relaxation massage: it is important to understand that it is a specialised area of practice which requires extended training to be able to practice effectively. It is a specialised niche that supports women's health and can be an extremely rewarding area to work in.

A well-trained pregnancy massage therapist offers nurturing support to their pregnant clients. The clients I have been treating over the last 15 years are all women I have supported through their pregnancy or multiple pregnancies.



Catherine McInerney addresses delegates in the Pregnancy Massage workshop

I look forward to supporting their daughters through their pregnancies. Trust and nurturing support flow on after pregnancy. In my experience a well-supported woman will make an easy transition to motherhood.

Pregnancy is a unique phase in a woman's life: a complex orchestration of hormones work to set the stage for fertilisation - from simple egg and sperm uniting, creating an embryo to the developing foetus. The journey has begun, filled with excitement and trepidation, the unknown.

It is an honour to have the experience of nurturing and supporting women through this time of change and growth. We are massaging not one person but two (or more).

Pregnancy is never static but a constant state of change. How do we change what we would normally do in treatments to support this ever-changing state? Our focus of care is for the mother, however we must remember we are massaging not just mother but are having an effect on the baby as well.

During the workshop we reflected on how we would prepare for a pregnant client. We discussed:

- Are you adequately trained to accept a pregnant client, to understand her needs?
- Do you know the questions to ask before commencing a pregnancy massage?
- Are you able to respond to emotive subjects in pregnancy such as loss?
- Do you have adequate equipment: pillows, bolsters, draping?

- In using a pillow support system, have you considered the ergonomics of the pillow? Is it adequate for pregnancy massage and is it safe? Many pillow systems used by therapists are unsafe and do not support the growing fundus and increasing laxity of joints.
- Can the client get on and off the massage table safely?
- Is the room clear of strong scents?
- Does the room have a sense of space, and not claustrophobic?

These are a guideline and do not cover all requirements for pregnancy as each client will have a unique presentation that may require special care. Be guided by your limitations and never treat in pregnancy if unsure - refer the client to a pregnancy specialist.

After clarifying these aspects of safety in treatment we explored a specialised application of a range pregnancy massage techniques developed by Pregnancy Massage Australia™.

The group reflected on how they would change their current practices to treat safely in pregnancy.

Our work then focused on the side lying position, something many therapists had not tried, and discussion of the options of safe lying positions: from prone to supine to side lying positions. The greatest changes for therapist are adapting the flow of application and maintain contact with both mother and baby and provision of appropriate draping.

There are specific concerns when working supine, which need to be addressed.

Considerations for safe side-lying:

- Adequate bolsters and pillows
- Place the primary pillows on the bed
 - Pillow for the head- make sure the shoulder is well supported and the spine remains straight
 - A rolled towel or small pillow for the client to hold, this will help maintain a good position of the shoulders and prevent rolling forward
 - Use a small bolster to slip under the hip to support the growing fundus
 - Place a firm pillow between the legs, confirm the knee is in line with the head of the greater trochanter and the ankle and feet are well supported
- An adequate, larger stool for the client to step up onto the massage table

- Sheet to drape over the client - this allows for ease of draping and also reduces cumbersome multi towel draping. The sheet also addresses the change in body temperature felt in pregnancy.

What to consider for safe prone lying:

- Have an appropriate pregnancy pillow system, which lies over the bed and has a head rest (such as the Firm-Fold pregnancy pillow system.) Never lie your client prone for more than 30 minutes.
- NEVER use a massage table with a drop out hole or sling for the abdomen
- Many pillow systems on the market are designed for physiotherapists, chiropractors or osteopaths. Note: only lie clients prone for 10 - 15 minutes.

Review of pregnancy draping practices:

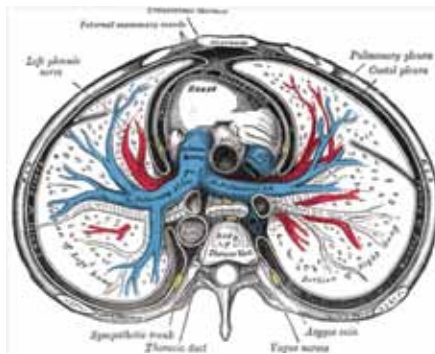
Adequate appropriate draping ensures client modesty and meets the need to protect and nurture your client. Only areas being massaged should be undraped. The myth that inhibitions and modesty are reduced in pregnancy is only in the case of birth itself. The idea that inhibitions and modesty are reduced in pregnancy is a myth. It is important for the massage therapist to be aware of this and adapt to the changing needs of the client so they feel supported and protected throughout the pregnancy.

Catherine has specialised in Pregnancy Massage since 1998 and has extensively researched the benefits of specific massage techniques during pregnancy, labour and post-partum. She is passionate about the importance of assisting a healthy pregnant client through the many changes that occur during each trimester and has developed Pregnancy Massage Australia to train other therapists in Pregnancy Massage. More information about her current and upcoming courses can be found at her website: www.pregnancymassageaustralia.com.au

Introduction to Visceral Manipulation

Bronwen Kendall

Visceral Manipulation is a gentle, precise manual therapy that enhances mobility and tissue motion of the visceral system. This in turn improves the health of the overall health of the body by enhancing the function of the organs and their relationships within the system.



▲ Sliding surfaces transverse plane, T4 level

This workshop introduced participants to the palpation approach taught in Barral Institute courses - using the hands to collect a wealth of specific information from the body's tissues about layer, depth and qualities of tissue restrictions. "Only the tissues know" are often quoted words of JP Barral. Participants were introduced to the anatomy and three-dimensional range of movement patterns of the liver, and its relationships to the musculoskeletal system, and practiced some simple liver mobilisation.

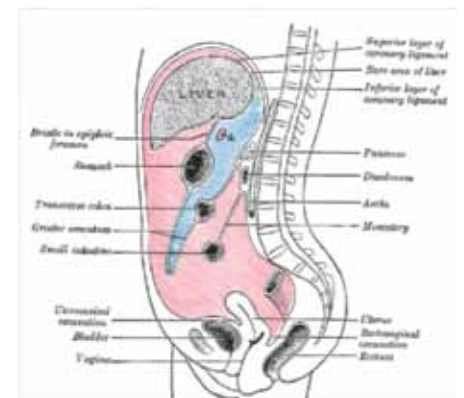
Visceral Manipulation in its modern form has been developed by French Osteopath Jean-Pierre Barral and been taught across the US and Europe for the past 30 years. His curiosity about the relationship between organ mobility and musculoskeletal function stemmed from a number of his osteopathic patients reporting that they felt better since "a man in the mountains moved something around in my belly".

Life and motion are intertwined - life cannot exist without motion. At optimum health there is an interconnected motion between all of the body's organs that remains stable as the body moves. Hypertonicity, displacement and adhesions can all cause organs to work against each other, as well as the body's muscular, membranous, fascial and osseous structures. This in turn can create fixed abnormal points of tension that the body is forced to move around, creating chronic irritation and leading towards dysfunction and disease.

Connective tissue visco-elasticity is continuous in three dimensions: from outermost to innermost layers, top to bottom, front to back.

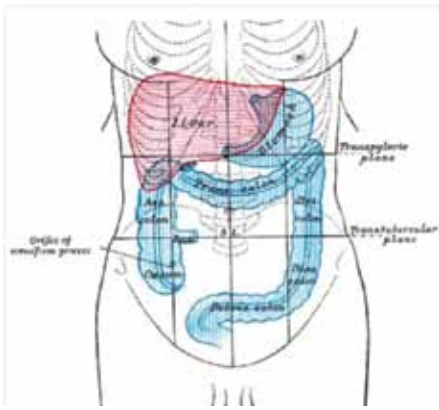
Restricted mobility of the liver, the example demonstrated, would result in an adaptive restriction in movement elsewhere in the body - perhaps diaphragm and T7-10 levels locally, and/or inferiorly to cecum in the right iliac fossa with reduced movement in the right SIJ, and/or reflexively via its parasympathetic supply (vagus nerve) to the right cranial base (occipito-mastoid suture) with headaches, upper cervical spine and possibly TMJ dysfunction. Liver restrictions could also create vascular congestion as far as the Sigmoid colon in the left iliac fossa along with left SIJ pain or sciatica.

The double layer membrane system that wraps, contains, supports and anchors the organs and brain produces a little fluid that circulates in such a way that organs can slide and glide against each other during normal function and movement. These places then become, in our hands, surfaces for movement articulation, and considered as part of the body's normal movement system.



▲ Sliding surface simplified sagittal plane, abdomen

Visceral restrictions can be introduced into the system by any kind of trauma or injury, infection, inflammation, scars from surgery or any other source. Functional diseases and emotional states will also have important influences. The body adapts its movement in order to protect the most important tissues: Brain and nervous system, vascular supply, organ tissue, and lastly musculoskeletal structures. In this way, 90% of musculoskeletal dysfunction is associated with an important visceral or cranial restriction.



▲ Liver –relationship to stomach and colon

I would like to thank AMT for the opportunity to present this workshop, and to the participants who made it such an enjoyable experience. Visceral Manipulation courses are available to the full range of body workers with qualifications that allow them for registration and insurance with their professional bodies.

For more information and coursework go to:

- www.barralinstitute.com
- www.barralinstitute.com.au
- www.upledger.co.nz
- www.greenpartners.com.sg
- <http://www.deltadyn.be/visceral/eng/presentation.htm#research>
- www.livebreathemove.com.au

Bronwen Kendall is a physiotherapist who integrates visceral manipulation, craniosacral therapy and related approaches to working with the body into her practice. Doing this has led her to the rewarding experience and understanding of the anatomy of movement in a whole new light. Her workshop presented an introduction to these concepts through the medium of Visceral Manipulation. Bronwen has travelled to the USA and Singapore to complete her Visceral Manipulation training, and she assists instructors who visit Australia. Her practice is in South Brisbane. Her website is: www.livebreathemove.com.au

Creating and keeping a clientele

Kay Fredericks

The workshop presented at the conference focused on a range of practical interactive exercises and discussions which aimed to give therapists a better understanding of clients as people and themselves as whole beings as the foundation for good business.

Massage is a service business and the backbone to creating and keeping a clientele in a service industry can be seen as having three main parts:



1. Having the right attitude and intention.

A prospective therapist needs to be very aware of what drives and motivates them as an individual. If money is the main driver then they may well fail, as there will be a poor connection with the client, little compassion and poor listening skills. If fame or the practitioner's ego is the driver the client will feel they come second and are not being listened to and thus less likely to return. A therapist might be hugely skilled and knowledgeable, but if that skill does not meet the client's needs and expectations or treatment assumptions are made without consultation then the client will be dissatisfied with the service offered to them. Likewise if they feel judgements are made about their lifestyle.

The other side of this ego-driven equation is that the therapist feels they have to 'fix' the client - a huge responsibility for a therapist to take on, and what happens if the client isn't fixed? Accompanying it is a 'greater than thou' attitude to clients. This position can be very hard to maintain and denies the client's role in the healing process.

The alternative is an approach of equality in the therapeutic relationship, one of knowledge sharing, curiosity and mutual learning, compassion and empathy, which puts the client first. This makes connection with the client, essential to any service business. The client is heard and respected.

They feel more enrolled in the therapeutic process and thus are more open to change. Making a difference becomes more possible. The client and their therapeutic needs drive the business at every step.

2. Understanding what makes a person tick.

Human beings have four major needs: the need to be physically safe; the need to be emotionally safe; the need to be acknowledged as individuals and the need to be defended. Knowing how these four play a role in the therapeutic relationship is essential.

Personal professional presentation, clean professional work space, professional and legal compliance, personal privacy and respect all ensure a client's physical safety.

Language and behaviours that invite choice, value and respect client's preferences, and do not put-down or denigrate, ensure a client's emotional safety.

Always calling the client by name, ensuring the privacy of files, never naming a client in the public domain, and listening to a client's needs on the day without assumption or judgement ensures a client feels allowed to be themselves.

Validating a client's experience is an essential part of personal acknowledgement. Assuming because they presented with a tender shoulder last visit does not mean this is where you start this visit. We are never privy to the whole of someone's life: events between sessions can completely alter what needs to be done one visit to the next.

Lastly, always defend a client's right to feel and respond the way they choose. What may be minor to one person may be a huge trauma to another.

Ensuring a close compliance with the Code of Practice will go a long way to ensuring that these human needs get met and you have whole and happy clients.

3. You, the therapist.

Therapists, like clients, have needs. The therapist who keeps a good life work balance, who can leave personal issues outside the therapy room and be 100%, with their client does the best work.

Ensuring that individual social, physical, emotional, spiritual and intellectual needs are met goes a long way toward creating that balance.

Scheduling time out, knowing your own client schedule limit, having regular reviews, planning ahead, getting outside reflection and debriefing regularly, creating a regular quiet recovery space, having a regular massage, maintaining good friendships and personal relationships and seeing both the short and long term picture are all skills which keep a therapist fresh and vibrant, able to separate self from clientele and remain physically and emotionally healthy.

All the marketing skills, gadgets and techniques, discounts (all of which come out of your profit) and enticements count for nothing if the client does not feel equal, heard, valued and treated appropriately by a well-balanced, informed and compassionate therapist.

Creating a lasting relationship with a strong client base is about attitude, personal intention, lack of assumptions and judgments, having an open mind, being thoroughly professional at every step and actually liking the people you treat and the job you do. Together, these ensure a sound, lasting business.

Kay first trained in massage therapy and yoga in Sydney in 1976 and resumed practice full time in 1990. Since then, she has enhanced her knowledge with a wide range of techniques to meet individual client needs as they arise, as well as teaching massage therapy for many years in Canberra. Her overall philosophy is one of creating balance both through muscle pairing and whole body alignment, and through breathing and relaxation techniques. Kay is happy to travel and present this material to other regions by invitation.



Art Riggs working the ribs



Delegates off to breakfast after the Saturday dinner



Working the ribs ...



Dinosaur footprints on the beach?



and working the ribs ...



... and working the coffee machine

Congratulations to our Award recipients

Massage Therapist of the Year
Azusa Morita

Student Therapist of the Year
Susan Dawson
(South West Institute of Technology)

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AMT Member Representative

Ever wondered what goes on during an Executive Board meeting?

Ever feel like there is a gap between the Board and the membership that needs to be bridged?

Ever wanted to ask a Director a question but wasn't sure who to address it to?

We have a solution!

Enter Michelle McKerron, who is taking up the challenge of a new role as AMT's Member Representative.

Michelle has been a member of AMT since 1996 and manages a small clinic in the south of Sydney. She has been actively engaged with where AMT is heading throughout her whole career as a massage therapist and is now adding to her skill set, participating in AMT Board meetings. She will be acting as the eyes and ears for you - the members!

You can contact Michelle at memberrep@amt.org.au with any questions or feedback you have for the AMT Board.

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AMT NEW MEMBERS

NSW

Jennifer Johnston, Angela Macminn, Martin Kincade, Ming Wei Ma, Mathieu Bremaud, Taia Neville, Kiwami Ouchi

QLD

Robyn Elliot, Theda Haehl, Anna Weston, Alexandra Morgan, Terrence Boyle-Allardice, Nourddine Abdelkadiri, Geraldine Rogerson, Carolyn Petherbridge, Emi Sekino, Dionne Richards, Graciela Kulbys, Jennifer Lui, Michelle Charnock

SA

Matthew Linn

VIC

Boris Rumanovsky, Jade Piel, Leigh Webster, Michele Konheiser, Johannes Maehrlein, Pam Reynolds

WA

Adam Hurrelbrink

MASSAGE THERAPISTS INSURANCE POLICY

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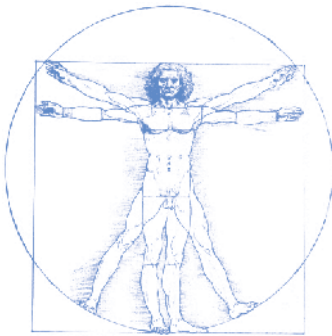


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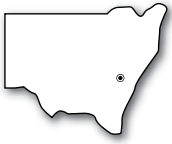
- \$390 AMT members, \$450 non-AMT before Jan 11th
- \$450 AMT members, \$510 non-AMT after Jan 11th

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News from the regions

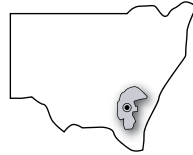


Blue Mountains by Jo Wilkinson

Our first Networking Meet & Greet Session was held in Richmond on Saturday, 11 August 2012. A small contingent - a mix of regular and new faces - were in attendance, but most were from out of the area. Unfortunately, we needed to cancel our second Meet & Greet, scheduled for Bathurst in November, due to not getting a timely response from enough local therapists. While this was disappointing, we will continue to offer these Meet & Greet sessions throughout the Region and look forward to an increased response from members in all areas in the future.

Our last branch meeting was held on Monday, 10 September 2012 and, as they say, a quick meeting is a good meeting! Attendance was good and included a number of recently qualified therapists. Our guest speaker was local AMT member Annette Au, who presented on lymphoedema and her experiences in clinic.

Our next branch meeting is scheduled for Monday, 3 December 2012 and will be our final meeting for the year. This will be our annual Christmas get together, so we look forward to seeing all there in their festive finery.



ACT by Maxine O'Callaghan

September was an eventful month for the ACT regional branch.

Sunday 2nd (yep, Father's day!) saw Rebecca Barnett and Colin Rossie travel from Sydney to Canberra for a special meeting to discuss the Code of Practice. The two local members of the AMT board also attended, and clarification was provided on points that a few local members had concerns about, which was considered beneficial by all present. The ACT committee is grateful to everyone who attended and took time away from planned Father's day celebrations.

Later in the month, on 16th September, Jeff Murray made a lightning visit to the ACT to present on pelvic and neck work. Karin Cavanagh had arranged this and we learned quite a lot. We had Jeff for four fantastic hours, which would have been longer had the usual Canberra airport fog not rolled in and delayed his landing time! It was a tempting taster for Jeff's full weekend workshop planned for later in 2013. Keep tuned for definite dates when we have confirmed with Jeff early in the New Year!

Our next meeting will be an end of year catch-up at A Bite to Eat in Chifley on Sunday 2nd December at 10 am.



Gold Coast by Merryn Pennington

Recently, AMT Gold Coast were part of the recovery team for the local Kingscliff Triathlon. Members provided post event sports massage to participants as part of this community event, which gave the members the opportunity to gain CEU'S and promote their professional services.

Within the region, our focus has been on community education. Meetings throughout the year have also indicated an interest in group marketing and promotional ventures. We would like to see the public have access to informative literature about preventative, maintenance and rehabilitative massage.

Gold Coast branch is keen to build local membership and are in the midst of creating a workshop program for 2013, both to create the chance to network with fellow practitioners and increase the skills of local therapists. Regional meetings and workshops in 2013 are scheduled bimonthly at different locations around the region and will be announced on AMT's Calendar once we have finalised presenters and dates. Practical workshops planned for our region include: treatment protocols for scoliosis, introduction to visceral manipulation and essentials of structural integration.



Illawarra by Team Illawarra

Local physiotherapist and exercise physiologist, Matthew Whalan, gave an excellent presentation at our September meeting entitled *The World of Muscles – What Makes Them Tight*. He sees massage therapists and physiotherapists “living together”, with the physiotherapist having a short term and injury focus and massage being used more in prevention regimes and dealing with chronic conditions and injuries that are a result of continued tightness.

Our Annual General Meeting will be held on Tuesday, 27 November, at Warilla Bowling Club, Jason Avenue, Barrack Heights, commencing at 6.30pm. All are welcome to attend, please RSVP so we can confirm catering by Monday, 19 November to Linda White on 0417 671 007. This will be our last networking session for the year until February 2013.

A special thank you to everyone who has attended our meetings over the past year – attendance at Illawarra meetings continues to grow and your attendance helps with that growth. Aside from providing CEU opportunities, we have endeavoured to make our meetings informative and enjoyable – a valuable resource and network hub for local massage therapists.



Mackay by Rod Legge

We’ve had a fairly active year, with good attendance at meetings. Guest speakers have spoken on some interesting topics and provided good information.

We have had two different meetings where the subject was pelvic stability. At one, chiropractor John Delhunty gave one view while at the other osteopath Kerry Donovan gave a slightly different view on the same topic. It became a case of exercising discrimination and selecting what you thought was more effective for treatment purposes. At another meeting we had a presentation by yoga instructor Barbara Whitfield on the role of balancing out the body through yoga, with an emphasis on dealing with headaches through yoga. At our October meeting acupuncturist Dr Loudon Strang demonstrated acupuncture for lower back pain combined with Chinese massage and cupping techniques.

We have been fortunate to acquire a venue for meetings at Mackay Mater Hospital. This space is free, so the branch will make a donation to them at the end of the year.

Our AGM will be held on 22nd November, where we will be electing a new committee for the coming year.



Mid North Coast by Jeannie Rogers

On 16th of June, 2012 we were fortunate enough to have Jannie Denyer from the Port Macquarie Community Health Cardiac Rehabilitation unit come to our meeting and talk about complications for post cardiac surgery clients, contraindications, signs and symptoms of circulatory issues and clotting signs in the lower leg region, something “we all need reminding of sometimes”.

An interesting podcast Jannie recommended at this meeting is: <http://www.abc.net.au/radionational/programs/healthreport/cardiac-rehabilitation/2921036>

Currently branch meetings are of the “Meeting and Greet” format. At the August 18th meeting, members talked of their self-maintenance regimes for backs, wrists, elbows and general well being. Also discussed was the possibility of a workshop to be held locally next year. On a well-attended October 20th meeting, the use of different oils, healing balms and heat packs etc. was discussed.

Meetings earlier in the year were in a similar, open format: case study presentations and discussion with regular follow up at subsequent meetings – done with due consideration for the client’s privacy.

We meet on the third Saturday of every second month at the Senior Citizen Building in Munster Street, Port Macquarie from 1:30 PM. On 15th of December will be the AGM: we are currently considering having a naturopath attend either that meeting or one early next year to discuss supplements. Whether you are a local practitioner, holidaying in the area or just passing through, please feel welcome to attend. For more information on meetings, contact Jeannie Rogers on 0402 322 755.

News from the regions (cont...)



Melbourne by Gabby, Ross and Kerry

Melbourne Branch continues to grow, with more members attending and new faces appearing and contributing to discussions at each meeting. A big thank you to all who get out of warm beds on Sunday mornings and drive sometimes considerable distances to keep the flag flying! We have had a good quality of guest speakers at meetings this year, including:

- Marie Robertson on Bowen therapy
- Jo Griffiths on a Review of Treatment Plans
- Ross Housham on Tips and Tricks for the Rotator Cuff
- Kerry Hage demonstrating Dry Needling and Cupping.

At our last meeting for the year it was decided to plan the meeting schedule for next year at our first meeting of next year (3rd February 2013, at a location yet to be advised.) Please bring any ideas you have for guest speakers or topics to discuss. Meetings are held on a voluntary rotation basis at different member's places or clinics, so if you would like to host a meeting please let the regional executive know and we will include you on the rotation.



Perth by Leigh-ann Hunter

We were lucky enough to have the 'Big Cheese', AMT President Alan Ford, travel across the country to attend our recent meeting and present a workshop on pelvic instability. Discussion of local Perth branch business followed this. Thanks to Alan and those members who attended the meeting - it was an informative, hands on and at times humorous workshop. The day presented with some pretty wild weather, so it was great to have so many members attend.

The WA branch is hoping to meet again in a post Christmas gathering. There will be a lunch, followed by a workshop. Hope to see you there...



Hunter by Paul Lindsay

We were unable to run our intended July workshop on "Myofascial Moves" owing to the illness of the presenter, James Walsh. An alternative workshop was organised in November on sacral dysfunctions presented by Jeff Murray. As usual, Jeff's workshop was packed with information for everyone to incorporate into his or her practice.

The guest speaker at our September meeting was Jenny Noblet, Executive Officer of the Hunter Melanoma Foundation. Jenny gave a history of the Foundation, some statistics on Melanoma, and some examples of different skin cancers. The session was a reminder to everyone to be vigilant for suspicious marks not just on their clients but also on themselves.



Riverina by Jodee Shead

We have had two workshops in the Riverina since the last journal: Kay Frederick presented a "Creating and Keeping Clientele" workshop in Corowa on the 16th September. It was well attended and all present had a fantastic time. On 18th and 19th August, Michael Stanborough presented a 2-day Myofascial Release workshop at Tongala. It was well received and we look forward to further courses in the future.

Our Christmas meeting will be held at Andrew Hendy's home in Cobram on the 7th December. Plans for the first 6 months of next year in the region will be discussed and announced in the continuing education calendar before the next edition of the journal.

We hope to see both familiar and new faces at meetings and workshops next year. Thanks to all those local members who attended meetings this year and have made 2012 a great year in the Riverina.

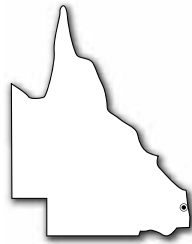


Sydney South by Anthony Gould

At our October meeting, guest speaker and experienced Pilates Instructor, Tamara Rogelja, gave an interesting and practical presentation on the fundamentals of Pilates and how massage therapists can utilise Pilates in the clinical setting. The presentation was informative and well received by all present.

Our next meeting, on 5 December 2012, will be our End of Year Christmas Party. We look forward to seeing many members attending this evening! Dates set for meetings in early 2013 so far are 6th March and 5th June. All are welcome, so mark these dates in your calendar! The meetings always have interesting guest speakers, are usually 2-3 hours in length and will earn you 15 CEUs for attendance.

The executive of Sydney South Branch would like to thank all the members who have attended meetings throughout the year for their support and contributions, and look forward to the continued growth of the branch in the coming year.



Sunshine Coast by Ingrid Mozart

It was great to meet "locals" – both AMT and non-AMT members - at the Annual Conference held here on the Sunshine Coast in October. We hope to see lots of Sunshine Coast members at our meetings next year. We are pleased to be able to offer continuing education and the chance to gain CEUs here on the Sunshine Coast.

Sunshine Coast region offer 4 workshops throughout the year, in both half day and full day formats. Our last full day workshop was on aromatherapy. Thanks to the members who attended and to Deby and Richard from Aromatherapy Today for presenting.

Dates set for meetings next year are: March 17, June 16, Aug 18, and Oct 20. Please mark these dates in your diary so you can benefit from updating and increasing your knowledge and skills in massage as well as the chance to mix with fellow local therapists and make new friends.

Presenter for March 17 meeting 2013 is as yet not confirmed but we are intending this to be a full-day program: 9am registration, 9.30am meeting, 10am workshop start. Please bring lunch to share.



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Congratulations to:

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Health Fund Status

HEALTH FUNDS AND SOCIETIES	CRITERIA
CBHS Health Fund Ltd	This fund recognises all AMT practitioner levels.
ACA Health Benefits Fund Cessnock District Health Benefits Fund CUA Health Limited Defence Health GMF 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 Railway & Transport Health Fund Ltd St. Luke's Health Teachers Federation Health Teachers Union Health Transport Health Westfund	ARHG recognises all AMT practitioner levels. They require you to use their provider number. This number is AW0XXXXM, where the Xs are your 4-digit AMT membership number.
Australian Unity GU Health	These funds recognise members with HLT40302/07 and all Senior Level One and Two members.
NIB	This fund will recognise members with HLT50302/07 Diploma of Remedial Massage; HLT50102/07 Diploma of Chinese Remedial Massage; HLT50202/07 Diploma of Shiatsu and Oriental Therapies; Advanced Diploma of Remedial Massage (Myotherapy)
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 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 2012		CEUs
1	Functional Fascial Taping Level 1. Presented by Ron Alexander. Canberra. Contact Vince Cosentini vincenzo80@live.com.au	45
1-2	Somatic CST 6. Presented by Patricia Farnsworth. Adelaide. Contact 1800 101 105. Part of a 4 day programme, commencement date 29/11/12	160
1-4	Neurostructural Integration Technique Basic. Presented by Ron Phelan. Sydney. Contact 03 5255 5229 or 0419 380 443. Part of a 5 day programme, commencement date 30/11/12	175
2	Functional Fascial Taping Level 2. Presented by Ron Alexander. Canberra. Contact Vince Cosentini vincenzo80@live.com.au	45
3	Blue Mountains Branch Meeting. Springwood. Contact Sue Mitchell 0419 289 607	15
7-9	Infant Massage Training. Presented by IMIS. Sydney. Contact 1300 558 608	120
14-16	Olsen Volume IV Functional Assessment and Corrections of the Cervical & Thoracic regions. Presented by Jeff Murray. Sydney. Contact 07 5599 2514	105
15	Mid-North Coast Branch AGM. Port Macquarie. Contact Jeannie 0402 322 755	15
January 2013		CEUs
12-13	Fascial Fitness. Presented by Divo Muller. Gold Coast. Contact 0416 864 841	70
15-16	Fascial Fitness. Presented by Divo Muller. Sydney. Contact terrarosa@gmail.com	70
19-20	Advanced Fascial Fitness. Presented by Divo Muller. Gold Coast. Contact 0416 864 841	70
31-2/2/13	Oncology Massage Module 1. Presented by Kate Butler. Hepburne, VIC. Contact Kylie 07 3378 3220 or 0410 486 767	120
31-2/2/13	Oncology Massage Module 1. Presented by Gillian Desreux. Cairns. Contact Kylie 07 3378 3220 or 0410 486 767	120
February 2013		CEUs
3	Shoulder Pain and Scapula Stability. Presented by John Bragg. Springwood. Contact 0410 434 092	35
6-10	Advanced Certificate of Integrated Cupping Therapy. Presented by Bruce Bentley. Perth. Contact 03 9576 1787	175
6-8	Master Class in Traditional East-West Cupping. Presented by Bruce Bentley. Perth. Contact 03 9576 1787	105
7-9	Oncology Massage Module 1. Presented by Gillian Desreux. Central Coast, NSW. Contact Kylie 07 3378 3220 or 0410 486 767	120
8-10	Oncology Massage Module 1. Presented by Lizzie Milligan. Sydney. Contact Kylie 07 3378 3220 or 0410 486 767	120
9-10	Modern Cupping Therapy. Presented by Bruce Bentley. Perth. Contact 03 9576 1787	70
16	Blue Mountains Branch Networking Meet & Greet. Katoomba. Contact Sue Mitchell 0419 289 607	15
16-20	Advanced Certificate of Integrated Cupping Therapy. Presented by Bruce Bentley. Melbourne. Contact 03 9576 1787	175
16-18	Master Class in Traditional East-West Cupping. Presented by Bruce Bentley. Melbourne. Contact 03 9576 1787	105
16-18	Neurostructural Integration Technique Practitioner Assessment Skills. Presented by Ron Phelan. Brighton, VIC. Contact 0419 380 443	105
17	ACT Branch Meeting. Wanniasa. Contact 0408 238 274	15
19-20	Modern Cupping Therapy. Presented by Bruce Bentley. Melbourne. Contact 03 9576 1787	70
24	Sciatica, Piriformis Syndrome and Hip Pain. Presented by John Bragg. Springwood. Contact 0410 434 092	35
26	Illawarra Branch Meeting. Formal Meeting. Corrimal. Contact Linda White 0417 671 007	15
March 2013		CEUs
2-4	Oncology Massage Module 2. Presented by Tania Shaw. Buderim, QLD. Contact Kylie 07 3378 3220 or 0410 486 767	120
9-10	Neurostructural Integration Technique Introductory. Presented by Marianne Grainger. Perth. Contact 0407 036 047	70
16-17	Certificate of Pregnancy Massage. Presented by Catherine McInerney. Melbourne. Contact 03 9571 6330	60
17	Leg and Knee Pain. Presented by John Bragg. Katoomba. 0410 434 092	35
18	Blue Mountains Branch Meeting. Springwood. Contact Sue Mitchell 0419 289 607	15
21-23	Oncology Massage Module 1. Presented by Kate Butler. Melbourne. Contact Kylie 07 3378 3220 or 0410 486 767	120
22-24	Oncology Massage Module 1. Presented by Tania Shaw. Alice Springs. Contact Kylie 07 3378 3220 or 0410 486 767	120
22-24	Oncology Massage Module 2. Presented by Lizzie Milligan. Sydney. Contact Kylie 07 3378 3220 or 0410 486 767	120
26	Illawarra Branch Meeting. Presentation Evening. Corrimal. Contact Linda White 0417 671 007	15
April 2013		CEUs
4-6	Oncology Massage Module 2. Presented by Gillian Desreux. Central Coast, NSW. Contact Kylie 07 3378 3220 or 0410 486 767	120
6-7	Neurostructural Integration Technique Introductory. Presented by Robert Monro. Brisbane. Contact 0448 428 020	70
7	Curly Customers Muscles that Confound. Presented by John Bragg. Springwood. Contact 0410 434 092	35
11-15	Neurostructural Integration Technique Basic. Presented by Ron Phelan. Perth. Contact 0419 380 443	175
12-16	Neurostructural Integration Technique Basic. Presented by Michael Howse. Melbourne. Contact 0417 047 412	175
21	Scoliosis. Presented by John Bragg. Katoomba. 0410 434 092	35
30	Illawarra Branch Meeting. Formal Meeting. Corrimal. Contact Linda White 0417 671 007	15

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- Increase clientele
- Increase revenue

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CALL FOR NOMINATIONS FOR ASSOCIATION OFFICE BEARERS FOR 2013

Nominations are called for the following positions, which take effect from the close of the 2013 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 25 January 2013.

Where nominations equal vacancies on 25 January 2013 then those persons are deemed to be elected.

Where nominations exceed vacancies, a postal ballot of practitioner members that were financial on 1 January 2013 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