

President's Message

by Annette Cassar

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As 2014 draws to a close, I find myself asking where this year has gone. It has been a busy one for the staff and the board of AMT. The move to Ultimo was executed beautifully by head office staff and the new premises have brought a sense of achievement and pride.

AMT's biggest hurdle in 2014 was moving forward with Medibank Private. The stand we took was necessary to protect the future of our current and new members, and the industry at large. It was a challenging time and the AMT board remains extremely grateful for your loyalty and support throughout the year.

This year's annual conference was a great success. You can get a taste of the delegate experience in the conference wrap on page 6 of this issue of *In Good Hands*.

In the wake of the conference, I have been reflecting on the excellent plenary presentations given by Debbie Mayo-Smith and Bethany Ward. They set me to thinking about what constitutes a healthy massage practice.

My understanding of a healthy massage practice is one which is performing at an optimal level: using a client database to its full capacity; tapping into the latest media and technology including social media; nurturing good relationships between staff members, and implementing policy and procedures to ensure the smooth running of the business. All these elements should combine to support and promote the best possible care environment for the client.

One of the foundational elements of a healthy practice is record keeping. Apart from the need to fulfil our legal, ethical and professional obligations in this area, good records ensure consistency and continuity of client care. A well-maintained client file is also your greatest ally if something should go wrong. AMT members who have had their records subpoenaed by a court or an insurance company will know firsthand just how important comprehensive client records are.

This year, the AMT board implemented a program of member audits in the area of record keeping. The board will continue with this program in 2015 in line with its commitment to quality assurance and in service of its agreements with the various health funds.

I strongly recommend that you review AMT's record keeping standard in the AMT Code of Practice to ensure that you are operating in accordance with AMT standards. It is crucial that all AMT members uphold the highest possible professional standards.

In 2015, we can look forward to improved member services via a new online member portal, a program of regular AMT webinars, a regional mini-conference in Coffs Harbour (more details to come soon), and another year of successful advocacy and outreach on behalf of AMT members and the industry at large.

In the meantime, I wish you all a safe and happy Christmas and New Year. We look forward to working with you in 2015.

■amt



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Secretary's Report

by Rebecca Barnett

It has been a tumultuous year for AMT and the massage therapy industry at large. The move by a number of private health insurers to intervene at the level of qualification delivery by creating new provider recognition requirements has had broad impacts across the entire sector. The ramifications of this departure from recognition of the national competency standards as they are articulated through the Health Training Package have been felt by associations, established therapists, RTOs, educators, recent graduates, enrolled students, businesses and, ultimately, consumers of massage therapy.

As you would now be aware, AMT signed the Medibank addendum back in mid-August after eight months of negotiation with the fund. Medibank executed the agreement in September and AMT submitted its first list of updated details to the fund shortly after that. We are now back in business with Medibank Private after 13 months in the wilderness.

The AMT Board warmly acknowledges the support, patience and unwavering loyalty of members who kept good faith with the Association throughout the negotiations. That bedrock of member support was crucial, because AMT was essentially working alone to represent the best interests of the broader massage therapy industry. We know that there was collateral damage - many of you withstood intense pressure from employers and clients or took hits to your client base - so we are deeply grateful to all of you for sticking with us throughout this challenging process.

Where to from here?

There are more challenges ahead. The Australian healthcare system appears to be Americanising at a rapid rate, given the possible erosion of Medicare through the Government's proposed \$7 GP co-payment scheme and plans to allow private health insurance companies

into the domain of primary care via the Primary Health Networks scheme. These developments could see Australia move towards a US-style managed care system, with private insurers potentially intervening in GP decisions about who gets treated and what treatments patients can access. Such developments may even lead to situations where privately insured patients are given priority in scheduling appointments and accessing services.

The concerns don't end there. In a recent *Sydney Morning Herald* analysis, political and economic journalist Ross Gittins crunched the numbers regarding the government health spend in 2012/13. Despite rhetoric about the health-spending crisis, the government spend actually decreased in real terms in 2012/13, while out-of-pocket spending by individuals increased just under seven per cent. I suspect this trend is likely to intensify, with individuals increasingly picking up the tab for the cost of their healthcare.

How these trends will impact on the massage therapy industry is not entirely clear. It is, however, very likely that massage therapists will need to adapt to an environment where third party rebates are less of a driver for clients seeking treatment. We will need to leverage the broad community support we currently enjoy, engage more with research and evidence in promoting our services, and remind ourselves that massage continues to be a sought after island of patient-centred therapy in a sea of sterile medical corporatisation.

Evidence-based massage

Another trend that is having broad international impacts on massage therapy is the titanic shift towards evidence-based medicine and health policy. Locally, this trend has been reflected in the National Health and Medical Council (NHMRC) review of

the private health insurance rebate for natural therapies, which was overseen by the Chief Medical Officer. AMT understands that a draft report detailing the NHMRC's findings has now been provided to the Health Minister. However, we are not aware when - and whether - the report will be made publicly available.

The problem for massage therapy is that the kind of data that is promoted as the most clinically relevant within the evidence-based medicine (EBM) paradigm is in relatively scarce supply. To the extent that EBM currently privileges certain types of evidence over others - namely randomised, controlled trials (RCTs), systematic reviews of RCTs, and meta-analyses - patient-centred therapies like massage therapy may be at risk of marginalisation within an evidence-based policy environment.

Gathering the required data from RCTs poses significant challenges to the massage community because of the peculiarly labour-intensive nature of the work we do. A clinical trial with a large number of subjects requires significant resources and labour. Trials featuring smaller, manageable, numbers are considered to be underpowered and statistically lacking in relevance, and are therefore rated down in systematic reviews. Additionally, it is impossible to 'blind' subjects about whether they are receiving massage and it is even more absurd to think about 'blinding' a practitioner about whether they are delivering massage. Unfortunately for us, the data from 'unblinded' clinical trials is also rated down.

A well-known author and skeptic bemoans the fact that people were predisposed to like massage, thereby making it very difficult to validly and reliably test its effectiveness under clinically controlled conditions! This view may underscore the somewhat distressing notion that a treatment can't

possibly be classified as 'real' treatment unless it's unpleasant, invasive or chemical. God forbid that a therapy might actually be enjoyable or engender pleasant feelings.

And therein lies our problem - a patient-centred therapy like massage makes it virtually impossible to separate patient experience from treatment efficacy. A pragmatic person might argue that attempting to do so is not even useful or meaningful and yet this is precisely what is required within the dominant evidence paradigm.

The dawn of patient-centred evidence ...

It is incredibly heartening to see prominent academics and researchers calling for a reinvention of evidence-based medicine. In a recent *British Medical Journal* article, Trisha Greenhalgh and colleagues argue that EBM is a movement in crisis and that its original agenda has been hijacked by vested interests. They express concern that EBM's inflexible rules may produce healthcare that is management-driven rather than patient-centred.¹ They further argue that real evidence-based medicine regards the care of individual patients as its top priority, is based on judgment rather than rules, and builds on strong interpersonal relationships between the clinician and the patient.

Sounds a bit more like familiar terrain?

Even more radically, Greenhalgh et al call for a broader, more imaginative research base to encompass patient experience of illness and care. A movement that calls for patients to be put firmly back at the top of the evidence hierarchy is welcome news indeed.

In another fillip for the patient-centred approach to evidence, the *British Medical Journal* launched its 'Partnering with Patients' strategy in June this year. The *BMJ* rolled out this initiative because it sees "partnering with patients, their families, carers, advocacy groups, and the public as an ethical imperative, which is essential to improving the quality, safety, cost effectiveness, and sustainability of healthcare"²

The changes introduced by the *BMJ* are aimed at making patient partnership integral to the way the journal works and thinks, and are part of a broader patient advocacy agenda. They include such radical innovations as:

- asking authors of educational articles to co-produce their papers with patients and state the nature of the latter's involvement
- requesting authors of research papers to state if and how they involved patients in setting the research question, the outcome measures, the design and implementation of the study, and the dissemination of its results
- embedding patient review of papers in standard peer review processes
- appointing patients and patient advocates to its editorial board.³

These developments are very encouraging and should help to broaden the medical research agenda to encompass valid forms of evidence that are currently overlooked or ignored. Characterising patient partnerships as an ethical imperative may not sound like a radical idea to a well-trained massage therapist but, to a medical establishment struggling to work through its ties to Big Pharma, it is nothing short of revolutionary.

Celebrating success

In a year characterised by setbacks, challenges and barriers, it was gratifying to be able to celebrate the contributions of a number of valued AMT members at this year's annual conference.

It was a great privilege and pleasure to present Tamsin Rossiter with Life Membership. It is almost impossible to overstate the significance of Tamsin's contribution to AMT over the past 20 years. At both a regional and national executive level, her tireless dedication to advancing the cause of massage therapy has left the entire industry a richer, warmer, more vibrant and intelligent place. Her involvement in the drafting of AMT's Code of Practice is perhaps her most significant contribution to AMT but those who have personally been taught, mentored or supported by her may beg to differ. Tamsin – we salute you!

Special recognition was also given to three very dedicated, quiet achievers. Steve Vadla has worked quietly behind the scenes for over 15 years, maintaining and upgrading the AMT website and forum, and generally providing IT support to AMT. He has never asked for a cent in return, in spite of the fact that all AMT members benefit greatly from his effort and expertise. Steve – we salute you!

For many years, Paul Lindsay was the driving force behind AMT's Hunter Branch. Working quietly and without ego, he ensured that AMT members in the Hunter region had access to quality continuing education at a bargain basement price. His quiet, intelligent presence on AMT's regional executive set the benchmark for how to organise and sustain a regional group. Paul – we salute.

Desley Scott's contributions to AMT didn't cease when she stepped down from the Board 18 months ago. As one of the main contributing authors of the AMT Code of Practice, she has helped set the standard for ethical and professional practice in Australia. Her ongoing commitment continues to inform the invaluable work performed by the AMT Ethics and Education Committees. Desley – we salute you!

Thanks and acknowledgment are also due to the four hardworking WSI TAFE students who helped out in Springwood Neighbourhood Centre during National Massage Therapy Awareness week. We look forward to welcoming Lainey Thomson, Lisa Rothery, Georgia McMillan and Kirsty Southern as newly-minted members of AMT.

And to all those who work conscientiously, ethically and professionally to advance the reputation and standing of massage therapy – we salute you too!

■ amt

¹ Greenhalgh, T., Howick, J., Maskrey, N. (2014) Evidence-based Medicine: a movement in crisis. *BMJ* 2014;348:g3725.

² *British Medical Journal*, <http://www.bmj.com/campaign/patient-partnership>, accessed 10 November, 2014.

³ *Ibid.*



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25th Annual AMT Conference in Review

What do horse racing, trams, great shopping, fine dining and an international convergence of Jehovah's Witnesses all have in common?

The 25th Annual AMT conference!

Backdropped by Australia's beautiful cultural capital, the 2014 conference – held at the Flemington Race Course Event Centre in Melbourne – was a winning combination of networking, learning, wining and dining, and fancy frocks (and more than a few Jehovah's Witnesses thrown in to boot).

This year's theme 'Building Healthy Massage Practices' explored the interplay of various dimensions of massage practice, from business strategies to client assessment and treatment planning.

On the Friday, our cavvy of AMT delegates were first out the gate for an early morning foray to Victoria Markets for coffee and strawberries. We then galloped off to the conference venue to harness the wisdom of the pre-conference pundits, who included osteopath, Dr Carl Ridgeway, presenting on clinical assessment and Roling instructors, Larry Koliha and Bethany Ward, who took us through 'Advanced Rib Issues'.

Footloose and fancy free on Friday night, we left our inner city accommodation to explore the sights and sounds of Melbourne. Flanked by fashionable Lygon Street - often referred to as 'Little Italy' - in one direction and China Town in the other, there was no shortage of great food.

After a great night out, the next lap of our journey was Saturday's conference line-up, which proved to be a syndicate of top home-grown gallopers and classy international pacers.

Keynote speaker, Debbie Mayo Smith, taught us how to dream big, think big, and, importantly, how to put these dreams into action.

"You can do anything you want, just not everything," was Debbie's sage advice.

In the course of collecting material for her presentation about how to build better massage practices, Debbie conducted a short survey of AMT members. Surprisingly, of the members surveyed, the majority indicated that rather than increasing their client base, it was more important to have 'happy clients', proving that AMT members favour what Debbie termed 'thriving' practices' over bigger business. Another astounding piece of data to come from this survey was that 25 per cent of members admitted to not owning a smart phone.

Debbie offered practical advice about using technology effectively to help cut down on work time and create a work-life balance. This included how to create and use a database, and how to use Microsoft office and email more efficiently.

Next, delegates jockeyed for position to listen to plenary speaker, Bethany Ward, who taught us that although surviving in business is important, 'thriving is elegant'. According to Bethany, by designing our businesses using the principles of grace and ease, we can create sustainable practices. For example, creating goals at the outset - such as knowing exactly how you want your business to look - can eliminate time-consuming practices that don't utilise your strengths. What was the point of marketing your business towards body builders if you are a petite therapist who finds this work a strain, Bethany asked? By analysing our strengths, interests and desires, we can achieve better business outcomes.

Bethany pointed out that, although we are members of a caring profession, most therapists forget to care about themselves: they undervalue themselves and, therefore, undercharge. She urged people to value their skills by accurately taking into account business expenses.

Also on Saturday, AMT member Kerry Hage shared her experiences of working in a multi-modality clinic and emphasised the importance of networking with other therapists and health practitioners. She listed the benefits of 'bridge building' for a practitioner, including the value of having a team around you: you are able to ask advice, and the referral potential can assist you to create a holistic approach to health. As a networking exercise, members shared with each other interesting tales from their clinics.

In the afternoon, delegates split into groups to attend this year's breakout workshops, which included the popular advanced myofascial techniques for the neck and head with Bethany Ward and Larry Koliha, clinical approaches to fibromyalgia with Steven Goldstein, an introduction to fascial fitness with Colin Rossie, and Tino d'Angelo's refining assessment and clinical reasoning for upper limb impingement syndromes.

Saturday evening was an excuse to frock up and enjoy 'a day at the races' at AMT's conference cocktail party. There were no long faces amid the bubbles, fascinators and enough hors d'oeuvres to constitute a main meal, but there was plenty of horsing around as AMT members mingled (aka networked) the early evening hours away.

On Saturday, winners of AMT's 2014 awards were announced. Special recognition was given to Blue Mountain's TAFE students Lainey Thomson, Lisa Rothery, Georgia McMillan and Kirsty Southern for their contribution to AMT's National Massage Therapy Awareness Week; to Paul Lindsay for his tireless work in the Hunter Region; to Steve Vadla for his work behind the scenes with the AMT website and forum; and to Desley Scott for her ongoing hard work, support and expertise serving on AMT's education and ethics committees. Tamsin Rossiter was awarded with an AMT Life Membership for her significant contribution to AMT over the past 20 years.

On Sunday, the conference wound down with a fascinating talk about shark massage (see our story on page 10) and another hefty afternoon tea before delegates once again trotted off to hit the lights fantastic of Melbourne. Tally-ho! ■amt



Delegates limber up during Larry Koliha's Advanced Rib Issues class.



Larry Koliha demonstrates myofascial techniques for the head and neck.



Bethany Ward demonstrates myofascial techniques for the head and neck.



AMT delegate Kerry Hage speaking about the importance of networking.



Colin Rossie shows delegates how to stretch their fascia.



Alan Ford and Kay Fredericks at Tino d'Angelo's Upper Limb Impingement Syndromes workshop.



Michelle McKerron and Katie Snell footloose and fancy free at the conference cocktail party.



Derek Zorzit and Rebecca Barnett at the conference cocktail party.



AMT president Annette Cassar presents Tamsin Rossiter with an AMT Life Membership.



Leonie Dale and Desley Scott take in the view of the Flemington Racecourse.

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Lessons from a Shark Massage Therapist

by Kat Boehringer

Pioneer shark massage therapist Alison Edmunds is passionate about her work. That much was clear from watching her fascinating presentation at the 2014 AMT conference. What wasn't initially evident, however, was the relevance of shark massage to what Alison terms 'human' massage. Despite early reservations, I soon discovered I had much to learn from this inspiring therapist...

Like most people, it was the novelty of the subject that attracted me to Alison's talk: I wanted to know how in the world you went about massaging a shark. In my career as a massage therapist, I had heard of horse massage, and had even tried out some massage techniques on my dog. Until now, piscatorial massage had never entered my thoughts.

In 2006, Alison Edmunds was part of a team that performed what was possibly the first ever 'shark massage', at the Melbourne Sea Life Aquarium. At the time, Alison was working as an assistant curator at the aquarium, as well as training in massage for 'humans'. One of the aquarium's inhabitants, a broadnose seven-gill shark named Bella, was suffering from injury-induced scoliosis and, as a result, had stopped eating and was stuck swimming in a curve.

"I suggested I would like to give her a massage," Alison said. Although the initial reaction of her teammates was laughter, in the end they decided to give it a try and so a veterinarian who specialised in sports medicine – Dr Alex Hauler – was called in to assist with the massage.

Alison said she felt no trepidation at the thought of massaging a man-eating predator.

"I'd known Bella for about five years. You know that if you do the wrong thing they could turn around and bite you but if you're skilled and comfortable and know what you are doing, then you are pretty safe," Alison said.

According to Alison, the first step in massaging a shark isn't too dissimilar to massaging people. You begin by observing movement and muscle tone. With Bella, however, this involved a team of divers maneuvering her into a bag and then isolating her in a shallow pool called a 'lock'. This process probably took more time than the actual treatment, which was only 12 minutes long.

"You have to work quickly and you have to work effectively so the animal doesn't suffer distress," Alison said.

"You also need to be very careful. A shark's skin is smooth from head to tail, but from tail to head it has scales like teeth, which can tear the skin off your fingers. This limits the way you can massage. Underneath the skin, though, the tissue on a shark feels very similar to that of a human or any other animal."

Alison described shark massage as being more like shiatsu massage, where you press along the muscles rather than stroke them.

"Kneading is out," Alison said emphatically.

Apart from the skin, the unique anatomy and musculature of a shark poses its own challenges. Sharks have a cartilaginous skeleton and a complex muscular system. In cross section, a shark's swimming muscles form bundles of concentric rings that meet at the midline of the body underneath the lateral line. The muscle bundles above the lateral line are termed 'epaxial' (meaning 'back'), and the muscles below are called 'hypaxial' (or 'flank').

"A shark's muscle structure is quite alien and I can't really compare it to anything else," Alison said.

Due to the difficulty of moving through water efficiently, sharks are very muscular animals. Approximately 85 per cent of a 'typical' shark's body weight is muscle, compared with about 35 to 45 per cent for humans.

To orientate the treatment, Alison located Bella's bony protrusions including the neurocranium, pectoral girdle (equivalent to human's shoulder girdle) and pelvic girdle. And, just as in normal massage, Alison then looked for changes in the tone of the muscle.

Starting from the pectoral girdle, the team ran their hands along Bella's muscles to feel for areas that were too soft or too hard, and then used trigger points and dry needling to turn off pain pathways from the nerves to the brain to help lengthen the shortened muscles.

"One by one, we found Bella's trigger points and switched them off, then worked on lengthening the muscle. Using our thumbs, we stretched along the muscle to lengthen the fibers, then held the stretch for a moment until we felt the fibers slowly release," Alison said.

The response to the treatment was immediate. After only one session, Bella attempted a left turn and began eating again. The massage had effectively saved Bella's life.

"Sharks don't have the same emotional responses as do dogs or humans or other mammals, but the proof that this was an effective treatment was Bella's immediate response," Alison said.

Bella received five treatments over a period of six months. By the fourth or fifth treatment she was using the entire oceanarium again and her tail swing was even from left to right.



Broadnose seven-gill shark. Image: © Doug Perrine - naturepl.com

Massaging Bella taught the Melbourne Aquarium team new skills including improved animal handling, a better understanding of shark anatomy and, most importantly, that massage is a viable treatment option for animals. This has had wide-reaching implications for the treatment of animals.

"Suddenly massage was picked up by vets as a possible treatment," Alison said.

Alison didn't stop there. After this groundbreaking treatment, the fledgling therapist began applying her skills to other animals including fish, dogs, a penguin with a limp, a cat which couldn't clean itself, a donkey with sore legs caused by standing on concrete all day (which happened to be the Oxfam mascot), and a distressed horse who couldn't urinate properly.

"I've discovered I can massage just about anything," Alison said.

"Massaging penguins is probably more dangerous than massaging a shark. They like to peck your eyes. You have to wear goggles and you have to work quickly because they don't like being held."

Asked if she had a favorite animal to massage, Alison replied that although the novelty of massaging sharks and penguins was hard to beat, it was the donkey that she connected with most.

"I gave him a head and leg massage and he was completely zonked out. His owner was holding his head up and his ears had flopped out to the side," Alison said.

"I finished the massage with some grounding strokes from his head down to his feet. I came back up to talk to his owner and that's when he started sniffing me, beginning at my head and then sniffing down to my feet and then back up to my head. It felt like this donkey was grounding me! It was amazing."

As adventurous as Alison is, she admits even she has limits.

"I think the only animal I wouldn't massage is a crocodile – their reflexes are too sharp," Alison said.

Aside from learning new skills and proving animal massage as a viable treatment option, perhaps one of the less tangible yet vitally important benefits that came from Alison's experience with Bella – and what impressed upon me the most – was how it enhanced the way she massaged people.

"Animal massage improved my human massage skills," Alison said. "With animals, it is vitally important to go into the pain slowly and build up a relationship based on trust. Through animal massage, I learned how to treat in a gentle manner and how to listen to the animal and form trust. I have transferred this knowledge to massaging people."

■ amt



Alison Edmunds

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Journal question -
December edition

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Pregnancy Massage Implications through First Trimester

by Catherine McInerney

No doubt you have heard the myths and whispers about whether massage in the first trimester of pregnancy is a viable, and safe option. But where did that information come from? Was it from a relevant and reliable source? And did the information demonstrate efficacy? Founder of Pregnancy Massage Australia, Catherine McInerney explores this little understood topic...

In pregnancy, a woman will make choices that not only affect her health but the health of her baby. Australian women are becoming educated on the benefits of complementary medicine in pregnancy and many are now seeking out pregnancy massage specialists. Pregnancy massage specialists have a detailed understanding of how to support a woman through each trimester of her pregnancy and beyond.

Pregnancy is divided into three trimesters, and each marks an important stage of growth and change for mum and baby. Many pregnant women see these stages as significant landmarks in their pregnancy and there are various emotive and physical responses felt by the pregnant mum that present during each trimester. As massage therapists, we need to recognise and understand what these changes are and how best to support them. Pregnancy massage is not just about the simple application of relaxation massage. Massage therapists need to be adequately trained to meet the complex changes occurring through pregnancy.

Is first trimester high risk?

There are many high-risk conditions throughout all stages of pregnancy, including the first trimester (weeks 0-12 of gestation). As therapists, we need to have a clear understanding of the pathologies unique to pregnancy including high-risk pregnancy and the complex conditions that can present in pregnancy.

In early pregnancy, one of the biggest risks is miscarriage (the first trimester has the highest risk of miscarriage).

What is miscarriage?

Miscarriage is a pregnancy that ends spontaneously before the 20th week, and in medical terms is called a 'spontaneous abortion'. This is a highly emotive subject associated with shock and an intense sense of loss for women and their families.

The statistics for miscarriage are staggering. Up to 50 per cent of all pregnancies end in miscarriage, however many more losses occur before a woman even realises she is pregnant (ACOG 2001). Miscarriage can occur at different stages of a pregnancy. For example, at the time of fertilisation, many eggs do not implant in the uterus, and a woman may have a miscarriage without even being aware that she has conceived. Some miscarriages occur slightly later, which may appear as a heavier period. A miscarriage occurring between 13 and 20 weeks is called a late miscarriage. These days, however, access to earlier pregnancy testing has increased the number of initial positive pregnancy tests that may not continue to be viable. According to a 2003 study, 20 per cent of recognised pregnancies end in miscarriage (Bryan 2003).

Miscarriages that occur prior to the first 10 weeks of pregnancy are most likely the cause of abnormal development of an embryo, however, there are many other complexities that can cause an early miscarriage.

What are the contributing factors that can cause a miscarriage?

- Around 70 per cent of first trimester miscarriages are caused by foetal chromosomal abnormalities (Hogge 2003). This increases with maternal age.
- Autoimmune disease has a significant role in miscarriage.

- Thromboembolic disorders and antiphospholipid antibodies cause between 15 per cent of repeat miscarriages (ACOG 2001).
- Infection and disease are contributing factors to miscarriage, as are environmental factors.
- Chronic illnesses including diabetes, severe hypertension, kidney disease and autoimmune disease have been linked to miscarriage.
- Endocrine dysfunctions such as low progesterone levels and thyroid dysfunction are linked to miscarriage.

Miscarriage and trauma

It is thought that early miscarriage is nature's way of filtering out abnormalities; however, this knowledge does little to reassure women who have just experienced loss. Any miscarriage is very distressing for the parents and recurrent miscarriages can be devastating, especially when it is not possible to identify the cause and therefore a cure. Even with diligent investigation into recurrent miscarriages, only 50 per cent of couples will be given an answer as to why they are unable to carry a baby beyond second trimester (ACOG 2001).

Pregnancy massage specialists need to understand the emotions associated with pregnancy and miscarriage and be prepared to assist their clients through this challenging time. Pregnancy loss is associated with feelings of fear, grief, guilt and sorrow. As pregnancy massage specialists, it is essential to demonstrate empathy for the client and, if needed, refer our clients to an experienced counsellor specialising in women's health. If a miscarriage is not properly acknowledged and the emotions associated with miscarriage aren't given proper attention, women can carry their grieving into their next pregnancy.

Do we accept a first trimester mum for pregnancy massage treatment?

Before accepting a pregnant client in her first trimester of pregnancy, a massage therapist must have a clear understanding of the complex processes and pathologies that can occur during the first 12 weeks of pregnancy, and know how to recognise the risks and contraindications for massage during this important time. Each woman's pregnancy is uniquely different -- just because you have had a baby or babies doesn't make you an expert.

Below is a case study of a first trimester client, which is an example of how massage guidelines and risk management change during pregnancy, even from the very first acknowledgement of your client's pregnancy:

Client A (we will call her Sally) is a 29-year-old woman working in a demanding health physician role. Sally had been a regular client at my clinic for four years and we had developed a trusting relationship. At the beginning of one session, Sally informed me she was six to seven weeks pregnant, which had been confirmed by a recent visit to her GP. As Sally had been receiving massage monthly I was aware that at her previous appointment she would have been only two to three weeks pregnant, unbeknownst to her and I!

Upon hearing Sally's news, I changed her normal client form to a pregnancy client form and then began taking her case history. Sally presented with all the normal first trimester conditions - fatigue, slight nausea and headaches – signs that the complex hormones of pregnancy were at play. As a part of my standard interview, I also asked Sally if she was experiencing any bleeding or abdominal pain, to which she said no. (These can be signs of high risk in the first trimester of pregnancy.)

Next, I discussed the changes that I would need to make to her treatment to accommodate for her pregnancy. These included adjusting the massage table set-up to better suit the changes happening in her body, and accommodating for her presenting complaints.

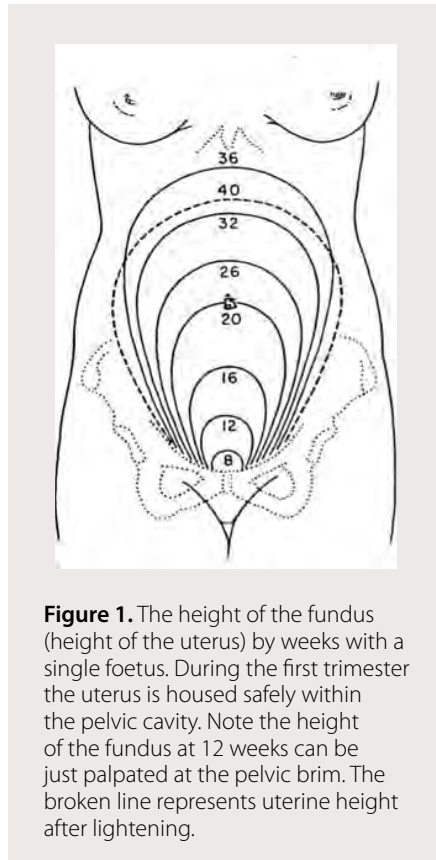


Figure 1. The height of the fundus (height of the uterus) by weeks with a single foetus. During the first trimester the uterus is housed safely within the pelvic cavity. Note the height of the fundus at 12 weeks can be just palpated at the pelvic brim. The broken line represents uterine height after lightening.

I reassured Sally that the application of the massage would be appropriate for early pregnancy and that, due to these considerations, the massage may feel different to her usual treatments. The treatment was for one hour (the same as all her previous treatments), however, more time than usual was spent discussing her health and pregnancy changes. Sally enjoyed her massage and made another booking for four weeks time, by which time she would be 10-11 weeks gestation.

At Sally's next appointment she felt very well and was excited about an upcoming pregnancy test scheduled for two days time. The test was called 'combined testing', and consisted of a blood sample followed by an ultrasound to test for any nuchal and chromosomal deformities.

We began by reviewing Sally's client pregnancy form to detail any changes. Once again, as part of my standard interview, I asked questions to determine indications of high risk in the first trimester, such as whether Sally has had any bleeding or abdominal pain.

Sally confirmed that she had no signs of bleeding and her blood pressure was normal at her GP check up the previous day. Sally was looking particularly well and said that due to symptoms of fatigue and nausea, she had been trying to rest more. The massage table was set up to support her changing pregnancy body and to accommodate for her slight nausea and breast sensitivity.

After the treatment I had asked Sally permission to phone her after her test to find out the results. Sadly, the ultrasound had uncovered that - since about the seventh week - the embryo was no longer viable. Sally was devastated. Based on my knowledge and research of pregnancy massage and the information I had elicited from Sally during our treatments, I felt certain that the massage wasn't the cause of the miscarriage. My concern was now to support Sally and her partner through their grieving.

Sally continued to see me for massage, including during her subsequent pregnancies.

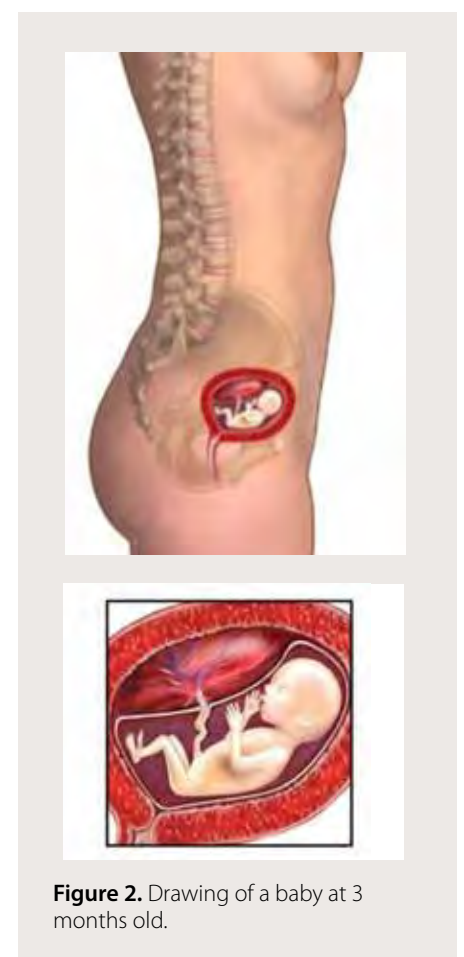


Figure 2. Drawing of a baby at 3 months old.

Massage intervention, including massage in the first trimester of pregnancy, proved a positive contribution to the health of mother and baby in the case of Sally's subsequent pregnancies. Sally now has two beautiful children whom I am proud to say I supported during her pregnancies. Massage was an important part of Sally's pregnancies, and provided a space where she felt listened to and understood.

Treatment considerations during the first trimester of pregnancy

The first trimester is clearly a unique phase. A complex orchestration of hormones sets the stage for fertilisation, simple eggs unite to create an embryo, and the foetus begins to develop. The uterus becomes the safe harbour for the baby to continue to develop and grow over nine months: Rapid changes occur in the first few weeks as the requirements needed to set a complex framework to protect, feed and assist the developing foetus are established. The journey into the unknown has begun and is filled with excitement and trepidation.

We can minimise risk to our pregnant clients by having a clear understanding of the many complexities of the first trimester of pregnancy and recognising when massage is appropriate and when it is contraindicated. I recommend that therapists only accept pregnancy clients within their own limitations and scope of training.

What to prepare for in treatment:

- Understand you are treating two people, not one.
- Have a clear understanding of early changes in pregnancy.
- Know how changes throughout pregnancy affect the mother.
- Understand how a massage therapist can support these changes.
- Have a client history form that includes pregnancy conditions and pathophysiology.
- Allow extra time for questioning.
- Learn the medical terminology unique to pregnancy.

What to change in treatment:

- Ensure your massage table set-up is adequate to support the changes through first trimester.

- Make sure the client gets on and off the table safely.
- Use appropriate draping for client comfort and modesty.
- Determine an appropriate treatment plan for the client.
- Do not apply any trigger point or deep tissue applications. My research suggests that these have an adverse affect on mother increasing nausea and vomiting (McInerney 2005)*
- Avoid pregnancy reflex points including the top of shoulder (GB 21), the web between thumb and index (LI 4), and the point on the medial ankle (uterine point). Also avoid pressure into the lumbar spine if client is in the prone position (Bladder points).
- Do not use tapoment or fast jostling in the legs – this will only increase nausea. Also be aware of the changes in blood volume and risk of thrombophlebitis and blood clotting.

It is an honour to have the experience of nurturing and supporting women through this time of change and growth. As we have discussed, there are many emotive aspects of supporting women in their pregnancy. Miscarriage is a risk in the first trimester of pregnancy and the causes of miscarriage can be complex.

Today, the majority of massage therapists practice pregnancy massage without specialised training. This diminishes the standing of the practice of pregnancy massage, and leads to a dilution of skills and information and a consequent limitation of safe and effective treatment.

Pregnancy is a broad and diverse subject. It requires a deeper understanding of both the physical and emotional journey to motherhood. Over the past 16 years, I have cried tears of joy and sadness with my clients. I agree with the sentiments of one midwife who said to me: "It is the losses you remember". But I also know the great personal joy it brings to support women through their pregnancy and the special moment when you meet their baby, who is already familiar with your voice, massage room and music.

Proper training will assist in gaining an increased acceptance of massage as a key therapy for pregnant women.

This will, in turn, enable us to share the positive benefits with increasing numbers of Australian pregnant mums and their babies. ■amt

* This is unpublished research undertaken by the author in her clinic in 2005. Please contact the author for more details.

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Catherine McInerney is the founder of Pregnancy Massage Australia (PMA) and a recognised expert in the field of pregnancy massage, with a focus on women's health during the childbearing years. Catherine is an experienced lecturer in a broad range of modalities including pregnancy massage, relaxation massage, advanced sports massage and remedial massage.

Balancing East and West – Shiatsu for Massage Therapists

by Kat Boehringer

Learning Shiatsu

It was Kahlil Gibran who said, 'Perplexity is the beginning of knowledge', a thought that came to me mid-semester during my shiatsu diploma.

Like many massage therapists, I was looking to expand my remedial massage practice by adding another modality. I chose shiatsu partly because of my proximity to the institution that offered the course and partly to satisfy a long-time curiosity about the meridian system of oriental therapies.

Shiatsu is a Japanese bodywork therapy that has its origins in the centuries-old, traditional Chinese medical model. Treatments are focused on rebalancing the 'ki' or life force by treating the meridians and points along these channels. Downward pressure and stretching techniques are applied to the meridians, which are selected on the basis of oriental diagnostic methodology. Techniques are applied using palms, thumbs, fingers, knees, elbows and feet. Shiatsu is practiced on a futon on the floor, with the receiver clothed.

Initially, my intention was to use shiatsu to enhance my remedial massage practice. However, a mid-course comment from a teacher made me question my assumption that modalities could be combined.

My teacher, a shiatsu traditionalist, told our class that you did not mix remedial massage therapy with shiatsu and, if you did, you could no longer call what you were practicing 'shiatsu'. There was no compromise - it was one or the other. To quote the Karate Kid's Mr Miyagi, it was a case of "Either you karate do 'yes' or karate do 'no'."

Can Shiatsu be combined with other modalities?

After completing the course, I went into private practice, advertising the two

modalities separately, and trying to be as true to the tradition of shiatsu as I could. However, little by little, I found elements of shiatsu creeping into my remedial massage, and vice versa. Pretty soon, trigger points and acupressure points (or *tsubos* as they are called in shiatsu) were merging, and my diagnostic techniques started to blur.

Far from confusing things, it became evident to me that both modalities built on one another: my in-depth knowledge of Western anatomy and physiology and muscle dysfunction gleaned from remedial massage gave me an edge when dealing with musculoskeletal problems in my shiatsu clients. Conversely, shiatsu taught me how to approach my remedial massage clients from a holistic viewpoint. Having a background in remedial massage – a widely known and accepted bodywork modality – and shiatsu, steeped in centuries-old Eastern philosophy – also gave me a marketing advantage by doubling my advertising potential.

Another therapist who has experienced successful results by combining a knowledge of remedial massage with shiatsu is Blue Mountains therapist Toni-Lee Brown. Looking for a more 'holistic' approach to treatment, Toni-Lee studied the Diploma in Shiatsu & Oriental Therapies at Western Sydney Institute TAFE in 2011.

"I was working in remedial (massage) but I still felt like something was missing from my practice. Remedial was becoming a little clinical for me, so when the shiatsu course was offered, I jumped at the chance to study it," Ms Brown said.

To begin with, Toni also had reservations about combining the modalities.

"Initially, I was going to offer pure shiatsu separate from remedial, but once I



Shiatsu teacher Kaiya Seaton applies thumb pressure to the Bladder meridian.

finished the course and continued with my work, I realised that I was meant to integrate the two modalities into one," Ms Brown said.

"I have found that remedial and shiatsu complement each other incredibly. It's east meets west - neither one is complete without the other. Western remedial massage brings the strength of anatomy knowledge, and shiatsu offers the ancient eastern knowledge of the chi or 'ki' as it is known in shiatsu."

Ms Brown's massage clients, who include Olympic-level kayak and canoeing athletes, world-class artistic roller skaters, and elite runners and cyclists, soon began requesting elements of shiatsu in their treatments.

"One of my athletic clients commented that they liked the way I didn't just focus on trigger point therapy or myofascial work. The shiatsu that I

included was a refreshing, less painful approach that had a greater effect.”

Ms Brown said she finds shiatsu particularly useful for treating chronic fascial problems as well as lower back pain.

“Using shiatsu techniques, I can break up the stubborn fascia at a deeper level – and with much less pain than techniques such as skin rolling,” Ms Brown said.

“Shiatsu is also extremely beneficial for lumbar problems where there is chronic weakness. People tend to feel more revived when I use shiatsu rather than remedial alone.”

In addition to benefiting the client, Ms Brown found that shiatsu has implications for the longevity of the practitioner.

“Shiatsu enables me to work longer days, with less burn-out and fatigue. I find that I rarely suffer injuries myself and, when I use shiatsu, I actually become rejuvenated. It also has helped to maintain energetic boundaries. Shiatsu has taught me to ‘centre’ myself and not take on other peoples’ ‘stuff’, while still remaining empathetic and compassionate,” Ms Brown said.

Although there seems to be a case for an approach that combines remedial massage with shiatsu, I couldn’t help but feeling a niggling guilt. I wondered: was I still actually practicing ‘shiatsu’?

Similarities and differences

Similarities exist between shiatsu and remedial massage therapy. Both are physical therapies that aim to relieve stress and promote health. Both shiatsu and massage therapy work to address injury recovery and pain relief through applying pressure to the skin, and both modalities employ the use of passive movements.

But there are fundamental differences between the two including their historical development, techniques, and the way each system views the body.

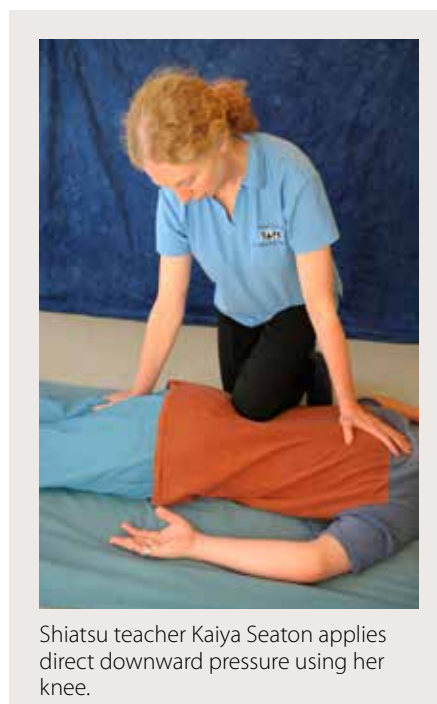
According to the Shiatsu Therapy Association of Australia (STAA), massage evolved out of Anma, an ancient form of Japanese massage, and acupuncture, a form of Chinese therapy.

Anma involves tapping, rubbing and applying pressure to different points on the body, stimulating and influencing the muscular and circulatory systems.

Tamai Tempaku, said to be founder of shiatsu, first used the term ‘shiatsu’ in the early 1900s in his book ‘Shiatsu Ho’ (finger pressure method). Tempaku’s ‘shiatsu’ combined Anma, Ampuku (an ancient form of abdominal massage used in pregnancy and childbirth), and Do-In (therapeutic exercises), with Western anatomy and physiology. In 1964, the Japanese government recognised shiatsu as a form of medical therapy. Since the 1940s, many schools of shiatsu massage have developed throughout the world.

The STAA website acknowledges that shiatsu is an evolving discipline which encompasses different schools of thought. In fact, many early Japanese shiatsu practitioners developed their own style, including shiatsu pioneers, Tokujiro Namikoshi and Shizuto Masunaga.

A major difference between shiatsu and Western massage has to do with technique: shiatsu relies on direct perpendicular pressure only while Western massage can include a ‘rubbing’ motion. Since shiatsu does not involve rubbing, no oil or cream is needed, and the recipient is clothed.



Shiatsu teacher Kaiya Seaton applies direct downward pressure using her knee.

Conventional massage and shiatsu have very different views of the human body. Shiatsu practitioners think in holistic terms: they view the body as ‘interconnected’. Practitioners of conventional forms of massage tend to treat specific areas of the body, depending on the client’s stress patterns, or ailments.

There is also an ongoing debate about whether acupoints used in shiatsu and trigger points used in remedial massage correspond.

According to a 2003 study published in the *Journal of Alternative and Complementary Medicine*, the original claim by Melzack and colleagues that there was a 71 per cent correspondence of trigger points to acupuncture points is conceptually not possible (Birch, 2003).

Although some similarities exist in the location of the points, the clinical reasoning behind their use is vastly different in remedial massage when compared to their use in shiatsu.

WSI TAFE shiatsu teacher, Kaiya Seaton illustrates: “The acupoint Small Intestine 11 is located in the subspicular fossa, in the area of the infraspinatus trigger point. In shiatsu, when pressure is applied down to the ki level to activate this point, it can be used to relieve shoulder pain, calm the digestive system, relax the chest area and relieve dyspnoea or coughing, or assist with breast pain and insufficient lactation. The overall effect of this point is to regulate ki and blood.”

Despite the argument for combining shiatsu and Western massage, my former teacher has a point about the two being distinctly different practices. The answer to ‘what constitutes shiatsu?’ may lie in a fundamental distinction between the modalities.

What separates shiatsu from other modalities?

According to STAA, what all the different styles of shiatsu have in common is the manipulation of ‘ki’ and the use of body weight in one way or another in performing a shiatsu treatment. (STAA 2014)

“Some approaches concentrate on the stimulation of ‘acupressure (acupuncture) points’, while some emphasise more general work on the body or on the energy channels to influence the flow of ki within them. Other forms highlight diagnostic systems, yet all of these different approaches inherently come from the same underlying theoretical approach.” (STAA 2104)

Tokujiro Namikoshi puts it rather succinctly: “The pressure of the hands causes the springs of life to flow.”

This manipulation of ‘ki’ inherent in shiatsu practice is distinctly different from the focus of remedial massage, which emphasises the manipulation of the physical body through muscles, tendons and fascia.

Of course, Jarmey and Mojay (1999) concur that shiatsu is more than the application of physical techniques, outlining a number of essential components of ‘competent’ shiatsu. These include a genuine desire to help people feel better, a steadiness of breath, a strong and open ‘hara’ (the energetic centre of a person located below the navel), relaxation and comfort, an ‘empty mind’, the ability to assist and support a person rather than impose a treatment on them, and empathy.

“Although Shiatsu literally means ‘finger pressure’, the spirit of shiatsu is one of communication through touch.



Shiatsu teacher Kaiya Seaton demonstrates a passive stretch to open the Lung and Heart meridians.

Shiatsu which is responsive to the recipient’s needs cannot be achieved by technical skill and intellectual study alone.” (Jarmey and Mojay, 1999)

In her book, *Shiatsu Theory and Practice*, Beresford-Cooke (2011) delineates similar essential aspects of the therapeutic encounter, including: maintaining an unconditional positive regard for your client; maintaining an unwavering sense of ‘presence’ during the treatment (being in the ‘here and now’); coming from a place of ‘authenticity’; and maintaining appropriate energetic boundaries.

Beresford-Cooke draws a comparison to the phenomenon of what the Chinese call *yuan*: the quality of connection that exists between doctor and patient.

“The nature of yuan leads us to realise one of the most basic, yet most profound, rules of shiatsu: what you do is important, but not nearly as important as the way you do it.” (Beresford-Cooke, 2011)

Kaiya Seaton explains: “In shiatsu, how you apply techniques is just as, if not more, important than the actual techniques and sequences. To develop sensitivity to ki requires focus and internal quiet. As the practitioner develops this within themselves, their sensitivity to the ki of their client deepens.”

According to Ms Seaton, by holding an area or point in this focused state, a shiatsu practitioner can invite in the client’s ki and relieve areas of congested ki elsewhere in the body, which can manifest as inflammation or muscular tension.

“In the treatment of soft tissue trauma, the emphasis in shiatsu is to bring ki and blood to the area to assist the healing process by using specific acupressure points.”

Ms Seaton said that a knowledge of shiatsu, rather than being at odds with conventional forms of massage therapy, can enhance massage therapy by offering remedial massage therapists a different way of relating to themselves and to their clients.

“Shiatsu offers remedial massage therapists scope to combine their current skills with a new skill set that adds diagnostic and treatment options to

their practice, ultimately broadening and deepening their practice and benefitting clients across a range of health requirements,” Ms Seaton said.

Her view is that “the exact art of oriental therapies allows the practitioner to detect and correct imbalances of ki, treating the physical, emotional, mental and ki field to promote, maintain and restore health.”

Personally, I consider that any style of massage can benefit from implementing some of the core teachings of shiatsu, such as: assisting and supporting a person rather than imposing a treatment upon him/her; maintaining an unconditional positive regard for your client, maintaining an unwavering sense of ‘presence’ during the treatment; coming from a place of ‘authenticity’; and maintaining appropriate energetic boundaries.

In my own practice, the awareness of ‘ki’ gained through my shiatsu studies is a skill I am still developing; whether I will be able to perform remedial massage while maintaining a focused awareness of this subtle, energetic life force remains to be seen.

I will end with another piece of sage advice, once again from one of my favourite mentors, Mr Miyagi: “First learn stand, then learn fly.”

For a list of accredited Australian shiatsu colleges, visit <http://www.staa.org.au/shiatsu-colleges> ■amt

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Being a health fund provider: your responsibilities and obligations

A message from the AMT Board

The AMT Board and past executives have worked hard to establish and maintain provider agreements with the various private health funds on behalf of AMT members. These agreements between AMT and the funds involve a mutual undertaking to honour the spirit and letter of the conditions as they are laid down.

A high percentage of AMT's members maintain provider status with the health funds. Health fund recognition has helped to raise the profile of massage therapy in the community, moving massage from the margins into mainstream healthcare.

However, it is worth remembering that the privilege of achieving provider status and working as a healthcare professional also comes with a set of professional and ethical responsibilities. These responsibilities are comprehensively encapsulated in the AMT Code of Practice.

Standards of Care: Maintaining Clinical Records

If you are complying with the standards laid down in the AMT Code of Practice then you can be confident that you also meet the provider terms and conditions set by individual health funds. As a service provider for a specific fund, you should be aware that you are bound by the provider terms and conditions of that fund. It is crucial to keep abreast of your obligations. The AMT Board strongly recommends that you review both the AMT Code of Practice and the various health fund provider terms and conditions to ensure that you are operating in accord with expected standards.

The AMT Code of Practice can be accessed online at: <http://www.amt.org.au/downloads/practice-resources/AMT-code-of-practice-final.pdf>

The various health fund provider terms and conditions are available for download here: <http://www.amt.org.au/members/health-fund-info.html>

Maintenance of appropriate clinical records is particularly crucial for manifold reasons. Be aware that the health funds have the right to audit your practice at any time and may request copies of client files and treatment plans. The AMT Board has also commenced a program of audits of members to ensure that record keeping is in line with the standards in the Code of Practice.

Aside from the Code of Practice, AMT has made available useful resources to help you maintain appropriate treatment records. These include case history / intake forms and informed consent templates. These practice resources can be downloaded here:

<http://www.amt.org.au/members/practice-resources.html>

Say no to fraud

The exponential growth in health insurance fraud over the past five years represents one of the biggest threats to the advancement of our industry. The AMT Board takes an extremely dim view of members who compromise the provider agreements we have worked so hard to initiate and uphold by being slack or dishonest in receipting treatments.

Over the past year, the AMT Board has taken action to remove members who have committed insurance fraud.

The provider numbers issued to you by AMT and the individual funds are yours and yours alone. They are issued on the understanding that you will continue to honour your basic obligation to be ethical and honest in your dealings with your clients and the third party insurers that subsidise the cost of client treatments with rebates.

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

- Allowing another therapist to use your provider number(s)
- Pre-signing receipts for use by other therapists

- Using another therapist's provider number for a treatment performed by you (for example, when you are not registered as a provider with a particular fund but a colleague is)
- Issuing receipts for a service and/or treatment you did not provide.
- Backdating receipts
- Falsifying any information on a receipt (for example, issuing a receipt in the name of another family member when a client has reached the limit of their own claims)
- Splitting receipts - writing receipts for two half-hour treatments when the treatment was for one hour.

The dishonest practices of a single member or group of members deeply compromise the good relationships AMT has built with the private health funds. AMT's credibility as a professional, representative body is on the line every time a member (or members) fiddle the system.

Sophisticated fraud detection software now gives the funds an unprecedented capacity to crosscheck and spot inconsistencies in receipting.

If a client is pressuring you to do the wrong thing and falsify receipts, say no.

If a colleague is pressuring you to do the wrong thing and falsify receipts, say no.

If an employer is pressuring you to do the wrong thing and falsify receipts, say no.

We have published AMT's receipting standard in full in this journal (opposite) so you are aware of your professional and ethical responsibilities as a member of AMT and a health fund provider.

AMT's goal is to strive for recognition and acknowledgement of our professional expertise. However, if we are to be taken seriously as professionals, we must be serious about our professionalism. Health insurance fraud is dishonest and damaging behaviour that threatens to drag the entire industry back twenty years.

Please do the right thing by AMT, by the private health insurers, by your colleagues, by the industry at large and by your clients.

AMT STANDARD - Issuing Receipts

PURPOSE

Massage therapists are aware of their legal and ethical responsibilities in relation to receipting treatments, and can apply this understanding in accordance with the policy.

BACKGROUND

Receipts are a record of a financial transaction. In the massage therapy clinical setting, a receipt is a written acknowledgement of receiving payment for treatment on a specific day for a specific fee. Similarly, an invoice/tax invoice is a written record of a treatment being provided on a specific day for a specific fee. An invoice and receipt can be incorporated into a single document.

A receipt should be issued as soon as payment for a treatment has been tendered. When payment is not tendered immediately after a treatment, an invoice/tax invoice may be issued to the client or, where applicable, to a third party payer such as a workers' compensation authority.

Massage therapists have a professional duty of care to ensure that details included on receipts are accurate and truthful. Modifying receipts to enable false claims on insurance is fraud and punishable by law.

POLICY

Massage therapists are required to:

- issue a receipt after each payment transaction
- issue an invoice for treatment if payment has not been tendered
- issue a tax invoice if registered for and charging GST. The tax invoice must include an ABN and be titled "Tax Invoice".
- retain copies of receipts, invoices and tax invoices, either on paper or electronically
- ensure that the details on the receipt/invoice/tax invoice (date, nature of treatment, client's details) coincide with the client's clinical record
- mark duplicate receipts, invoices and tax invoices with 'copy or duplicate'.

Massage therapists do not:

- falsify details on the receipt, such as the client's name or the duration/frequency of treatment, to enable a client to make a false claim with a third party
- change the date or nature of treatment to enable a client to make a false claim with a third party
- use another practitioner's details or provider number(s) to enable a client to make a false claim with a third party
- use correction fluid or tape to make corrections
- charge GST unless registered to charge GST.

INFORMATION REQUIRED ON RECEIPTS

The following details must be clearly printed on receipts, invoices and tax invoices (i.e. it cannot be handwritten):

- Name of the therapist who gave the treatment
- Business name if applicable
- Practice address. This must be a street address not a PO Box.
- AMT member number
- ABN if applicable.

The following details must also be included but may be handwritten:

- Client's name and address
- Date of treatment
- Nature of treatment
- Health Fund provider number(s)
- Fee
- Date of payment.

TAX EVASION AND FRAUD

Failing to declare assessable income, not wanting to issue a receipt or providing a false invoice are all considered to be forms of tax evasion.

Health insurance fraud and inappropriate claiming is where someone receives a benefit payment using false or misleading information. If massage therapists issue receipts with incorrect or falsified details, such as the date of the treatment, treatment description, name of the treating therapist or name of the client, then they are committing fraud. Health insurance fraud is a criminal offence and is punishable by law.

CHARGING GST

Massage therapists must register for GST if their gross income exceeds \$75000 per annum. If massage therapists are registered for GST, then they must issue tax invoices for their treatments, quoting their ABN.

REFERENCES

ATO website record keeping and Tax invasion - www.ato.org.au

The Australian Consumer Law - A guide to provisions 2010

The Australian Consumer Law - An introduction November 2010

Fair Trading Act NSW (1987)

ATO fact sheet - How to set out tax invoices and invoices - www.ato.org.au

Excerpts from CCH Australian Master GST Guide July 2000

AMT NEW MEMBERS

ACT

Vikki McDonough, Tingting Yang

NSW

Natalie Austin, Mariann Banfi, Jocelyn Bretherick, Alice Clayton, Robyn Connacher, Patricia Cortes, Zaia Daryoush, Sarah Goodsell, Sandra Hinton, Michael Howell, Carolina Kawakami De Barros, James Leung, Alana Lewis, Junyi Liu, Yi Min Liu, Ying Liu, Yun Liu, Madelena Lopez, Georgia McMillan, Ruth McMurray, Tania McRae, Alison McWhirter, Stephen Morris, Larisa Mutovina, Nikhil Naidoo, Katrina Partridge, Cathy Pye, Hannah Raftery, Mark Sinclair, Serena Soon, Yahong Tang, Guangning Xian, Libby Yazbek

QLD

Jade Afu, Jeanne-Marie Bondonis, Kristine Currier, Benjamin Evans, Shelby Fitzhardinge, Romina Lau Diaz, Alicia Looney, Renee Marr, Catherine McKinney, Claire Saint-Smith

SA

Russell Boyd, Tanya Holliday, Francesca Pascale, Dale Robertson

TAS

Marja Mooy

VIC

Michael Ackoy, Louise Arnold, Benjamin Barr, Joshua Booth, Kellie Furey, Chris Keswick, Yinhua Mai, Dominic McKay, John Powell, Hayley Rawson, Christie Reynolds, Sarah Rhodes, Carly Rothschild, Samuel Ruddick, Liguozhang

The e-Journal ^{club}

Congratulations to:

JASON GILLEN
Winner of our June
e-journal club prize.

Thanks to Therapacks for
donating the prize.

New Case Report Research Repository Promotes Evidence-Informed Practice

A new resource for practitioners, educators and researchers in integrative healthcare has recently been produced by an international collaboration of massage therapists and researchers. *CaseRe3*, a case report repository for integrative healthcare including massage therapy, was developed by American scientist and educator Dr Martha Menard and Canadian Bodhi Haraldsson of the Registered Massage Therapists' Association of British Columbia (RMTBC).

The idea for the collaboration was formed during a lunch break at the 2009 Massage Therapy Foundation international research congress, when Menard and Haraldsson discovered that they were each planning to develop an open access case report repository for massage therapy. A formal public-private partnership agreement between RMTBC and Menard's Crocker Institute was signed in 2011 and, after four years of development, the repository was launched in October 2014.

"We both felt strongly that case reports are an underutilised type of study in complementary health care, and provide a foundation of descriptive and observational research upon which more rigorous types of studies can be developed," Dr Menard said.

Case reports are often required as a senior thesis or capstone project in massage therapy and other integrative health care educational programs.

"Relatively few are published, and the majority languish in file drawers and gather dust on shelves...and orphaned case reports become part of the unread and unavailable gray literature," Dr Menard said.

One goal of the *CaseRe3* repository (available at www.casere3.org) is to provide an open access publication venue and permanent archive for student and practitioner case reports, so they can be accessible by practitioners as a resource for evidence-informed practice.



According to Ms Menard, *CaseRe3* is a useful resource for therapists, researchers and educators alike.

"Therapists can quickly search by condition and retrieve thorough descriptions of treatments and results. Educators can use the repository as a source for model case reports and teaching examples for problem-based learning. As case reports on the same condition using comparable outcome measures accumulate, researchers will be able to aggregate data from individual case reports to estimate sample sizes and effect sizes, and capture rich descriptions of real-world practice for developing study protocols," Dr Menard said.

Key features of the repository that promote usability include full text indexing, making searching the repository easy for anyone. The repository can be searched by condition, discipline and even technique. The repository software supports multiple file types, so that raw data files, audio, and video files can be included and associated with the complete text of a case report, enabling rich format, multimedia case reports, which is a plus for educators looking to engage students.

"As an educator, I know that case reports are a key part of a student's clinical education program. To encourage students to do rich and interesting case reports, having access to multimedia resources in the repository is important. Using video to capture a demonstration of a particular technique used in clinical treatment, for example, or an audio recording of a patient describing their experience in their own words, makes what could be an onerous assignment for students much more dynamic," explained Dr Menard. "I look forward to seeing more case reports with these associated files, including the raw data, submitted as the repository grows."

CaseRe3 uses an open access publication model. This means that there are no subscription fees -- the full text of all case reports as well as their associated files are available to repository users at no cost. Usually, the open access publication model works by charging individual authors a sometimes hefty fee to cover the publication costs. In contrast, *CaseRe3* charges institutions instead of individual authors. For a low annual fee of \$289 USD, an educational institution or organisation can publish the case reports of all its students, faculty and alumni.



CaseRe3 is a data base of case studies for integrative healthcare practitioners. AMT members are encouraged to submit their own case reports for consideration.

Individual authors retain copyright to their work and license its use by CaseRe3 under the Creative Commons 3.0 license.

The repository is currently being populated with award-winning peer reviewed case reports submitted to the RMTBC, the US-based Massage Therapy Foundation, and previously published case reports from academic journals including the Journal of Bodywork and Movement Therapies.

CaseRe3 is currently accepting case reports for submission at no charge until March 2015. Massage schools and individual authors are invited to submit case reports to Dr Menard at mbmenard@crockerinstitute.org, or contact her for more information about the repository.

■amt

DEADLINE

**Deadline for the
March 2015
issue of
In Good Hands is:
1st February, 2015**

Please email
contributions to:
journal@amt.org.au
or phone: 02 9211 2441

The e-Journal^{club}

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club and be in the
running for a great prize
every quarter.

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"Electronic Journal" in the
subject line.

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latest research news,
events and
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[http://twitter.com/#!/
ramblingamt](http://twitter.com/#!/ramblingamt)

www.amt.org.au

Provider Recognition Criteria

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.

HEALTH FUNDS AND SOCIETIES		CRITERIA
ahm Health Insurance	Medibank Private	These funds recognise Senior Level One and Two members. Providers must also meet Medibank's Diploma duration requirement of one year to be eligible.
A.C.A Health Benefits Fund	Onemedifund	ARHG recognises all AMT practitioner levels. They require you to use their provider number. This number is AW0XXXXM, where the X's are your 4-digit AMT membership number.
Cessnock District Health Benefits Fund	Peoplecare Health Insurance	
CUA Health Limited	Phoenix Health Fund	
Defence Health	Police Health Fund	
Frank Health Insurance	Queensland Country Health Ltd	
GMF Health	Railway & Transport Health Fund Ltd	
GMHBA	Reserve Bank Health Society	
health.com.au	St. Luke's Health	
Heath Care Insurance Limited	Teachers Federation Health	
HIF WA	Teachers Union Health	
Latrobe Health Services (Federation Health)	Transport Health	
Mildura District Hospital Fund	Westfund	
Navy Health Fund		
Australian Unity		Australian Unity recognises members with HLT50302/07 Diploma of Remedial Massage, HLT50102/07 Diploma of Traditional Chinese Medicine Remedial Massage, HLT50202/07 Diploma of Shiatsu and Oriental Therapies, 21920VIC or 21511VIC Advanced Diploma of Remedial Massage (Myotherapy), Diploma of Health Science (Massage Therapy), Advanced Diploma of Applied Science (Remedial Massage) and Advanced Diploma of Soft Tissue Therapies. Existing Senior Level One and Two providers remain eligible.
BUPA		BUPA recognises members with HLT50302/07 Diploma of Remedial Massage, HLT50102/07 Diploma of Traditional Chinese Medicine Remedial Massage, HLT50202/07 Diploma of Shiatsu and Oriental Therapies, 21920VIC or 21511VIC Advanced Diploma of Remedial Massage (Myotherapy). Existing providers remain eligible.
CBHS Health Fund Ltd		CBHS recognises all AMT practitioner levels.
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). Existing providers remain eligible. They require you to use their provider number. This number is AMXXXX, where the Xs are your 4-digit AMT membership number.
GU Health		GU Health recognises members with HLT50302/07 Diploma of Remedial Massage, HLT50102/07 Diploma of Traditional Chinese Medicine Remedial Massage, HLT50202/07 Diploma of Shiatsu and Oriental Therapies, 21920VIC or 21511VIC Advanced Diploma of Remedial Massage (Myotherapy), Diploma of Health Science (Massage Therapy), Advanced Diploma of Applied Science (Remedial Massage) and Advanced Diploma of Soft Tissue Therapies. Existing Senior Level One and Two providers remain eligible.
HBF		HBF recognises Senior Level One and Two members.
HCF		HCF recognises members with HLT50302/07 Diploma of Remedial Massage, 21920VIC or 21511VIC Advanced Diploma of Remedial Massage (Myotherapy), Advanced Diploma of Applied Science (Massage) and Diploma of Health Science (Massage Therapy). Existing providers remain eligible. Providers must also meet HCF's Diploma duration requirement of one year to be eligible.
NIB		NIB recognises members with HLT50302/07 Diploma of Remedial Massage; HLT50102/07 Diploma of Traditional Chinese Medicine Remedial Massage; HLT50202/07 Diploma of Shiatsu and Oriental Therapies; Advanced Diploma of Remedial Massage (Myotherapy)
WorkSafe Victoria		Worksafe Victoria recognises Senior Level One and Two members.

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 up to four practice addresses. Medibank Private will only issue provider numbers for three practices.

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

Calendar of Events

December 2014		CEUs
10	Introduction to Myofascial Cupping Webinar. Presented by David Sheehan. 6.30pm - 9.00pm (AEST). Contact 03 9481 6724 or info@comphs.com.au. Live Audience Booking: www.comphs.com.au Live and Recorded Webcast: www.chseducation.com	5
14	Hunter Branch Meeting. Adamstown, NSW. Contact Paul 02 4953 2252 or panddlindsay@outlook.com	15
17	North Shore and Northern Beaches Branch Meeting. Belrose, NSW. Contact Neil 0419 219 770 or neil@peninsulamassage.com.au	15
31	The Shoulder Online Workshop. Developed by Bradley Collins. Contact info@thetherapyweb.com. www.thetherapyweb.com. This course can be started anytime throughout the year and can be completed at your own pace	25
January 2015		CEUs
18	Arm and Hand Pain. Presented by John Bragg. Springwood, NSW. Contact 0410 434 092. www.johnbragg.com.au	35
22-23	Bodybliss Part 1. Presented by Daniela Meinl. Sydney, NSW. Contact Budiman 0402 059 570 or terrarosa@gmail.com. Register at www.terrarosa.com.au	70
24-25	Bodybliss Part 1. Presented by Daniela Meinl. Sydney, NSW Contact Budiman 0402 059 570 or terrarosa@gmail.com. Register at www.terrarosa.com.au	70
31-2/2/15	Oncology Massage Module 1. Presented by Tania Shaw. Coffs Harbour, NSW. Contact Faye 0404 536 452 www.oncologymassagetraining.com.au	105
31-1/2/15	Fascial Fitness Intro. Presented by Daniela Meinl. Sydney, NSW. Contact Budiman 0402 059 570 or terrarosa@gmail.com. Register at www.terrarosa.com.au	70
February 2015		CEUs
2-3	Fascial Fitness Trainer Course. Presented by Daniela Meinl. Sydney, NSW Contact Budiman 0402 059 570 or terrarosa@gmail.com. Register at www.terrarosa.com.au	70
6-8	Oncology Massage Module 1. Presented by Lizzie Milligan. Randwick, NSW. Contact Faye 0404 536 452 www.oncologymassagetraining.com.au	105
7-11	Advanced Certificate in Integrated Cupping Therapy. Presented by Bruce Bentley. Melbourne, VIC. Contact 03 9576 1787 www.healthtraditions.com.au	175
7-9	Master Class in Traditional East-West Cupping. Presented by Bruce Bentley. Melbourne. Contact 03 9576 1787 www.healthtraditions.com.au	105
10-11	Modern Cupping Therapy. Presented by Bruce Bentley. Melbourne, VIC. Contact 03 9576 1787 www.healthtraditions.com.au	70
11-13	Foundations for Rehab "Promoting Purposeful Movement". Presented by Sheldon Caines. St Leonards, NSW. Contact 0406 608 590 or info@correctivetherapist.com.au. www.correctivetherapist.com.au	105
11	Introduction to Integrated Manual Therapy seminar with Live Technical Demonstrations Webinar. Presented by James Waslaski 10.00am - 1.00pm (AEST). Contact 03 9481 6724 or info@comphs.com.au. Live Audience Booking www.comphs.com.au Live and Recorded Webcast www.chseducation.com	5
12-14	Oncology Massage Module 1. Presented by Kate Butler. Bendigo, VIC. Contact Faye 0404 536 452 www.oncologymassagetraining.com.au	105
13-15	Oncology Massage Module 1. Presented by Anne-Marie Halligan. Geelong, VIC. Contact Faye 0404 536 452 www.oncologymassagetraining.com.au	105
15	Headache and Neck Pain. Presented by John Bragg. Springwood, NSW. Contact 0410 434 092. www.johnbragg.com.au	35
18-20	Oncology Massage Module 1. Presented by Kate Butler. Northcote, VIC. Contact Faye 0404 536 452 www.oncologymassagetraining.com.au	105
18	Gua Sha Day. Presented by Bruce Bentley. Sydney, NSW. Contact 03 9576 1787. www.healthtraditions.com.au	35
20-22	Master Class in Traditional East-West Cupping. Presented by Bruce Bentley. Sydney, NSW. Contact 03 9576 1787 www.healthtraditions.com.au	105
20-24	Advanced Certificate in Integrated Cupping Therapy. Presented by Bruce Bentley. Sydney, NSW. Contact 03 9576 1787 www.healthtraditions.com.au	175
21-22	Certificate of Pregnancy Massage. Presented by Catherine McInerney. Adelaide, SA. Contact 03 9571 6330 or info@pregnancymassageaustralia.com.au. www.pregnancymassageaustralia.com.au	70
21-23	Oncology Massage Module 1. Presented by Tania Shaw. Buderim, QLD. Contact Faye 0404 536 452 www.oncologymassagetraining.com.au	105
23-24	Modern Cupping Therapy. Presented by Bruce Bentley. Sydney, NSW. Contact 03 9576 1787 www.healthtraditions.com.au	70
27-3/3/15	Neurostructural Integration Technique Basic. Presented by Ron Phelan. Melbourne, VIC. Contact 0419 380 443. bowenst@iprimus.com.au	175
28-4/3/15	Advanced Certificate in Integrated Cupping Therapy. Presented by Bruce Bentley. Canberra, ACT. Contact 03 9576 1787 www.healthtraditions.com.au	105
28-1/3/15	Onsen Volume I Structural Assessment and Correction for the lumbar, pelvis and sacrum. Presented by Jeff Murray. Sydney, NSW. Contact 0427 310 510 or info@beyondmassage.com.au. www.beyondmassage.com.au	70

NeuroStructural

CEU
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Integration Technique (NST)

"The most amazing and consistently effective healing work that I have ever learned" Dr. Joseph Mercola. Osteopath, USA.

Work smarter, not harder and get great results!



NST - founded on Australian Tom Bowen's later more advanced work. NST incorporates the philosophy of De Jarnettes "Sacro Occipital Technique" and is validated according to the principles of Applied Kinesiology.

NST allows you to access Bowen's astonishing intuitive powers via the philosophy and techniques you will learn at this workshop. Learn how to recode your client's visceral, musculoskeletal, fascial and nervous systems so the body can regulate itself, controlling pain and boosting energy levels. NST is the fast, smooth form of Bowen, consistently effective even in difficult cases. Non-invasive and generally a lighter touch compared to similar bodywork therapies. NST results are sometimes astounding, usually instantly noticeable and generally long lasting.

Clinically proven in a three year hospital based research program World Health Organisation and Nth. Italian Govt.

2 day Introductory class - covers history, theory and spinal balance. A great start for those interested in learning this style of work. **70 CEU**

5 day Basic class - as per Introductory class plus all peripheral areas, shoulder, knees, ankles, pelvic, diaphragm, TMJ elbow/wrist, hamstrings, sacral, coccyx + much more... **175 CEU**

2 Day Introductory classes

Brisbane 28th Feb - 1st Mar, 25th-26th July **Robert** : 0448 428 020

Geelong 14th - 15th March, June 13th - 14th **Shayne**: 0417 011 192

Sydney area - 14th-15th Mar, 13th-14th June **Wendy** : 0412 417 719

5 Day Basic classes

Melbourne, Vic. February 27th - March 3rd **Ron** : 0419380443

(Coolup) South of Perth, WA. March 27th-31st **Ron** : 0419380443

Brisbane, Qld. April 24th-28th **Robert** : 0448 428 020

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Ron



Marianne



Robert



Wendy



Shayne

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Contact Ron: bowenst@iprimus.com.au

Call for Nominations for Association Office Bearers for 2015

Nominations are called for the following positions, which take effect from the close of the 2015 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 30 January 2015.

Where nominations equal vacancies on 30 January 2015 then those persons are deemed to be elected.

Where nominations exceed vacancies, a postal ballot of practitioner members that were financial on 1 January 2015 will be conducted during February.

Nomination for Office for the Association of Massage Therapists Ltd

I * (name)

consent to be
nominated for the position of

I have read the Code of Conduct for AMT Directors (<http://www.amt.org.au/downloads/info-about-amt/AMT-BOARD-code-of-conduct.pdf>) and, if elected, will abide by the Code.

Signature Ph

Nominator * Ph

Secunder * Ph

* All must be financial members of AMT



Learn all there is to know about traditional and modern cupping



Health Traditions presents
Advanced Certificate in Integrated Cupping Therapy
Master Class in Traditional East West Cupping
Modern Cupping Therapy
Gua Sha Day

Some of the highlights of the **Master Class in Traditional East West Cupping** workshop (glass and flame methods) include: the most refined ways of applying cups & the 5 vacuum levels, Russian cupping massage, cupping to restore integrity to chronic soft tissue problems and cupping combined with massage & stretching.

In **Modern Cupping Therapy** (with flexible silicone cups) you will learn: neck & shoulder release, hip rehabilitation, cupping & mobilisations and cellulite, stretch marks & scar clearing treatments, plus more.

The 3 day Master Class & the 2 day Modern Cupping Therapy can be attended as separate workshops, or attend both and be awarded an additional Advanced Certificate in Integrated Cupping Therapy.

The **Gua Sha Day** also gives therapists the skills to perform another excellent practice.

Presenter: Bruce Bentley

Bruce has practiced & researched cupping for nearly 40 years and began teaching the world's first cupping & gua sha workshops 20 years ago. His background includes a Masters Degree in Health Studies with his thesis titled Cupping as Therapeutic Technology, extensive fieldwork throughout Asia, Europe and North Africa and lecturing at the Australian School of Therapeutic Massage for 20 years. Steven Clavy, author and editor of The Lantern wrote, "There is no doubt that Bruce is the foremost international expert on the history and practice of cupping."

Many of Bruce's essays are available to read on his website, including his latest, "Mending the Fascia with Modern Cupping"

Bruce has a variety of high quality cupping and gua sha tools available to purchase online at www.healthtraditions.com.au/shop.htm



2015 Workshop Dates

Advanced Certificate in Integrated Cupping Therapy

Melbourne February 7 - 11
Sydney February 20 - 24
Canberra February 28 - March 4
Hobart March 14 - 18
Brisbane March 27 - 31
Sydney June 12 - 16
Melbourne June 20 - 24
Townsville July 25 - 29
Adelaide August 22 - 26
Sydney October 2 - 6
Melbourne November 14 - 18

Master Class in Traditional East West Cupping

Melbourne February 7 - 9
Sydney February 20 - 22
Canberra February 28 - March 2
Hobart March 14 - 16
Brisbane March 27 - 29
Sydney June 12 - 14
Melbourne June 20 - 22
Townsville July 25 - 27
Adelaide August 22 - 24
Sydney October 2 - 4
Melbourne November 14 - 16

Modern Cupping Therapy

Melbourne February 10 & 11
Sydney February 23 & 24
Canberra March 3 & 4
Hobart March 17 & 18
Brisbane March 30 & 31
Sydney June 15 & 16
Melbourne June 23 & 24
Townsville July 28 & 29
Brisbane August 1 & 2
Adelaide August 25 & 26
Sydney October 5 & 6
Launceston October 24 & 25
Melbourne November 17 & 18

Gua Sha Day

Sydney February 18
Melbourne August 9

To enrol or for further information visit
www.healthtraditions.com.au
or email Bruce at healthtr@iinet.net.au
or call 03 9576 1787
or call Shirley on 0400 77339

AMT members receive:

105 CEUs for the Master Class
70 CEUs for Modern Cupping Therapy
175 CEUs for the Advanced Certificate
35 CEUs for Gua Sha Day