

President's Message

by Annette Cassar

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What a fabulous venue Opal Cove Resort turned out to be for AMT's inaugural mini conference! A beachfront location, relaxed atmosphere, great workshops and excellent company - what more could delegates have asked for? If the feedback we've collated is anything to go by, we're on to a winning formula with extended workshop sessions.

Larry Koliha and Bethany Ward were back this year, impressing everyone with their friendly, accessible teaching style. Elsebeth Petersen's workshop on Lymphoedema and Cancer was densely packed with information and demonstrations, giving delegates a real sense of the wonderful complexity of the lymphatic system.

I was fortunate to attend Andrew Shepherd's Clinical Work-up presentation. Andrew gave us a concise protocol for pre and post treatment assessment and easy record keeping, using AMT's pro forma histories. He clearly linked assessment, treatment planning and recording to client communication and retention – being able to demonstrate outcomes and progress is a powerful driver of return business.

Even after 20 years in clinical practice, I found it incredibly useful to revisit and review my assessment and notation protocols. Andrew's workshop allowed me to benchmark my skills against the record-keeping requirements in the AMT Code of Practice, something that I firmly believe we should all do from time to time to ensure that we are meeting standards. Thank you Andrew for an enjoyable and interactive foray into this critical aspect of professional

practice. And thanks to all those who contributed to the success of this year's conference!

I am thrilled to announce that the venue for AMT's 50th anniversary conference next year is Sydney Luna Park. We will be celebrating our 50 years in style, in the heritage glory of the Crystal Ballroom on September 23 and 24. Please mark the dates in your diary now and start locking in travel and accommodation. We aim to publish some great budget accommodation options on the AMT website before the year closes.



Crystal Palace, Luna Park Sydney.
Photo by Kajo Photography

We have some wonderful surprises in store for AMT's 50th anniversary year so we really hope you all get involved. The anniversary festivities will culminate in a massive celebratory dinner in the Crystal Ballroom at the end of the conference, with Sydney Harbour as our backdrop. We promise that it will be an event not to be missed.

There's a lot to look forward to in 2016 but, for now, I would like to wish you all a Merry Christmas and Happy New Year. Be safe, enjoy the holidays and we'll see you all back here next year.

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Secretary's Report

by Rebecca Barnett

Several weeks ago, the American Massage Therapy Association put out a media release claiming that massage therapy could be used to help prevent colds and flu during the winter months. The release quotes the AMTA President, saying:

"Researchers working with patients with compromised immune systems have found that massage therapy can improve how the immune system functions ... Those benefits translate to people seeking to fight off the common cold, flu and other seasonal illnesses."

At the end of the release, the public is encouraged to "consult with a professional massage therapist to determine the best massage therapy approach for their specific needs". One hopes that the professional massage therapist in question would have the good sense to tell their client that there's actually zero evidence that massage can help prevent colds or flu and that massage is contraindicated during an active infection.

This media release was a sour and unfortunate moment in the history of professional association advocacy for massage therapists. It shows a distressing lack of leadership and is a perfect example of the kind of over-reaching that massage therapists should not commit when they are promoting their services. Health professionals should never make claims for which there is no available evidence. (A few small studies have shown that massage may have immune system effects but that does not mean we can infer that massage, in turn, helps to prevent colds and flu. And, as someone with an overactive immune system, I can assure you that boosting the immune system is not always a desirable thing!)

We need to be very careful and considered about the claims we make about the effects of massage therapy. Overpromising, making misleading claims about the benefits of massage or attempting to treat outside your scope of practice is unethical. Not only is it a breach of the AMT Code of Practice, but it also contravenes the new National Code of Conduct for Health Care Workers.

Clause 9 of this National Code deals with misinformation:

9. *Health care workers not to misinform their clients*

- 1) A health care worker must not engage in any form of misinformation or misrepresentation in relation to the products or services he or she provides or the qualifications, training or professional affiliations he or she holds.
- 2) Without limiting subclause (1):
 - a. a health care worker must not use his or her possession of a particular qualification to mislead or deceive clients or the public as to his or her competence in a field of practice or ability to provide treatment
 - b. a health care worker must provide truthful information as to his or her qualifications, training or professional affiliations
 - c. a health care worker must not make claims either directly to clients or in advertising or promotional materials about the efficacy of treatment or services he or she provides if those claims cannot be substantiated.

Claiming that massage therapy can help to prevent colds and flu is a clear breach of this requirement. There is just no evidence to support such a claim.

National Code of Conduct for Health Care Workers introduced in Queensland

COAG agreed to the terms of the National Code of Conduct for Health Care Workers back in April this year. The Code is in the process of being enacted in various states across Australia. On October 1 it became law in Queensland.

The Queensland Code provides a framework against which the Health Ombudsman can make decisions about issues with the healthcare provided by unregistered practitioners such as massage therapists. It sets minimum standards of conduct and is substantially based on the NSW Code of Conduct for Unregistered Health Practitioners, which has been in force in NSW since 2008.

If you practise in Queensland, you need to review the Code thoroughly to ensure that you are meeting your statutory obligations as a healthcare worker. You can download a copy of the Code here: <https://www.health.qld.gov.au/publications/system-governance/policies-standards/national-code-conduct-health-workers.pdf>

One of the requirements of the Code is that therapists must display a copy in their clinic. You can download a poster version here.

<https://www.health.qld.gov.au/publications/system-governance/policies-standards/poster-national-code-of-conduct-qld.pdf>

At this stage, legislation enacting the National Code is yet to be rolled out in other Australian states. NSW and South Australian members are still subject to the Code of Conduct for Unregistered Health Practitioners in force in their respective states. If you need any assistance or advice on how to interpret your obligations under these Codes, please don't hesitate to contact AMT Head Office.

Government Private Health Insurance Consultation

Federal Health Minister, Sussan Ley, launched a public consultation into private health insurance in early November. There has been a great deal of speculation regarding the Government survey, with many commentators expressing concern that it is a thinly-veiled attempt to unravel Medicare and drive Australia further into a U.S. style managed care model of health delivery. One of the questions asks whether Australians support the idea of gap cover for GP visits, a proposition that would pave the way for greater private health insurer involvement (and intervention!) within the domain of primary care.

The question regarding what should be covered under ancillary packages is of perhaps more immediate relevance to massage therapists. Respondents were asked to rate the importance to them of the inclusion of natural therapies, which is the broad umbrella under which massage and myotherapy treatments are rebated.

AMT is encouraging all members to participate in the survey and to alert their clients in turn. We prepared a brief flyer on the consultation to circulate to your clients. It includes a link to the survey online. You can download the flyer here: <http://www.amt.org.au/downloads/news-items/Private-health-insurance-consultation.pdf>

AMT is turning 50!

As Annette flagged in her report, AMT will celebrate its 50th anniversary next year since it was establishment in 1966. We are looking forward to celebrating this auspicious event with all of you! Please stay tuned ...

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December edition

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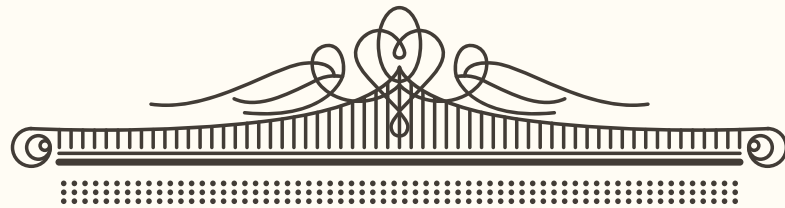
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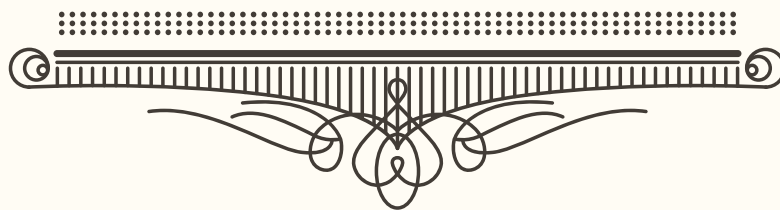
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Trauma and the Role of the Massage Therapist

by Kat Boehringer

What is trauma?

A traumatic event is an experience that causes physical, emotional and psychological distress or harm. It is an event that is perceived and experienced as a threat to one's safety or to the stability of one's world.¹ Traumatic experiences can include: being in a serious accident; being physically assaulted; being involved in a war; being involved in a natural disaster, such as a bushfire, flood or cyclone; or being sexually assaulted or abused.

Whether they know it or not, massage therapists often work with people who have experienced or are still experiencing trauma. Traumatic events are common. Large community surveys in Australia and overseas reveal that 50–65 per cent of people report at least one traumatic event in their lives.²

Effects of trauma

Some traumatic events, like car accidents, are one-off, sudden and unexpected. Other traumatic events, such as childhood sexual abuse, can happen repeatedly over a long period of time. Both can cause emotional distress and potentially lead to long-term effects, such as post-traumatic stress disorder (PTSD). (However, early childhood trauma has been associated with longer-term, complex health consequences.)

PTSD is a set of reactions that can develop after someone has been through a traumatic event. Symptoms fall into three general categories: hyperarousal, intrusive and avoidance. Reactions may include feelings of panic and extreme fear, reliving the traumatic event (for example flashbacks and nightmares), being overly alert or wound up, or feeling emotionally numb.³

Many clients have traumatic histories and exhibit the signs and symptoms of PTSD, even though the massage therapist

may not be aware of a particular client's history of PTSD. It is estimated that as many as 800,000 Australians have PTSD in any one year and that around five per cent of people have experienced PTSD at some point in their lives.³

Other long-term effects of trauma include dissociation, depression, anxiety, sleep problems and difficulty trusting others.^{3,4}

Trauma counsellor and bodyworker Sue Craig has worked with trauma survivors for 20 years. According to Sue, the effects of trauma can be far-reaching.

"Trauma doesn't just affect individuals – its effects are systematic and societal," Sue said. "For example, trauma can have physical manifestations, such as symptoms of chronic pain, and it can have psychological effects in terms of depression and anxiety. But its effects also spiral outward societally. It can impact a person's relationships, attachments, sense of self, work and education via the individual's capacity to feel safe and thereby makes a subsequent impact on his/her ability to concentrate and communicate."

Trauma and the role of massage therapy

Exposure to chronic trauma can alter brain function in an individual, resulting in prolonged and chronic stress responses.

"Traumatic memory activates the amygdala of the limbic system and can result in chronic sympathetic nervous system arousal," Sue said. "A person in this state can experience the activation of physiological reflexes and unconscious triggers in the body all the time, resulting in the production of increased levels of stress hormones and muscular contractions.

According to DSM-IV-TR criteria for post-traumatic stress disorder (PTSD) (American Psychiatric Association, 2001), a traumatic event requires that 'the person experienced, witnessed, or was confronted with an event or events that involved actual or threatened death or serious injury, or a threat to the physical integrity of self or others' and that 'the person's response involved intense fear, helplessness, or horror' (p. 467).

Association AP. Diagnostic and Statistical Manual of Mental Disorders. 4th Ed. Washington, DC: American Psychiatric Association, 2001.

"Individuals can remain in this state until they have processed the trauma by articulating it into language, thereby allowing it to be processed and integrated by the frontal lobes of the brain.

"But sometimes, for many complex reasons, people are unable to talk about their traumas. This is where bodywork may be beneficial. Bodywork can help by enabling the body to reset its internal alarm system. When the parasympathetic nervous system kicks in, some of those muscular contractions can start to decrease, thereby giving the body a chance to remember what it feels like to be normal."

Touch therapy can provide a valuable healing environment for abuse survivors. It can help survivors reconnect with their bodies and develop a compassionate relationship with their bodies. Eventually, it can even help survivors experience their bodies as a source of strength and pleasure.⁵

Research conducted on massage and trauma has found massage therapy can elicit a significant decrease in physiological and physical symptoms including anxiety and depression. For example, one study found massage therapy to be effective in reducing anxiety, depression and salivary cortisol, and increasing relaxation in children exposed to hurricane.⁶

According to a 2005 study, positive changes in biochemistry occurred following massage therapy, including reduced cortisol and increased serotonin and dopamine.⁷

A study of sexual abuse victims experiencing PTSD concluded that these victims showed a significant decrease in physiological and physical symptoms after massage and body-oriented therapy (in addition to psychotherapy).⁸

Sue has seen the benefits of bodywork in trauma recovery in her own clinic.

"Bodywork conducted in a safe environment can assist people to reconnect and integrate back into their body," Sue said.

"For example, after a shiatsu treatment, I had a client remark, 'I found myself. I've finally found peace within in myself.' It is one of the most powerful things you can witness. Bodywork helped this person to embody her experiences rather than just gain an intellectual understanding of them."

Important considerations when working with trauma survivors

Working with survivors of trauma is a great responsibility. It requires sensitivity and caring. Not every client will feel comfortable disclosing that they have a history of trauma and, sometimes, the clients themselves might not know of its existence. For this reason, Sue recommends every touch practitioner acquire at least a basic understanding of trauma, and of the clear protocols that guide working with the particular needs of these clients.

Acknowledging the effects of bodywork on trauma

"It is important to flag from the onset that trauma can impact bodywork," Sue said. "For example, in some people, it may trigger intense emotional reactions."

Sue recommends including questions about trauma on the client intake form. For example, you might ask: Is there any kind of life experience or trauma that might impact on your experience of bodywork? Another question you could ask is: Is there any bodywork that you might feel uncomfortable with?

It is also important to inquire about a client's previous experiences of bodywork, for example, what the client did and didn't like about previous treatments.

"I don't always expect that clients will answer those questions, but at least the questions let them know that trauma could impact upon their experience of bodywork," Sue said.

Responding to a disclosure

If/when clients disclose to you that they have experienced a traumatic event; Sue recommends that you thank them for sharing that information with you and acknowledge the disclosure. For example, you might say: Thank you for letting me know. It's important that you feel comfortable, and that you can let me know at any time if you are starting to feel uncomfortable or want me to change the focus of the therapy.

Sue also recommends having a conversation with your clients about the potential effects of bodywork before the treatment.

"I tell my clients that, for a person who has experienced trauma, bodywork can be confronting. Sometimes it will feel comfortable and really help things. Other times, it might trigger feelings and emotions.

"I ask them, if the latter were to occur, what they would like me to do? For example, would they like me to keep going? Or stop?

"You could also talk to your client about what might be the potential signs that they are not doing so well.

"Having this conversation at the beginning of the treatment can help in circumstances when a client might be affected by strong emotions and unable to communicate verbally with you. It's about helping them to take back control, because trauma often leaves people feeling like things are out of their control."

Sue said it is also recommended that you communicate to your client about your scope of practice, and refer them on when necessary.

"I always ask clients if they have support, and then I bring things back to my scope of practice by saying something like: 'In terms of bodywork, it is really important that you communicate with me about what feels comfortable and what doesn't. In this way, you are not crossing into counseling, but you are negotiating your therapy with them,'" Sue said.

Acknowledging the power differential

Be aware of the power differential within the therapeutic relationship. This is especially important for trauma survivors. Clients with a history of abuse can lack the ability to adequately protect themselves. For example, depending upon a client's stress response, clients may move into a freeze response or find it difficult to assert their needs.

Working with permission

Another important consideration is working with permission.

"Permission is vitally important, especially when working with trauma survivors," Sue said. "It is important to remember that permission is not just something that happens at the beginning of the treatment – it should happen throughout the treatment. For example, when I'm working in sensitive areas, such as the glutes, I might say – I'm just moving into the glutes, is that okay?"

"It is also important to gain your client's permission at each appointment. Even though you might have done something with them on one particular day, it doesn't mean that they are going to be okay with it at the next appointment. For example, if people are still living in trauma-inducing situations such as a relationship in which domestic violence is present, they might have been assaulted or raped since the last time you have seen them. Or, for some people, something as simple as events reported on the news could have triggered strong responses which you, as a massage therapist, need to be aware of."

Observation

Sometimes bodywork can trigger an intense emotional response in a trauma survivor, particularly when working with techniques or areas which might be perceived by the client as compromising.

According to Sue, signs to look out for include:

- **Personal boundaries** – Trauma survivors often have trouble recognising their boundaries and may, for example, undress in front of the practitioner or ask for a treatment that is inappropriate. Such behaviour could indicate that the client is relinquishing power.
- **Changes in skin tone and breathing rate** – If a client starts to flush, becomes really pale or their breathing rate becomes rapid and shallow, they may be in distress.
- **Tension** – Some trauma survivors display a disconnection from what their body is actually doing. In clients who have experienced sexual abuse, for example, you might find a lot of tension around the pelvis, sacrum and hip flexors that they may be unaware of. Another example might be that, when you ask clients to relax while you perform a stretch, they respond by saying that they thought they were already relaxed.
- **Dissociation** – This is a mental process where a person disconnects from their thoughts, feelings, memories or sense of identity. It can be indicative of trauma.

Responding to a bad reaction

If you are working with a client and you notice one or more signs that might reflect the presence of undisclosed trauma, a number of steps can be taken to help make your client feel safe.

"If your client is in a particularly vulnerable body position, you can move him/her back to a safer position," Sue said. "Likewise, if you are working on a sensitive area of the body such as the glutes, you can move to a more neutral area of the body such as the feet or hands – somewhere that you sense that the client feels comfortable."

"It is also recommended that the therapist keeps the contact and the pressure firm in an effort to get the client back into the present, and then communicate with him/her about what might be going on."

Understanding a person's limits

It is important to work slowly and sensitively with trauma survivors. You should never attempt to push clients past what feels comfortable for them. This might be a matter of accepting the need to change your treatment in response to your client's changing needs.

"The pace of treatment for a trauma survivor could be very slow," Sue said. "For example, you might only be able to work on their feet or hands for a number of months before they are ready to move on to undressing or having their backs or legs massaged."

Things to avoid when working with trauma survivors

When working with trauma survivors, the potential to harm rather than heal is a reality. A growing number of professionals believe that bodywork should not be taken in isolation from other therapies, or in a context where the client is unable to integrate the experience.⁵

As well as working in conjunction with other therapists and referring on when a situation moves beyond your scope of practice, Sue said it is vitally important not to open up the trauma for your client.

"If a client discloses a trauma to you, don't panic. Often people panic because they think they have to say or do something to make it better. It is not your job to 'fix' it, you just have to acknowledge it," Sue said. "Don't open up the trauma and engage in conversation around the trauma; that's not appropriate and it is not your role."

"Know that affected individuals are equipped to deal with their trauma. They have developed coping strategies."

Working with survivors of trauma can be both challenging and rewarding. It is recommended that body therapy be an adjunct to other types of therapy for the trauma client, however massage therapists working with trauma clients should undergo appropriate training and ongoing supervision.

Regardless of whether you decide to specialise in trauma work, every massage therapist needs basic knowledge about trauma and abuse survivors, and protocols for working with these clients. When a practitioner begins work with a trauma survivor, s/he may be the first person to touch the person's body since the trauma. By creating a safe treatment environment and understanding the complexities of working with trauma and abuse, massage therapists can play a vital role in assisting clients to find peace within their bodies. ■amt

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Being a health fund provider: your responsibilities and obligations

A reminder 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/amt/code-of-practice.html>

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-templates.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.

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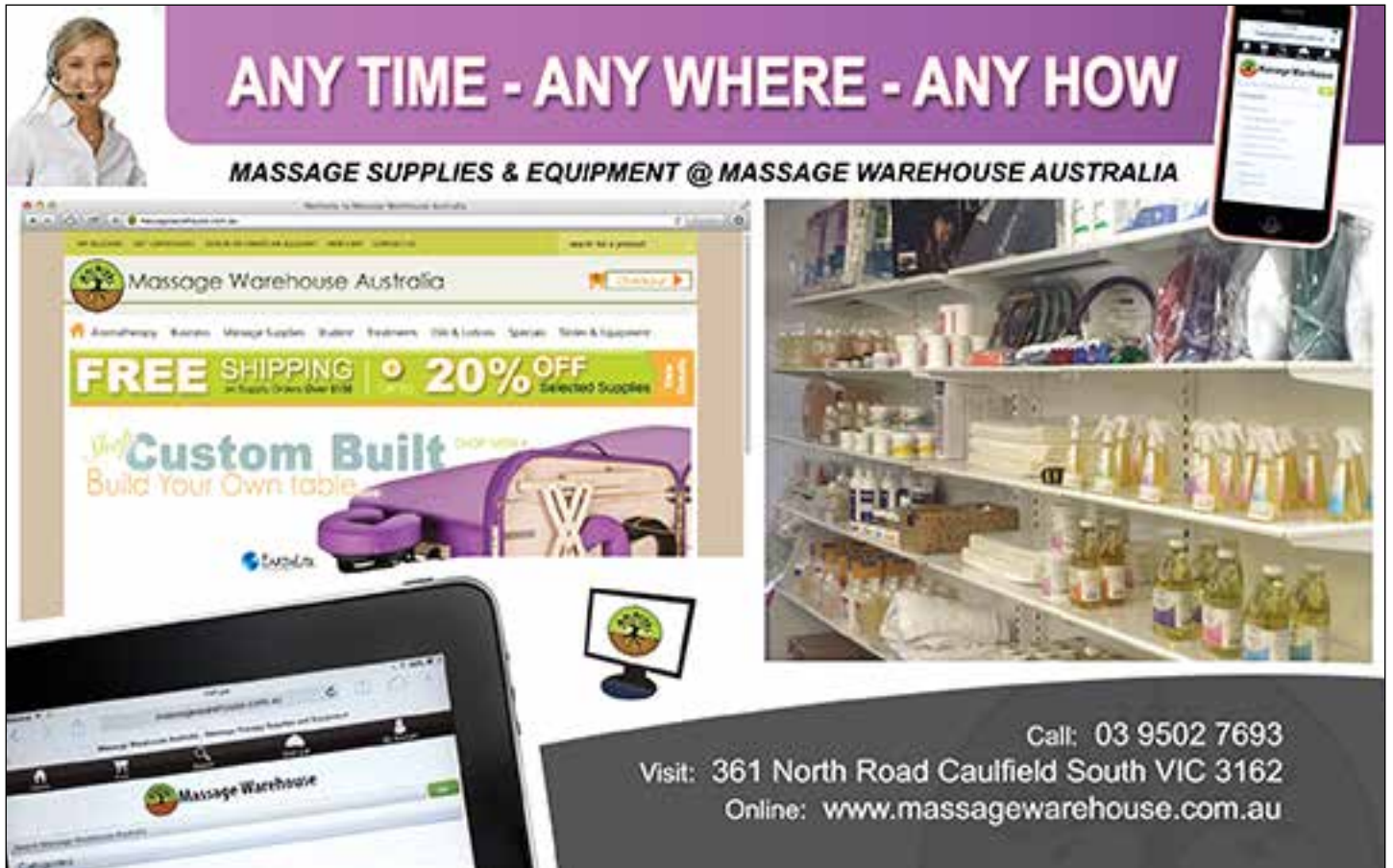
Excerpts from CCH Australian Master GST Guide July 2000

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Client Perspectives - Plantar Fasciitis

Clinical Perspectives is a semi-regular column. Contributors generously share their methods and approaches to treating a condition that commonly presents in the clinic. In this edition, AMT members Andrew Shepherd, Wendy Watkins and Deb Carroll discuss how they manage plantar fasciitis. Colin Rossie provides an overview of the condition.

Plantar fasciitis – Overview

by Colin Rossie

Symptoms and prevalence

Plantar fasciitis is the name given to pain that occurs in the heel or sole of the foot, especially the medial aspect of the heel. The pain is typically worse upon first weight bearing or moving, such as getting out of bed in the morning or standing and moving after a period of prolonged inactivity. It is the most common form of heel or foot pain to present in clinical practice, thought to affect 15% of people at some time throughout life.



Specific pain is usually on the medial aspect of the calcaneal tuberosity. Heel (or calcaneal) spurs may be present at this site. These are small osteophytes on the anteromedial prominence of the calcaneus and should be considered a symptom of plantar fasciitis, rather than a cause. Twenty-seven percent of asymptomatic individuals have heel spurs; 50% of those with plantar fasciitis have heel spurs. Osteophytes can also be present posteriorly on the calcaneus at the insertion of the Achilles tendon, especially in younger people.

The plantar fascia is continuous with the Achilles tendon, therefore dysfunction in one is synonymous with dysfunction in the other.

Pain will be absent at rest but will manifest on first step. It can recede or improve with movement, possibly disappearing entirely for a short while but will return or worsen with prolonged standing or walking, or running for any length of time.

Plantar fasciitis can be considered an overuse syndrome rather than an inflammation. Micro-tears and fascial thickening to the plantar aponeurosis at its calcaneal attachment predominates over the inflammatory process that would normally initiate tissue reorganisation and repair.^{1,2}

This creates further dysfunction in the collagen structure. As such, it is more like a tendinosis and could more properly be termed a 'fasciosis'³ or 'fasciopathy'⁴ rather than a fasciitis (it's implying an inflammatory process that is initiating repair). In the last few years it has also been referred to as 'Plantar Heel Pain'.^{5,6}

Some studies say that plantar fasciitis is more prevalent in women than men, while other studies claim that it affects men more than women. Yet other studies say that it affects both genders equally.

Mostly, it manifests unilaterally (77%)⁷ but several studies note that both sides are affected in a third of cases⁸.

In the medical literature, plantar fasciitis is considered to be a self-limiting condition that will resolve within 12 months. While this may be the case, it is not pleasant and most sufferers will attempt to alleviate the symptoms, often seeking massage and manual therapy treatment.

Aetiology

Causative mechanisms are not definitively known but overuse, altered alignment or altered biomechanics that place unusual stresses on the foot are posited as possible causes. It is more likely the result of prolonged misuse than sudden trauma. Onset is gradual, most individuals having it for some time before they seek treatment.

Predisposing factors include increasing or changing the workload on the foot (such as commencing, resuming or escalating exercise or physical activity after a period of low or no activity); occupations that involve standing or walking for long periods; pes planus; and obesity. A high percentage of the overweight and 10% of runners are affected by it at some point. Walking or running on hard surfaces for prolonged periods especially exacerbates it⁹, as does ill-fitting footwear.¹⁰

Anatomy and physiology

The plantar fascia, the primary tissue affected, consists of three bands (medial, central and lateral) in two layers (superficial and deep) which span the plantar aspect of the foot between the calcaneus and the toes.¹¹ In healthy individuals, the central band is the thickest fascia in the body, being between 2.4 to 3.6mm thick. During gait, it has loads of 2.8 times the bodyweight placed on it and even greater loads in running.

The lateral and medial bands of the plantar fascia are thinner. The medial band, while occasionally implicated in plantar fasciitis, is thin and virtually non-existent at its proximal level.¹² The lateral band, which covers the abductor digiti minimi, is generally thin distally and thick proximally. It is variable in structure, ranging from relatively thick and fully developed, to complete absence in approximately 12% of individuals.¹³

The central band is the plantar aponeurosis, a broad, fan-shaped band consisting of dense, fibrous connective tissue (primarily compacted collagen)¹⁴ that attaches proximally to the calcaneal tuberosity and distally, through five slips, to the periosteum on the plantar aspect of the distal metatarsals and phalanges, and the medial and lateral intramuscular septa.^{15,16,17}

The collagen fibres primarily orient longitudinally, mainly in the superficial layer. Its medial border overlies the intrinsic muscles of the big toes and its lateral border overlies the intrinsic muscles of the fifth toe. The dense, central band is the strongest and thickest part and is superficial to the extrinsic and intrinsic flexors of the toes. It also connects to the dermis of the sole of the foot via the retinacula cutis, the transverse metatarsal ligament and the flexor sheath.¹⁸ There is debate about whether the plantar aponeurosis should be regarded as true fascia, however the terms 'plantar fascia' and 'plantar aponeurosis' seem to be used synonymously and interchangeably in most texts and medical references.



Dissection of the plantar aponeurosis: LP, lateral part; CP, central part; MP, medial part; L, length; W, width. From: Chen D-w, Li B, Aubeeluck A, Yang Y-f, Huang Y-g, Zhou J-q, et al. (2014) *Anatomy and Biomechanical Properties of the Plantar Aponeurosis: A Cadaveric Study*. PLoS ONE 9(1): e84347. Doi:10.1371/journal.pone.0084347

Together with the long and short plantar ligaments and the spring ligament¹⁹, the plantar fascia is responsible for maintaining the integrity of the longitudinal arches of the feet. The bones themselves contribute very little to the stability of the medial arch of the foot - most of its integrity is due to the ligamentous nature of the central band of the plantar aponeurosis, which acts as a beam (described as a 'windlass

mechanism') between the calcaneus and the first four metatarsal heads. The associated musculature takes its cue from this and acts as a bowstring to enhance the medial arch. The lateral band of the plantar aponeurosis stabilises the lateral arch. This provides support for the body in both stance and movement. In other words, the integrity of the plantar fascia is vital to human upright stance and bipedal, plantigrade locomotion. Any compromise to its integrity can have profound effects throughout the body.

Differential diagnosis

There are a number of other conditions that have similar presentations to plantar fasciitis so differential diagnosis is an issue. Tarsal tunnel syndrome can present with symptoms that mimic plantar fasciitis. Achilles tendonitis also presents similarly - clients can have both Achilles tendonitis and plantar fasciitis, especially runners.

Fat pad atrophy is another condition that causes heel pain. Whereas 53.2% of heel pain is solely plantar fasciitis, fat pad atrophy is the second greatest single cause of heel pain, accounting for 10.4%. Combined plantar fasciitis and fat pad atrophy accounts for a further 9.2% of heel pain. Each requires a different form of treatment.

Fat pad atrophy occurs most frequently in people over 40 due to thinning and atrophy of the fat pad in the heel. Loss of water, collagen and elastic tissue in the heel results in reduced shock absorption and less protection of the calcaneus. The pain from fat pad atrophy is different in character and occurs in different sites from that caused by plantar fasciitis. Pain is usually bilateral, occurs at night and at rest, is more diffuse through the heel region and is severely aggravated by standing and moving.²⁰

Gout and rheumatoid arthritis can also create pain that is similar to plantar fasciitis.

A useful table for differential diagnosis is available in Buchbinder 2004.²¹

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Seeing the whole picture

by Andrew Shepherd

Your client limps into your clinic, complaining that they feel like someone has slashed the sole of their foot with a hot razor blade. The pain is worst first thing in the morning - they can barely walk when they get up. Stairs and running are agonising.

It sounds like a classic case of plantar fasciitis. But what is it really and what causes it?

The term literally translates into 'inflammation of the plantar fascia'.

Plantar fascia is the broad sheet of elastic connective tissue that runs along the sole of the foot and stores kinetic energy all the way from dorsiflexion during the swing phase of gait, through heel-strike, mid-stance and toe off where the energy is released.

Plantar fasciitis can be caused by trauma to the foot, poor genetic biomechanics, poor footwear or chronic changes in the kinematic chain from the foot to the cervicals.

As with any presentation in the clinic, a thorough case history is my starting point for assessment. Is the pain in one foot or both feet? When did the pain first start? Have there been any other problems such as ankle, knee, hip, pelvic or back pain? What kind of work do you do - are you sitting or standing most of the day? Has there been any previous trauma to the lower limb e.g. fractures, dislocations, sprains, strains? Is there any history of heel spurs, bunions or foot and toe deformity?

I follow this history with a physical examination, starting with structural analysis. Here's what I examine:

- pelvic alignment
- hip hike
- pelvic tilt
- pelvic rotation
- internal/external rotation of the hips
- knee angles (varus or valgus)
- pronation/supination of the ankles

I then look at gait to assess the dynamic and functional movements of the lower limb. How does the client distribute their weight between standing still and

walking? I also have the client perform a squat to assess what happens to the lower limb. This gives information on which muscles may be tight and which weak.

Next I test the range of motion of the lumbar spine, pelvis and lower limbs, assessing for restriction and aberrant movement and instability.

The final stage of the physical assessment is palpation of the plantar fascia. How does it compare to the good foot? I also palpate from foot to lower back and motion palpate all of the joints in between.

In most cases, I find that there is a global perspective that needs to be addressed along with the local manifestation. Either the plantar fasciitis has its roots in the client's overall biomechanics or it is affecting the global picture in turn. The pelvis has been involved in most of the plantar fasciitis clients I have treated, with changes in SIJ function leading to uneven loading of the lower limbs and overload of the plantar fascia. Therefore, my approach to treatment also needs to be global, to address the areas of the lower limb and pelvis that may be tight, weak and restricted.

Certainly, we need to treat the inflamed fascia (gently!). The local inflammation must be addressed and the client may need to be referred to their GP for medication to control this. Epsom salts footbaths, topical anti-inflammatories and gentle stretching may all be appropriate.

In terms of actual hands-on treatment, I first need to identify which fascial chains are taut and bound. I start off with a hybrid of Swedish and Myofascial Release type techniques through the soft tissues of the spine and pelvis, and then work my way down to the legs. I pay special attention to the Achilles paratendon (the sheath around the Achilles) as it flows on and into the plantar fascia. (Sometimes heel spurs, which can arise due to chronically tight Achilles and calf muscles, precede a bout of plantar fasciitis.)

Finally, I work the plantar fascia with very light strokes to gently stretch the tissue. I then return to the lumbar and pelvis

and mobilise any joint restrictions I have found there. If necessary, I also mobilise the hips, knees, ankles and feet. The talotibial and subtalar joints are often implicated in this condition as either a cause or an effect. Faced with this 'chicken or egg' scenario, I usually err on the side of treating both the chicken and the egg!

I also look for a dropped navicular, which can often be a cause of over-pronation thereby placing too much stress on the plantar fascia in gait. I will mobilise this if I find it but generally refer to a podiatrist for a second opinion.

After the treatment, I get the client up and walking again to determine how they are feeling and assess whether there have been any changes to their gait.

I usually give the client a day or so to settle and then treat them again in close succession - up to three, half-hour sessions a week over a two-week period. If I see no real positive response over this time I refer the client for further testing. They may need specific imaging, starting with X-rays of the foot and ankle, to see if there are any bone deformities or arthritic changes.

As the condition begins to settle, rehab exercises become very important, especially balance type exercises. The plantar fascia is one of the most proprioceptor-rich tissues in the body. The brain relies heavily on these receptors in the plantar fascia and ankle ligaments for position sense and subsequent motor inputs to the stability muscles of the spine, pelvis and lower limb for us to stay upright. Plantar fasciitis can compromise this and lead to poor ongoing balance in the lower limb and subsequent re-aggravation of the problem over time. Thus, the tissue needs to be stimulated so appropriate feedback occurs between foot and brain.

Plantar fasciitis can be a complex issue to treat so networking with other health professionals, starting with a podiatrist, may be necessary to help manage clients with this condition. Chiropractors, physiotherapists and exercise physiologists should also be part of your referral network.

Working the lower limb

by Wendy Watkins

Plantar fasciitis is a not just a common presentation in my clinic – I have also experienced reoccurring episodes myself, which I have learned to manage.

The client presents with sharp pain, like stepping on a nail, underneath the heel on rising in the morning. The pain usually decreases throughout the day but can still be irritating.

One of the main causes of plantar fasciitis is a tight Achilles tendon pulling on the calcaneus, causing the surrounding tissues to become inflamed.

Plantar fasciitis can be extremely chronic and debilitating so my initial focus when treating the condition is pain management. This involves reducing the load on the Achilles by raising the heel, inserting heel cups, applying ice and raising the foot above the heart to address any oedema. Some clients may also need to have the foot strapped.

(I use Tuli's heel cups. They are not full orthotics but just nicely cradle and support the heel inside shoes.



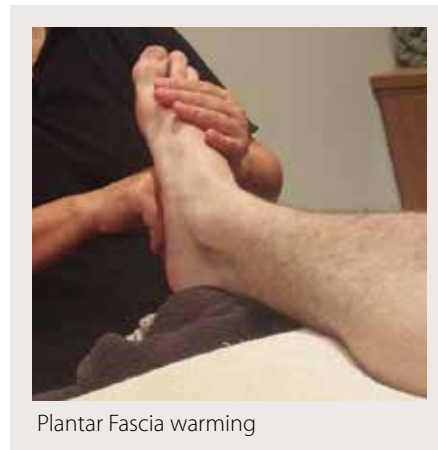
Tuli's heel cups.

You can buy them at some chemists or physiotherapy suppliers. They cost about \$40 and are well worth it for the pain relief they provide. They are sold according to the weight of the wearer.)

In terms of treatment, the muscles of the lower leg need to be lengthened so that they do not pull as hard on the calcaneus, especially the gastrocnemius and soleus.

(This can be a bit of a double-edged sword because stretching the calf muscles creates pull on the Achilles tendon.) I use deep glides and work the trigger points in the lateral and medial heads of the gastrocnemius and soleus as follows:

With the client prone and ankles supported by a pillow, warm up the leg with effleurage and petrissage. Carefully apply the point of the elbow to the lateral gastroc head trigger point for one minute, then switch to the medial gastroc head for one minute. Ask the client for feedback on the pressure or else they will probably start screaming!



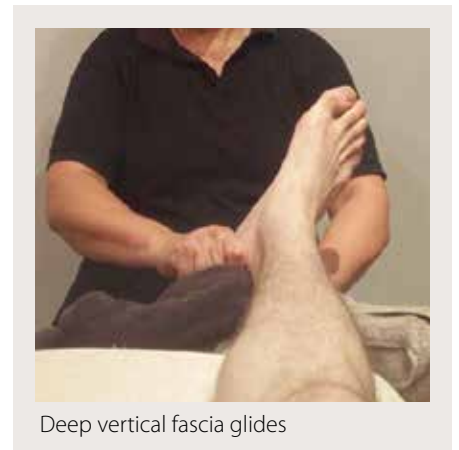
Plantar Fascia warming

Move inferiorly to where the gastroc heads bisect and apply the elbow to the soleus trigger point.

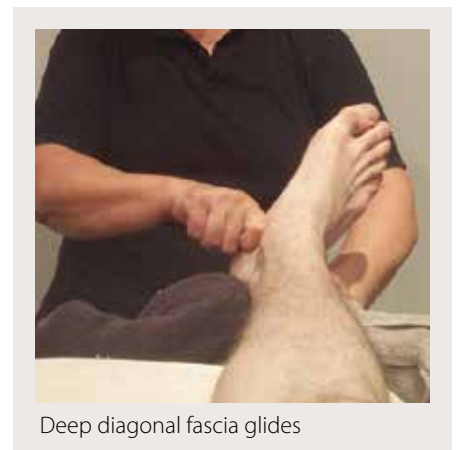
Now move the client's lower leg laterally off the table, with the knee still supported by the table. The therapist's proximal thigh is used to move the foot into dorsiflexion and relaxation while doing deep glides from the heel to the popliteal crease, taking care not to deep glide over the Achilles tendon. The knee must remain fully extended.

Place the leg back on the table and stand perpendicular to the client's Achilles tendon. Hold the tendon between the index finger and thumb of both hands and do S Bends, moving one hand forward and the other back.

Keep this action going continuously, moving superiorly and inferiorly along the Achilles tendon.



Deep vertical fascia glides

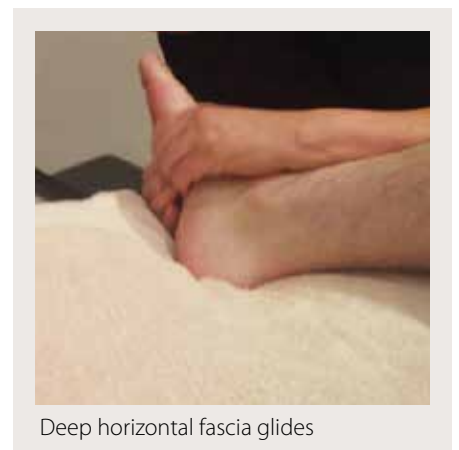


Deep diagonal fascia glides

Deep glides to the peroneals can be performed with the client prone or supine. Use the ulna to glide from the maleollus to the knee, being careful to stay on the muscle and avoid any uncomfortable bony collisions.

Before you turn the client supine, stand at their feet, place both hands over the heel and give a gentle pull, applying a low level stretch.

Ask the client to turn over.



Deep horizontal fascia glides



Deep plantar edge to heel fascia glides



Plantar Fascia vertical deep glides

Warm up the anterior compartment muscles with long light strokes and then work tibialis anterior with circular thumb frictions. You could also trigger point tibialis anterior but I generally perform deep glides using the ulna once the muscle is warmed up. I then work deep into the extensor hallucis longus from the origin down to the ankle, providing some relief by doing cross fiber frictions with the thumb of the other hand across the same muscle. (As you work the frictions inferiorly with one thumb, the other thumb frictions crossways a few centimeters behind the first thumb.) This can be unpleasant so you need to check in with your client frequently.

If you want to get even deeper into tibialis posterior, have the client side-lying on the non-affected limb and work deep into the muscle as the client dorsi and plantar flexes the foot.

This is extremely painful, so I generally would not attempt to use this technique at the first treatment.

Just working these muscles will often bring relief to the feet.

Now I turn my focus to the foot. I warm up the foot with light mobilisations, moving the ankle and foot through passive ROM. Then I perform deep fascia glides from the posterior malleolus inferiorly, and the anterior malleolus diagonally and inferiorly. I also apply deep glides along the plantar surface of both heels, working superior to inferior. I perform a full foot massage including deep plantar fascia glides vertically and horizontally. Holding the heel with one hand and dorsiflexing from the metatarsophalangeal joint, I perform a few windlass movements to round off the mobilisations.



Metatarsal mobilisations



Ankle mobilisations



Wringing



Windlass

I usually finish the treatment with gastrocnemius and soleus stretches. I raise the feet and, when indicated, apply an icepack to the affected heel while the client rests and enjoys something a little more pleasant like a scalp massage!

After treatment care

This condition can be extremely painful and massage will sometimes aggravate the pain, which is why I use ice.

The client should be advised to stop running if they are. If the client walks regularly as part of an exercise regime, swimming may be a good temporary alternative. Heel cups will help for day-to-day walking but I discourage walking for exercise until healing has occurred.

I encourage my clients to take responsibility for their feet by stretching calf muscles daily and rolling a tennis ball or bottle of ice under the arch of the foot.

I also recommend stretches for tibialis anterior and the peroneals. Strength conditioning is also a key to recovery. I encourage clients to do calf raises, toe crunches and toe splaying to switch on the muscles of the feet.

Because this condition can be so debilitating, I strongly promote foot awareness and care. Clients will need regular treatments for around six months to manage the condition. I generally recommend monthly treatments so that the client gets time to feel the effect of their own exercises and stretches.

My latest hero is a biomechanist called Katy Bowman. I highly recommend her book, *Whole Body Barefoot*, and her podcasts. She's a woman who loves feet as much as I do!

A movement therapy approach

by Deb Carroll

As both a movement and remedial massage therapist, my work tends to blur a fair bit. When assessing movement, I am not just interested in gait and footwear - I also want to know if the client is open to 'playing' with their feet because this will be important with compliance.

First up I get the client to walk around the room to feel and become aware of the sensations in their feet and body, and to become aware of their balance and co-ordination.

Once I have assessed foot mobility, I look further up the chain. Tension in the plantar fascia is often related to issues further up - calves, shins, knees, hips and pelvis may all be implicated.

When working with a plantar fasciitis client, I use marbles, spiky balls, tennis balls, Yamuna body rolling balls, and Yamuna foot wakers and savers in active therapy sessions. If you don't have access to Yamuna products you can use oversize tennis balls and/or spiky therapy balls.

Once the client has got a sense of their feet from walking around the room, I then teach breath patterning to cue relaxation and foot mobility. The aim is to get the client to 'listen' to their feet.

I have the client gently invert and evert their foot through a small range of motion to get the fibular head moving. The knee must remain stable. This conscious movement encourages sensory awareness both in the feet and head, particularly if the client becomes aware that they cannot move the foot without moving the knee.

It takes patience for some clients to isolate the movement and take the knee out of the equation.

I'll have the client sweep imaginary sand into piles and then sweep the sand out to the sides. I'll also ask the client to imagine that their feet are caterpillars and have them creep their feet across the floor using the toes to reach and grab or push and release. Ankle circles in multiple directions adds a bit of left / right brain co-ordination.

I then progress to having the client move their toes either individually or together. We do big toe shifts and Mexican waves right to left and back again. We also practice arch lifts without clenching the toes.

I also have the client roll a small bag of marbles under their foot, asking them to be aware of where they feel tension or movement. The marbles are then removed from the bag and the client is asked to pick them up with their toes.

I teach trigger point and myofascial release to gastrocnemius, soleus and the Achilles tendon by getting the client on their hands and knees on the floor, placing balls at the gastroc head and getting the client to ease back onto their haunches, thereby applying weight through the balls.

This can be quite intense, however the client is always in command of the pain/pressure by controlling how far they sit back onto their heels and how much weight they apply to the balls. I enlist the breath as well, counting four inward and outward breaths while the client lowers and raises themselves off their haunches, gradually moving the balls down the length of the calf and into the Achilles.

Tibialis anterior can also be released using the balls or a foam roller.

In terms of passive treatment, I use Yamuna spiky domes to perform a generic sequence of movements through the plantar surface of the foot, working from the heel right up to the toes.

At the end of each treatment, I ask the client to walk around the room again and note any changes.

Most clients notice a difference in foot mobility and pain. I also demonstrate self-massage techniques for the foot and lower legs so that clients can take charge of their own condition. ■amt

Spotlight on Research

by Kat Boehringer

Massage therapy has short-term benefits for people with common musculoskeletal disorders compared to no treatment: a systematic review.

An estimated 6.1 million Australians suffer from musculoskeletal conditions that negatively affect their health.¹ The Global Burden of Disease 2010 study shows that the musculoskeletal disorders are the fourth greatest burden on health throughout the world, causing 21.3 per cent of years lived with disability.²

Massage therapy is a widely accepted treatment for many musculoskeletal disorders, including arthritis, low back pain, and neck and shoulder pain. While the precise mechanisms of massage therapy's beneficial actions are unknown, various physiological responses to massage therapy have been claimed, including increased lymph flow, a shift from sympathetic to parasympathetic response, prevention of fibrosis, increased clearance of blood lactate, and effects on the immune system, cognition and pain.³

Despite its widely adopted use, the question remains: is massage therapy effective for people with musculoskeletal disorders when compared to any other treatment or no treatment?

A recent systematic review published in the *Journal of Physiotherapy* evaluated the currently available evidence regarding the effects of massage as a standalone treatment on pain and functional status for people experiencing musculoskeletal disorders when compared to no intervention or other interventions.

Method

The review examined 26 eligible randomised trials involving a total of 2565 participants. The mean sample size was 95 participants.

To be eligible for the literature review, the study had to concern the use of massage therapy as a standalone treatment. Studies were excluded if the intervention involved joint manipulation, energy manipulation (e.g. Reiki or polarity), or mechanical devices (e.g. roptrotherapy), or if they

included additional active interventions (such as exercise therapy).

Studies were also excluded if the participants suffered severe pathology such as a fracture, nerve damage, psychological disorders (e.g. depression) or sport injuries.

The studies considered in the review assessed the effectiveness of massage on a variety of musculoskeletal disorders, including low back pain, shoulder pain, fibromyalgia, osteoarthritis of the knee, chronic musculoskeletal pain, neck pain, chronic patellar tendinopathy, carpal tunnel syndrome, hand pain and hand osteoarthritis.

Despite the strict definitions used in the review, the studies used a broad variety of massage techniques, durations and frequencies. The massage therapies included: Swedish massage, Thai massage, self-massage or a combination of techniques (e.g. therapeutic and structural massage). Four studies did not clearly describe the type of massage intervention.

The outcome measures assessed were pain and function. Outcome data were categorised as short term (up to 12 weeks post treatment) or long term (12 weeks or over).

Results

The review concluded that, in the short term, moderate-level evidence exists that massage reduces pain compared to no treatment in people with shoulder pain but not in those with low back pain. Furthermore, low-level evidence indicates that massage reduces pain compared to no treatment in people with osteoarthritis of the knee but is ineffective compared to no treatment in those with neck pain.

The review also found moderate-level evidence that massage improves function short-term compared to no treatment in people with low back pain. Furthermore, there is low-level evidence that massage improves function compared to no treatment in people with shoulder pain and those with osteoarthritis of the knee.

Massage versus active treatments

When compared with other treatments, the review concluded that there is low-level evidence for the proposition that acupuncture reduces pain more than massage for people with neck pain. Furthermore, there is very-low-level evidence that massage reduces pain more than joint mobilisation in people with low back pain but there is no benefit of massage over manipulation or relaxation therapy for those with fibromyalgia, low back pain and musculoskeletal pain.

The review found low-level evidence that massage does not improve function more than acupuncture or relaxation in people with low back in the short term. In the long term, relaxation seems superior to massage.

Conclusions

Massage reduces pain, in the short term, in shoulder pain and osteoarthritis of the knee.

Massage improves function, in the short term, in shoulder pain, low back pain and osteoarthritis of the knee.

Overall, massage therapy, as a standalone treatment, reduces pain and improves function compared to no treatment in some musculoskeletal conditions. When massage is compared to another active treatment, no clear benefit was evident. ■amt

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2. Hoy DG, Smith E, Cross M, Sanchez Riera L, Blyth FM, Buchbinder R, et al. (2015) Reflecting on the global burden of musculoskeletal conditions: lessons learnt from the Global Burden of Disease 2010 Study and the next steps forward. *Ann Rheum Dis.* 74:4–7.
3. Bervoets DC, Luijsterburg PA, Alessie JJ, Buijs MJ, Verhagen AP (2015) Massage therapy has short-term benefits for people with common musculoskeletal disorders compared to no treatment: a systematic review. *J Physiother.* 2015 Jul;61(3):106-16.

It's a wrap! AMT's inaugural regional mini-conference



Sunrise from Opal Cove Resort

AMT's foray into a new format for the annual conference turned out to be a resounding success. Delegates welcomed the opportunity to attend a long-form workshop, taking home a big chunk of knowledge and skills to use in their clinics. The relaxed atmosphere and pace at Opal Cove Resort paved the way for an enjoyable weekend, with morning walks on the beachfront and plenty of socialising and laughter every evening over happy hour cocktails.

Delegates at the conference share their experiences below.

Conference Overview

by Christine Taylor

I had never attended a conference of any kind before deciding to go to AMT's Mini Conference in Coffs Harbour. I thought that there would be a formal component consisting of speeches and acknowledging the fabulous support team at Head Office (and, of course, how awesome we massage therapists are!). Happily, this was not to be - casual and relaxed was the order of the day.

An informal and friendly welcome from AMT President, Annette Cassar, set the tone for the rest of the weekend. However, as part of my review of the conference weekend, I would like to give a big 'thumbs-up' to the team from AMT for their support and attention to detail throughout the year.



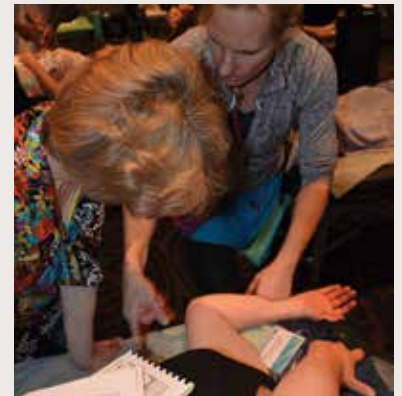
AMT President, Annette Cassar, welcomes delegates to the Conference.

From the moment I walked in the front door of Opal Cove, I had a feeling that it was going to be a great weekend. The reception area had a great buzz with some interesting exhibitors displaying their wares and giving away free stuff. I love free stuff! I happily spent up big at most stalls and am looking forward to my delivery of new towels - good quality and the perfect colour (not easy for me to find so this was an extra bonus).



Larry Koliha works the room during practise time.

And then we were off and away into a really interesting and fun workshop run by two exceptional people, Larry Koliha and Bethany Ward (Advanced Myofascial Techniques for the Arm, Wrist and Shoulder). I have attended an Advanced-Trainings workshop before and was overjoyed when I heard that Bethany and Larry were presenting at the Conference.



Bethany Ward indicating the direction of force.

They are both very knowledgeable, delivering their trainings in a relaxed, calm style that I find captivating. (Nothing like a boring delivery to turn you into a zombie!) Bethany and Larry allowed plenty of time, not only for questions but also for practical application of the techniques they demonstrated.

The conference days were structured in a relaxed manner, giving us ample time to have breaks, eat and meet new people. Opal Cove provided us with great food, including a vegetarian option. I think this must have appealed to everyone as the vegetarian option seemed to run out really early, making mealtimes a bit of a scramble for me. However, I could do with a few less kilojoules in my day so it was no biggie!

The dinner on Saturday night was really fun. The meal was delicious and the music was fabulous. It seemed odd that the 'big' night was in the middle of the weekend. I had another day of post-conference workshop to look forward to so I decided to leave the celebrations early. I thought Larry and Bethany deserved my brightest attention the next day for their Headache and Migraine workshop. By this time, my brain was already stuffed full with new techniques but I was eager to stuff in a few more so, although the band was great, I am glad I chose an early exit.

I had a blast at the conference and am really glad that I decided to go. I was able to review some techniques I already knew and learnt a swag of new things to add to my repertoire. It was great to put names to AMT faces, swap stories and compare notes with other practitioners.



Colin Rossie assisting during the shoulder and arm workshop.

I would also like to thank Colin Rossie for his mini class on Sunday morning and the invaluable tips he passed on during our three days with Larry and Bethany.

I look forward to seeing everyone again next year at Luna Park in Sydney for AMT's 50th anniversary celebrations!

Approaching Lymphoedema and Cancer Safely

by Amanda Fincham

Elsebeth Petersen's workshop on lymphoedema was filled with 'ah ha' moments for me. The two days were theory heavy but, in spite of this, I was left wanting more. Elsebeth is clearly passionate about the world of lymphology and teaching it.

My favourite moment from the two days was Elsebeth's Swan Lake like movements, acting out the part of a lymph channel during interaction with its surroundings.



Elsebeth Petersen talking lymph!

Elsebeth went to great lengths to impart her knowledge as efficiently and effectively as she could, given that her usual course is three weeks. I will never look at a bathtub the same way again... there will always be a lymph node attached now!

We are fortunate to have this highly intelligent and inspiring lady to represent our profession in the medical world, respectfully educating professionals about how we can use our skills and knowledge for the greater good of patients with lymphoedema and cancer.

If you are considering learning more about the complex and enthralling world of the lymphatic system and how this relates to treating clients who present with all varieties of swelling, I highly recommend Elsebeth's classes. As cancer affects a growing percentage of our clients, an understanding of the lymphatic system is a must so we can do the very best we can for them.

Thank you Elsebeth for an inspiring workshop.

Headache and Migraine

by Ern Malley

Having attended one of Bethany and Larry's workshops in Sydney last year, I was really looking forward to this one-dayer. As I anticipated, their presentation was well structured, perfectly paced and easy to follow, with plenty of time for practise. Larry's warmth and humour also helped to set an incredibly pleasant tone for the day.



Corrine Farnes works that shoulder under Bethany Ward's guidance.



Another grateful recipient of shoulder work!

It feels like you're getting twice the bang for your buck with these guys - they ran dual demonstrations so everyone had a great view of the techniques being demonstrated without having to compete for space. There was also lots of attention during practise time. In fact, we had the bonus of an extra assistant in the shape of another Advanced Rolfer, Colin Rossie, so everyone had the opportunity to ask questions, get techniques clarified and have their working posture checked and corrected if necessary (an incredibly important aspect of this style of work).

Although everyone was engaged with the teaching and techniques, it was also pretty clear that people were tired after the first two days of the conference.

I suspect that many were in overload during the final afternoon session, when a few intraoral techniques were introduced. In this context, it's probably not that surprising that a few delegates chose to bow out at this point.

In spite of the post-conference fatigue, I left with some great new techniques to try out in the clinic and, ironically, a feeling of greater space in my head! Come back to Australia any time Larry and Bethany.

The Clinical Work-Up

by Dave Moore

I was delighted to be part of Andrew Shepherd's debut as an AMT conference presenter. In his Clinical Work-Up presentation, he covered pre- and post-assessment and documentation as an aid to managing the client's ongoing care and progress.

Andrew's definition of a good clinical work-up is:

"A combination of client medical history and physical examination findings on initial and subsequent consultations, which allows the practitioner to develop a working clinical assessment of the client's chief complaint. This involves accurate concise recording of the practitioner's findings and uses outcome measures to track the progress of treatment."

He explained that a good clinical work-up builds client confidence in your skills as a practitioner and enhances the client's understanding of their presenting condition. This has the flow on effect of boosting the practitioner's professional image and creating repeat business, leading to more return visits and word-of-mouth recommendations.

Using a slightly modified version of AMT's client intake form, Andrew demonstrated how to take and record a full client history including lifestyle questions, postural and ROM diagrams, and informed consent (these templates are all available on the AMT website). He emphasised the need to have a consistent but efficient method of recording data. (He uses a tablet computer and stylus but the technique is equally applicable to a pen and paper based system.)

Andrew uses the mnemonic '**LOCRAADIO**' to remember what subjective information needs to be captured from the client to establish a treatment plan:

- **L**ocation - show me where it hurts?
- **O**nset - when did it start?
- **C**haracter - is the pain sharp/dull etc?
- **R**eferral - does the pain refer elsewhere or radiate?
- **A**ggravating factors - what makes it worse?
- **A**lleviating factors - what makes it better?
- **D**uration - How long have you had it?
 - What time of day does it happen?
 - How long does it last?
- **O**ther associated symptoms?

All this information is recorded in the subjective section of the client's documentation.

The group broke into pairs to practice recording this subjective information, aiming to come up with three possible clinical conclusions for each person. Volunteers then reported back, describing how they reached conclusions based only on the history recorded.



Andrew Shepherd runs through a full assessment.

Andrew then moved on to talking about physical examination of the client and demonstrated a complete assessment, using AMT President Annette Cassar as his client. He uses the mnemonic '**ORPOMNO**' to keep the physical examination on track:

- **O**bservation - structural analysis
- **R**OM - active and passive
- **P**alpation - static and motion
- **O**rthopaedic tests
- **M**uscle tests
- **N**eurological tests
- **O**ther tests - medical

He demonstrated a range of useful tests and assessments based on his combined chiropractic and massage training. I think everyone in the room learned at least a couple of new assessment tricks and we were given ample time to practise these, with Andrew circulating the room and taking questions.

Andrew emphasised that clinical notes are required under the AMT Code of Practice and that this aspect of clinical practice was often an Achilles Heel when practitioners underwent audit. He also pointed out that good clinical records may be your only line of defence should you ever be involved in litigation.

The second day of the workshop was focused on specific treatment protocols for the pelvis, spine, sacroiliac joints, lumbar vertebrae, thoracic vertebrae, ribs, cervical vertebrae and TMJ. Andrew provided lots of practical advice on assessment and treatment, which he demonstrated and shared in both a classroom and practical workshop environment.

Andrew's explanation of the anatomic and functional aspects of these spinal areas was incredibly helpful, especially his description of the angles of spinal facet joints. This was supported by his manipulation of the demonstration spine to show the various motions, postures and palpation points, including potential nerve impingements and structural jam points. This helped us to see what was going on 'under the skin' and determine the best course of action to correct issues encountered.

He demonstrated a range of assessment and testing techniques for each area, discussing commonly encountered conditions and followed up the tests with appropriate treatment and mobilisation protocols, reminding us of the need to have the client in the right position (seated, supine, prone or side lying) with legs being used as levers or weights to gain an effective correction or mobilisation.

We rounded out the workshop by putting everything we had learned into practise, doing a full treatment session on a person we had not previously worked on. We performed the full work-up, including note taking and treatment, and finished with reassessment to measure how effective the treatment had been.

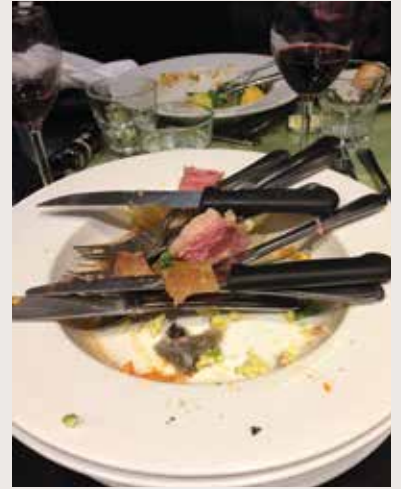
I learned a lot from Andrew's workshop that I can put into immediate, effective use in my practice. From the comments around the room, I believe that the rest of the group did too.



Firm-N-Fold



Practise time in Andrew Shepherd's workshop.



At the end of the nom.



Judith Durrant and Yvonne Bridger taking gravity out for a stroll.



Elsebeth Perry



Sunday morning movement session with Colin Rossie.



Work that hand!



Happy hour!



Before the Heimlich Manoeuvre, there was the Schlengderman Subterfuge ...

AMT would like to thank the following companies for their contribution to the 2015 regional mini-conference:

Massage table supplier
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Sponsors

The Therapists Towel
Rocktape Pty Ltd
Melrose
Fenton Green & Co
Dalice Enterprises



Kicking back on the balcony with pre-dinner drinks. Dancing was inevitable.

Practitioner Profile - Melissa Woodward

Melissa first joined AMT in 2002, after graduating from NSW TAFE with the Diploma of Health Science (Massage Therapy). She later went on to qualify as a personal trainer and fitness nutritional coach. Together with her husband, who is also a personal trainer, she runs Evolution Health Services. The business offers remedial massage, and outdoor group and personal training sessions at a local park.

You started studying massage therapy straight out of high school. What first got you interested in becoming a massage therapist?

At the end of high school, I had a change of heart from wanting to be a chef to wanting to be a physiotherapist. It was a bit late to gain the 90+ UAI score required for university entrance but I stumbled across a careers website that suggested that massage therapy was similar to physio. I figured that the hands on dimension of massage was exactly what I believed would actually help people so I applied for the TAFE Diploma. The rest is history ...

Having graduated in 2002, you'd be considered a bit of an industry veteran. What changes have you seen in the industry during your time as a massage therapist?

It concerns me that the training for massage therapists appears to be getting shorter and such a large number of RTOs now offer massage courses. As someone who studied over two years, I can't help but worry that standards may be diluted. I am confident in my knowledge and feel that it is part of what has kept me in the industry over the long haul.

Having said that, it is now possible to make a viable career out of being a massage therapist – it's no longer something you squeeze in after hours when you've finished your full time job for the day. This is a huge leap forward for the profession.

What do you credit your longevity to?

Passion for the industry. Remedial massage is something I love and believe in, so seeing positive results in my clients helps to keep me motivated and inspired. Even though I took a break from massage, I always knew I wanted to return to it.

Massage therapy and exercise work really well together and I enjoy that crossover. It keeps life interesting when you are running between the two (sometimes literally). I really enjoy bringing my massage knowledge to improving people's movement at training.

A lot of massage therapists think in terms of targeting a specific market based on a particular demographic. Through your business, Evolution Health Services, you seem to have carved a bit of a niche working with families to improve their health and fitness. Tell us how you hit on that idea.

I have always been interested in pregnancy and its effects on the body. Having seen how much my mum and sister struggled to recover from their pregnancies in terms of weight loss and fitness, I wanted to learn how to help them. I started studying fitness and completed pre-natal massage and fitness courses early in my career. I knew about the benefits of massage therapy during pregnancy and wanted to start affecting change early. The name 'Evolution' came from the desire to work with people throughout their lifespan: preparing women's bodies for pregnancy; care throughout their pregnancy; post-natal recovery and then teaching parents how to be role models for the next generation.

We encourage dads to get involved in all of this too. We are just about to introduce kids' boot camps to complete the lifespan fitness picture!



Melissa Woodward

You are a very astute user of social media. What impact do you think this has on your business?

Some may say I'm addicted to Facebook but I say I am consistent in my approach to marketing my business! :-)

Social media has really changed the landscape in terms of how businesses are found and how word of mouth is spread (yes, even health-related businesses). My Facebook business page allows my clients to check in and tell everyone where they got their great massage. I have some clients who use the hashtag #MagicHands. It is very flattering.

Clients tell me that they book with me because they have seen other clients' compliment me on my skills and it feels like a safe choice for them.

Where do you think the massage therapy profession is heading? Where would you like to see it in 10 years time?

I think the profession is already heading in a great direction and it is wonderful to see massage being introduced in some amazing places. Oncology massage has caught my attention lately – it's gratifying to see massage therapists working alongside medical specialists to provide care to cancer patients.

I would love to see remedial massage used by more people as a part of a prevention/maintenance program for their healthcare, rather than having clients turn up broken. It is starting to happen now but there is the potential for so much more.

You spent some time as an insurance case manager. Tell us about your experience of 'the other side'.

Going to the 'other side' was a giant leap - I quickly realised that I knew nothing. There really is so much to understand as a Case Manager. You are not only approving treatment but you have to understand and interpret legislation to pay wages, entitlements and make decisions based on medical reports. Sometimes you never have the opportunity to meet the injured workers you are case managing, even though you are making significant decisions about their lives. It's a big responsibility.

Did this experience change your perspective as a practitioner when you returned to massage?

Returning to practice, I was acutely aware of the negative mental space that workers' compensation tends to create.

I try to use my knowledge and experience to give perspective on the decisions that have been made and empower clients to take charge of their own rehab. I also try to ensure that my treatment plan is aimed towards self-management. Having a background in personal training also allows me to arm clients with activities that they can do at home. It forces me to think outside the box sometimes but I really enjoy that.

Do you have any tips or advice for someone just starting out in their career as a massage therapist?

Don't be threatened by other massage therapists. Get to know the therapists in your area and try not to get caught up thinking of them as your competition.

We all have different passions and experience so if you know what fellow therapists specialise in, you know where to refer a client if you believe you cannot help.

Through my blog, I regularly inform clients that there are so many qualified massage therapists in the area that there is no need to risk encountering someone without qualifications in, say, a shopping centre.

You also need to get regular massage. Practice what you preach and use the opportunity to make connections.

Great advice and insights. Thank you Melissa!

■amt



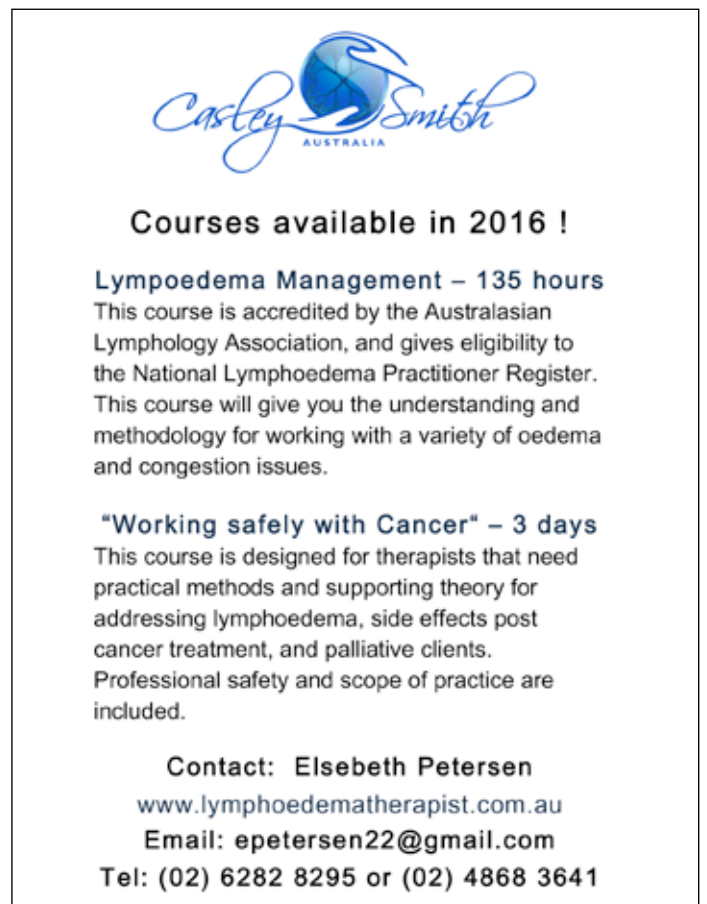
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Provider Recognition Criteria

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 2015		CEUs
4-6	Oncology Massage Module Two. Presented by Anne-Marie Halligan. Geelong, VIC. Contact Kylie Higgins 0408 077 123 www.oncologymassagetraining.com.au	105
5-6	Acu-Reflexology. Presented by Master Zhang Hao. Strathfield, NSW. Contact 0416 286 899. www.chihealing.com.au	70
6	Rocktape Full Day. Presented by Sarah Thamin. Glenbrook, NSW. Contact education@rocktape.com.au www.rocktape.com.au	35
13	Helping the Hamstrings. Presented by John Bragg. Springwood, NSW. Contact 0410 434 092. www.johnbragg.com.au	35
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 2016		CEUs
9-10	Anatomy Trains for Manual Therapists. Presented by Julie Hammond. Townsville, QLD. Contact 0415 707 130 or info@anatomytrainsaustralia.com www.anatomytrainsaustralia.com	70
17	Leg and Knee Pain. Presented by John Bragg. Springwood, NSW. Contact 0410 434 092 or john@johnbragg.com.au www.johnbragg.com.au	35
31	Understanding Fibromyalgia Guided Study 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
February 2016		CEUs
6-8	Master Class in Traditional East-West Cupping. Presented by Bruce Bentley. Melbourne, VIC. Contact 03 9576 1787. www.healthtraditions.com.au	105
6-10	Advanced Certificate in Integrated Cupping Therapy. Presented by Bruce Bentley. Melbourne, VIC Contact 03 9576 1787. www.healthtraditions.com.au	175
9-10	Modern Cupping Therapy. Presented by Bruce Bentley. Melbourne, VIC. Contact 03 9576 1787. www.healthtraditions.com.au	70
12-14	Anatomy Trains for Manual Therapists. Presented by Julie Hammond. Perth, WA. Contact 0415 707 130 or info@anatomytrainsaustralia.com www.anatomytrainsaustralia.com	105
14	Arm and Hand Pain. Presented by John Bragg. Springwood, NSW. Contact 0410 434 092 or john@johnbragg.com.au www.johnbragg.com.au	35
17	Gua Sha Day. Presented by Bruce Bentley. Sydney, NSW. Contact 03 9576 1787. www.healthtraditions.com.au	35
19-21	Master Class in Traditional East-West Cupping. Presented by Bruce Bentley. Sydney, NSW. Contact 03 9576 1787. www.healthtraditions.com.au	105
19-23	Advanced Certificate in Integrated Cupping Therapy. Presented by Bruce Bentley. Sydney, NSW. Contact 03 9576 1787. www.healthtraditions.com.au	175
21-22	Kinesio Taping Internationally Accredited KT1-2 course. Presented by Thuy Bridges. Mount Gambier, SA. Contact Michelle McKenny on 08 8725 5383 for registration or Clint Bridges on 0414 271 248 for course information enquiries www.KinesioTaping.com.au	70
22-23	Modern Cupping Therapy. Presented by Bruce Bentley. Sydney, NSW. Contact 03 9576 1787. www.healthtraditions.com.au	70
22-23	Certificate of Pregnancy Massage. Presented by Catherine McInerney. Melbourne, VIC. Contact 03 9571 6330 or info@pregnancymassageaustralia.com.au www.pregnancymassageaustralia.com.au	70
26-28	Anatomy Trains in Motion. Presented by Julie Hammond and Mumu Morwitzer. Melbourne, VIC. Contact 0415 707 130 info@anatomytrainsaustralia.com www.anatomytrainsaustralia.com	105
27-28	Certificate of Pregnancy Massage. Presented by Cath Stuart. Sydney, NSW. Contact 03 9571 6330 or info@pregnancymassageaustralia.com.au www.pregnancymassageaustralia.com.au	70
March 2016		CEUs
2-5	KMI Part 1. Presented by Tom Myers. Sydney, NSW. Contact 0415 707 130 or info@anatomytrainsaustralia.com www.anatomytrainsaustralia.com	140
4-8	Advanced Certificate in Integrated Cupping Therapy. Presented by Bruce Bentley. Perth, WA Contact 03 9576 1787. www.healthtraditions.com.au	175
4-6	Master Class in Traditional East-West Cupping. Presented by Bruce Bentley. Perth, WA Contact 03 9576 1787. www.healthtraditions.com.au	105
6	Curly Customers, Muscles that Confound. Presented by John Bragg. Randwick, NSW. Contact 0410 434 092 or john@johnbragg.com.au www.johnbragg.com.au	35
7-8	Modern Cupping Therapy. Presented by Bruce Bentley. Perth, WA. Contact 03 9576 1787. www.healthtraditions.com.au	70
12	Gua Sha Day. Presented by Bruce Bentley. Melbourne, NSW. Contact 03 9576 1787. www.healthtraditions.com.au	35
16	Gua Sha Day. Presented by Bruce Bentley. Adelaide, SA. Contact 03 9576 1787. www.healthtraditions.com.au	35

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Call for Nominations for Association Office Bearers for 2016

Nominations are called for the following positions, which take effect from the close of the 2016 Annual General Meeting:

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

Nominations shall be on the form or in the form prescribed below and close at the AMT office 3pm Friday 29 January 2016.

Where nominations equal vacancies on 29 January 2016 then those persons are deemed to be elected.

Where nominations exceed vacancies, a postal ballot of practitioner members that were financial on 1 January 2016 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



in good hands

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Established 1966

Health TRADITIONS

Advanced Certificate in Integrated Cupping Therapy

*Master Class in Traditional
East-West Cupping

*Modern Cupping Therapy

**Presenter:
Bruce Bentley**



Bruce has practiced and researched cupping for nearly 40 years. Bruce's cupping profile includes a Masters Degree in Health Studies, with his thesis titled *Cupping as Therapeutic Technology*, extensive field-work throughout Asia, Europe and North Africa, teaching at the Australian School of Therapeutic Massage for 20 years, lecturing on cupping in the Chinese medicine department at Victoria University and regularly conducting workshops throughout Europe and the United States.

He is also currently teaching in the Department of Science and Health at the University of Western Sydney. Steven Clavey, 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" and "A Cupping Mark is not a Bruise".



**LEARN ALL THERE IS TO KNOW ABOUT
TRADITIONAL & MODERN CUPPING**

Cupping is a specialised method of treatment that requires expert instruction, backed by the kind of deep interest and decades of research and practice that inspired us to present the world's first cupping workshops.

The **Advanced Certificate in Integrated Cupping Therapy** consists of the 3 day **Master Class in Traditional East-West Cupping** followed by the 2 day **Modern Cupping Therapy**. Practitioners can attend either course separately or attend both for the most comprehensive training in this interesting & practical treatment modality.

Each student will receive an attractive certificate of completion, plus, for those who attend both Traditional and Modern Cupping, an additional **Advanced Certificate in Integrated Cupping Therapy** will be awarded.

CEUpoint's: Students will receive 105 points for the Traditional Master Class, 70 points for the Modern Cupping Therapy, 175 points for the Advanced Certificate & 35points for the Gua Sha Day.



YOU WILL LEARN: IN THE TRADITIONAL CLASS

- The Most Refined Ways of Applying Cups & the 5 Vacuum Levels
- Diagnosis of Cupping Marks
- Russian Cupping Massage
- Eastern & Western Cupping for Common Cold & other Respiratory Ailments
- Cupping Deficiency: Restore Flaccid Soft Tissue Imbalances & More

IN MODERN CUPPING THERAPY

- Facial Cupping to Benefit the Complexion, Clear Headache & Sinus Congestion
- Neck & Shoulder Release
- Gentle Back Cupping
- Cupping & Mobilisations
- Hip Rehabilitation
- Cellulite, Stretch Marks & Scar Clearing System & More...

2016 Workshop Dates

Advanced Certificate:

Melbourne February 6 - 10
Sydney February 19 - 23
Perth March 4 - 8
Adelaide March 18 - 22
Launceston May 20 - 24
Brisbane June 3 - 7
Townsville June 10 - 14
Airlie Beach June 17 - 21

Traditional Master Class:

Melbourne February 6 - 8
Sydney February 19 - 21
Perth March 4 - 6
Adelaide March 18 - 20
Launceston May 20 - 22
Brisbane June 3 - 5
Townsville June 10 - 12
Airlie Beach June 17 - 19

Modern Cupping Therapy:

Melbourne February 9 - 10
Sydney February 22 - 23
Perth March 7 - 8
Adelaide March 21 - 22
Launceston May 23 - 24
Brisbane June 6 - 7
Townsville June 13 - 14
Airlie Beach June 20 - 21
Rockhampton June 25 - 26

Gua Sha Day:

Sydney February 17
Melbourne March 12
Adelaide March 16

**For information on all the
2016 Health Traditions
Cupping and Gua Sha
workshops or to enrol please
visit:**

**www.healthtraditions.com.au
Email: healthtr@iinet.net.au**

**Contact Bruce on
(03) 9576 1787 or
Shirley on 0400 777 339**