

# To amalgamate or not to amalgamate – that is the question

by Rob Cowie

Colleagues,

The AMT Executive has passed the following motion to *promote debate*:

**“The AMT Executive Committee develops mechanisms to facilitate amalgamating with AAMT. (These mechanisms must ensure they maintain the interests of members).”**

*This motion is designed to stimulate discussion amongst members. It is not a fait accompli.*

Many pros and cons have been discussed by the Executive.

## PROS AND CONS OF AMALGAMATION WITH AAMT

### PROS

- Better representation
- Better Health Fund representation
- More knowledge in regards to GST exemption and regulation
- Process (how are we going to do it?)
- AMT staffing issues negated

### CONS

- Staffing issues (dependant on how far down the track amalgamation will occur)

- Membership levels
- Membership issues and loss
- RTO qualifications
- Registration (also considered a pro)
- History of AMT
- Timing

These are NOT a definitive list!!  
Many members may have more.

## FAQs

### How will this be done?

A notice of motion at the AGM will be put. A vote by members at the AGM will decide the amalgamation issue.

### How can I have my voice heard?

There are several ways:

1. Log onto the Forum, read the many and varied comments and put yours there.
2. Email or normal mail to Head Office for the President
3. Phone the President (number available from Head Office)
4. Participate in the open forum to be held at Head Office on Monday, 19 June from 2 to 4 pm
5. Participate in your regional meeting

### What happens to Sydney office?

This may close and all functions handled by AAMT office in Melbourne.

### How will I contact that office?

A free call number will be provided for all members to call.

### Will the level of service be the same?

The Executive believes this will be improved through a larger number of head office staff in Melbourne.

### What happens with AMT member levels?

This is a major point. Some AMT members may have to upgrade qualifications from a Registered Training Organisation (RTO).

### How can this be achieved?

AMT is looking at bridging courses through various RTOs to facilitate this for members.

The Executive WANTS member input.

Email:  
rob.naturaloptions@apex.net.au

NOTE: I will put all email responses on the Forum to facilitate discussion.

Thank you.

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# Head Office update

## New Executive Committee

by Rob Cowie

*"What can you do for your Association, not what does my Association do for me!"*

This sums up the views of our new Executive Committee. All are committed to working for and helping the members and, thereby, the Association.

### Who are the committee members?

**President:** Rob Cowie

**Vice President - Education:**  
Alan Ford

**Vice President - Health Funds:**  
Tony Lamb

**Vice President - Information Technology:** Steve Vadla

**Education Committee:**  
Charlie Zammitt

**Newsletter Committee:**  
Bronwyn Shannon

**Conference Committee:**  
Rebecca Barnett and  
Claudia Iacovella

**Committee Member:** Colin Rossie.

### Directors:

Susan Davis  
Valerie Jenkins  
Lyn Langbein

All these people are dedicated to massage therapy and working as a team to help our profession grow and prosper.



### Committee Members ▲

Top Row (from L to R):  
**Alan Ford, Tony Lamb, Rob Cowie**  
Bottom Row (from L to R):  
**Jeni Parson, Charlie Zammitt,  
Susan Davis, Bronwyn Shannon**

You will notice a couple of changes occurring.

1. An abridged version of Executive Committee minutes are appearing on the Forum. Please read them, so you know what is happening and provide advice to the Committee.
2. Monthly Executive meetings
3. Open dialogue with other massage groups (such as ARM, AAMT, IRMA)

AMT is your association and needs your input.

Communications between the Executive and members is **VITAL** if the Association is to grow and prosper. Right now the Association needs **YOUR** help. We need to attract new members, and here are some ways you can do that:

1. Ask a trainee therapist that you know to join AMT.

2. Speak to a group of students at a college about joining AMT.
3. Ask an AMT therapist to renew their membership with AMT, if you know they are thinking otherwise.

Other ways to assist:

1. Get a group together to attend the Conference or a workshop.
2. Get a group together to attend your regional meeting.
3. Submit items to the AMT Journal.
4. Get your journal via email.
5. Email the Executive Committee your thoughts on how to improve the Association.
6. Be more involved.

AMT is entering a new era – one of growth, co-operation, cohesion and contentment. Regional leaders tell me everything is going well in their areas.

I would like to hear from as many members as possible (via email, preferably). Please do not hesitate to let me know your views at **rob.naturaloptions@apex.net.au**

See you at Brighton-le-Sands in October.

## Newsletter question - June edition

When and where is the annual conference being held this year?

Please write your answer in the space provided on your CEU record sheet and retain it until you submit the form with your annual renewal. Blank CEU forms can be downloaded from:

[http://www.amt-ltd.org.au/index.php?Page=Members\\_CEU\\_1.php](http://www.amt-ltd.org.au/index.php?Page=Members_CEU_1.php)

# News from the regions



## Mackay by Valerie Jenkins

The Branch held a General Meeting in February at which Annisa Faugereaux was the guest speaker. She addressed the benefits of Pilates for massage therapists and patients. Lucy Brunner was the happy recipient and it was obvious that she was using Pilates by her fitness and mobility.



### Graduating students ▲

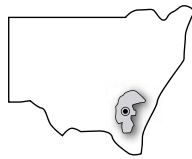
11 students graduated in March and, together with partners or relatives, attended a dinner held at a local restaurant, 'The Church on Palmer'. Joel Morrell's presence was missed as he had planned to be there for the evening. The students were commended on their high level of achievement and Louise Paget was presented with a gift for her past four years of excellent teaching. Tribute was also paid to Paul Messenger for his help to the students over the past year. It was pleasing to note that most of the graduates had already commenced their own practice or were working with allied, health professionals. All were encouraged to attend AMT branch meetings and workshops as

well as the 40th Birthday Conference in Sydney in October.



### Louise, Valerie and Paul ▲

The next Branch meeting will be held at the PCYC Thursday, 25th May at 7.30 pm. The guest speaker will be Linda Danvers addressing the issues of NLP.



## ACT by Rob Cowie

Our last meeting featured a talk from Eleanor Oysten, a Bowen and Massage Therapist, who is heavily involved with the Petria King Quest for Life Centre and cancer patients. Eleanor is passionate about massage therapy for persons with systemic disease. Her main purpose "in life" (at present) is to develop appropriate funding to develop training for massage therapists who work with clients "on the edge of life" and writing for professional journals to promote work done by Quest.

Eleanor gave an impassioned presentation on the massage industry and how it is progressing. Many of our massage colleagues left feeling challenged and enlightened. Thank you for such a great talk Eleanor, from all ACT AMT members.

NEXT MEETING - Tuesday, 20 June 7pm @ Eastlake Football Club.



## Blue Mountains by Bronwyn Shannon

2006 is geared up to be an action packed year for the Blue Mountains Region.

This year I am placing a lot of emphasis on educational meetings for our members. In May we had the opportunity of listening to Rene Goschnik who gave an informative talk on Akupunkt-Massage according to Penzel. Please see Rene's advertisement on page 8 of this newsletter for more details.

I would like to encourage all members of the Blue Mountains Region to attend the regional meetings. These meetings are for YOU to keep in touch with what's happening in our profession and educating ourselves for the benefit of our clients.

Please email me on:  
[www.newsletter.amt-ltd.org.au](http://www.newsletter.amt-ltd.org.au) if you would like to give feedback or suggestions on when, where and what you would like for our wonderful region.

Next meeting will be in July.

## DEADLINE

**Deadline for the  
September issue of  
In Good Hands is:  
1ST AUGUST, 2006**

Please email contributions to:  
Bronwyn Shannon  
[newsletter@amt-ltd.org.au](mailto:newsletter@amt-ltd.org.au)  
or phone: 0414 489 518

# CEU's:

## The Why, How and When of it all

by Tony Lamb

In the March 2005 issue of In Good Hands we announced a number of changes to the Continuing Education Unit (CEU) system. The aim of these changes was to make acquiring CEU's more equitable for all members, especially those in regional areas. The goal was to allow members to earn 50% of their CEU quota within their own practices and a further 50% on their own turf. This is now readily achievable as will be demonstrated a bit later.

As mentioned in the same article, 'to remain eligible for provider status with health funds members are required to earn a minimum of 100 CEU's per year, every year'. Under the previous rules it was possible to earn 300 CEU's one year and then no new CEU's for the next two years. This runs counter to the previously stated requirements.

In January 2006 the CEU system was amended to state that members are required to earn 100 CEU's in each year. The difference being that you can no longer roll more than 50 excess CEU's forward into the next year.

To assist member's to transition to the new CEU system without penalty, any CEU's rolled into the previous year will be taken into account when renewing membership. You will then have to meet the new requirements to remain on the health fund listing. If you have doubts as to how this might affect you, you can contact

head office for a clarification of your situation.

### **So, how can you earn 50 CEU's in your own practice?**

Easily, by any combination of the following:

- Up to 20 points for submitting client reviews (5 points each) using the forms available on the AMT Ltd website.
- Up to 20 points for submitting peer reviews (5 points each) using the form available on the AMT Ltd website.
- Register for and participate in the AMT Forum. Read the posts, post a message or answer a post. 10 CEU's per year.

### ***...members are required to earn 100 CEU's in each year.***

- Read your newsletter. Answer the question correctly in each of the four newsletters, on your CEU form, to receive 10 CEU's.
- Complete a home study module to receive for up to 100 CEU's.

### **How can you earn 50 CEU's or more on your own turf?**

Just as easily, any of the previous and any combination of the following:

- Attend a regional meeting in your area. 15 CEU's for meetings of 3 hours or less - then 5 CEU's per hour of attendance. No regional group in your area, considered starting one? More information is available from head office.

- Contribute to In Good Hands, earn 50 CEU's for an educational article (maybe a case study) or 40 CEU's for a book review.

Of course there are many other options available. Like the excellent opportunities listed on the inside back cover of this and every issue of In Good Hands. Or you can attend the AMT Ltd annual conference for two days and earn 100 CEU's, brochure in this issue.

All this information and more are available to you 24/7 on the AMT Ltd website.

**[www.amt-ltd.org.au](http://www.amt-ltd.org.au)**

### **Head Office Staff**

by Rob Cowie

I am pleased to announce that Grant Wootton has been appointed as Office Manager at the Newtown office.

Grant commenced work on May 22. He brings vast experience in office management to the position having worked in hospitality and allied industries.

He has vast supervisory experience, software and system management.

Grant and Monica now control all the functions in Newtown. I know they will do a fantastic job.

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# Q&A with Martha Menard

by Susan Davis

It is a great opportunity for members of the AMT to hear speakers from other countries. The October Conference has had the great good fortune of securing Martha Menard PhD to speak. It was quite an experience to attend the CAM Research Conference in Albuquerque last year with Joel Morrell. It has proved to be his last conference, but he had the foresight to ask Martha to join us in October. Meeting her was very interesting and both Joel and I were inspired by her presentations, however, she is not well known in Australia. This article is in a question and answer format that will, hopefully, give you some insight into who she is and what she is doing as a massage therapist and as a researcher. Her visit will be an opportunity that is not to be missed.



## **How long have you been involved in research?**

Since I went back to graduate school in 1992—I began designing the randomized controlled trial that became my dissertation study during my first year in the PhD program.

## **What are your principal research interests at the moment?**

At Potomac Massage Training Institute, where I work as director of research, we are just starting a pilot demographic survey of our clinics, to identify the various populations we serve. This study will provide important background information that will help us

develop clinical studies focused on various health conditions.

We will also begin a study later this year on the development of professional identity in massage therapy students.

***...we could learn much more about how massage actually works, and put massage on a more scientific foundation.***

My own research interests are focused on fundamental questions of how massage affects physiology in healthy people. Very little research has been done on the actual effects of massage; many of the studies upon which we base our claims of physiological effects are decades old. With more sophisticated measurement instruments and outcome measures, we could learn much more about how massage actually works, and put massage on a more scientific foundation. I believe that it's equally important to look at the role of psychosocial factors as mediating variables that affect an individual's response to massage—we know that the interpersonal relationship between client and therapist can be an important component of successful treatment. Once we know more about the effects of massage, we can better apply it to specific conditions.

**In your article in the Summer 1994 AMTA Massage Therapy Journal, you talk about the importance of collaboration between massage therapists and scientists to advance the art and science of our profession. Is this still true and how is it being achieved in 2006?**

Absolutely. Very few conventional MDs or academic researchers understand the practice of massage as we do. It's important that massage therapists be involved in the design of research, so that it makes sense from a practitioner's perspective. To do that we need to be research literate, so that we can communicate more effectively with scientists and explain our point of view in a way they can understand and respect. We need to speak their language in order to teach them ours.

A big step in the US happened when COMTA, the Commission on Massage Training and Accreditation, included research literacy as a standard that schools needed to include in their curricula for COMTA approval. There are certainly many more massage therapists currently who are research literate than there were 12 years ago. And more massage schools are developing research capacity, for example, the schools that initiated the Massage Therapy Research Consortium. Another initiative that is being launched in the US by the National Centre for Complementary and Alternative Medicine (NCCAM) is the creation of developmental centres for CAM research that promote collaboration between research universities and CAM institutions.



**In that same 1994 journal, the editor, Rafael Tuburan, describes an imaginary study of a cohort of a thousand adults who receive regular massage over 10 years! How much closer to this imaginary longitudinal study are we in 2006?**

I'm not sure. This would be a very expensive study to conduct!

**Clearly, research has come a long way in the last decade. Your *Massage Therapy Journal* article in Spring, 2006 on research literacy continues to discuss the way in which massage therapists evaluate research to benefit their practice. Can you give a summary of these issues?**

First, research is a great resource for finding out what other people are doing, and to see what works or doesn't work. It can function as a form of continuing education.

Second, it is a useful common language for communicating with other health care providers. It's crucial to be able to discuss the strengths and weaknesses of recent research articles in your field with other professionals and with your clients—flawed studies do get published, and do get media attention. Finally, I believe that everyone needs to be able to critically evaluate research so that we can be active participants in our own health care.

**You have been in private practice since 1982. How has the information you have gained from research affected the way you practice?**

It's certainly made me more sceptical about believing everything I read. I also find that it's given me more confidence in my ability to discuss research with physicians, and to answer questions from clients.

**Your book is titled, *'Making Sense of Research'*. Is it difficult to make sense of massage therapy research?**

Yes and no. Massage research is scattered across several different health disciplines — medicine, nursing, psychology, even education. So that makes it a little more difficult to find all the relevant studies on a given topic. And even in areas where there may be a number of studies, there are relatively few high quality studies that can be pooled to definitively answer a question. Many studies have flaws such as small sample size that allow no firm conclusion to be drawn from them. Basically, we need more good research.

Understanding research is really just applying common sense. The thing is that it's systematically applied common sense. The systematic part is important.

**What can general massage therapists do to contribute to research in the context of their regular practice?**

Keep complete and detailed notes of your sessions. These can become the basis of a good case study. Stay current in the research literature, and be able to critically evaluate the studies you read.

**Do you have any ideas or thoughts on Australia's contribution to massage therapy research at this time?**

Not at this time—ask me again after the conference and I can give you a better answer.

**Are there established ways that Australians can contribute, connect or be funded in international research?**

The Massage Therapy Foundation has awarded grants to researchers outside North America. For example, in 2003 and 2004, the

Foundation awarded grants to investigators from New Zealand. And good case studies are a great way to be involved and contribute to research, and are a feasible type of research for practitioners to engage in within their own or as part of a group practice. These days, especially with electronic publication and forums for discussion, research is international. One group that is trying to foster communication among CAM researchers is the International Society for Complementary Medicine Research (ISCMR). See their website at [www.iscmr.org](http://www.iscmr.org)

**At the CAM Research Conference in Albuquerque last year John Balletto, the then president, said that research is the one area that could unify all massage therapists around the world. What are your feelings on this?**

Well, science is an international language, and it gives all of us, massage therapists as well as other health care providers, a common tongue.

**We are very much looking forward to your visit. Have you visited Australia before?**

No, this will be my first visit, and I hope it will not be the only one. I'm very excited—it's a part of the world that I've always wanted to see. My stepson's immediate comment when I told him that I'd been invited to speak at your conference was "I'm going!" So he and my husband will be coming with me. We are planning to stay and travel for a couple of weeks after the conference. If people have suggestions for places to visit or good restaurants, especially in the Sydney area, I'd love to hear from you. Please email me at [marthamenard@earthlink.net](mailto:marthamenard@earthlink.net)



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# Case Study

## Emergency treatment for a severe knee injury

by Beate Karbstein

**T**his case study, involving my husband, occurred during a holiday in Terrigal in 2001.

For the whole week of the holiday the surf was treacherous with extremely strong currents. The waves were literally pounding onto the beach with enormous velocity, and then the water receded with a strong sucking effect.

On the fourth day my husband went into the water to cool off. Because the surf was so dangerous he only went up to hip level, and even then he was buffeted strongly by the waves. As well, the receding water imbedded his feet deeply into the sand. At one point, whilst he was facing the beach two waves from different directions hit him with great force. One wave pushed him from behind and simultaneously, another wave rotated him towards the left. His feet were trapped in the sand and could not follow the movement of his body. He heard a loud snap in his right knee and suffered excruciating pain to the point where he collapsed and had to crawl out of the surf. He was unable to put pressure onto his right leg, so I had to help him into the house.

I did the draw test, which turned out to be positive to about 1.5cm anteriorly indicating a probable anterior cruciate ligament tear - but I didn't know whether it was a complete tear that would need surgery. I bandaged him up and took him to the local medical

centre which turned out to be just a doctor's surgery with no diagnostic equipment.

The doctor did the same test and came to the same conclusion. He suggested that my husband go to his local doctor and get a referral to a specialist. My husband didn't want to spoil the holiday, so he decided to wait until the next day to see if the injury would improve somewhat before undertaking a 2-hour drive back home. His decision meant that I needed a treatment plan for him. Alas, I had to rely on my memory.

### ***...the knee joint (being a synovial joint) needs movement in order to maintain its synovial fluid.***

I remembered an excellent lecture by Diana Glazer at a AMT Members' Day in my first year of being a member of our wonderful association. She gave a detailed description of the anatomy and physiology of the knee joint. That lecture really impressed me back then - and it most certainly helped me to give emergency treatment to my husband's injury (thank you Diana!). What I had not registered until that lecture and which was an important treatment for my husband's knee, was that the knee joint (being a synovial joint) needs movement in order to maintain its synovial fluid level. Also, the internal structure of such a joint does not have blood supply and



Source: MedicineNet (2004)

therefore relies on the synovial fluid to induce healing. These were two aspects of a synovial joint which I, of course, had learnt in my formative years as remedial massage therapist but had not fully registered in a practical sense.

So the following emergency treatment plan had to be quite innovative because we were on holidays:

1. Remedial massage to the affected leg (thigh and lower leg) for about 15 minutes (with cooking oil and on the dining room table) because all the major muscles were in spasm.
2. Supportive bandage to the knee and elevated rest for 1 hour.
3. The first 15-30 minutes of that hour the leg had to be exposed to the sun to increase circulation.
4. After the hour's rest, he had to walk for 5 minutes as normally as possible (he used me as a crutch for the first day).

The whole sequence was repeated several times throughout the day until bedtime.

The next morning I did the draw test again, and it was almost negative, and there was no visible bruising.

This meant that the anterior cruciate ligament was not completely torn.

We decided to continue with the same treatment plan until we were due to go home 4 days after the injury occurred. On the second day my husband was already able to walk by himself, and the walking became easier as each lot of five minutes drew to a close. On the third and fourth days he increased the length of the walking time and was walking almost normally. On Sunday he drove the car home, and on Monday he cycled to work. The first week back at work he still wore the bandage during the day, but he stopped wearing it from the second week onward.

**...I continued treating his knee 3-4 times per week with deep tissue massage, infrared and ultrasound...**

Once we were home, my husband went to his local doctor to inform him of his injury and to get his opinion. The doctor strongly suggested that he should have arthroscopy done, as this was the only way a true diagnosis could be made. However, during one of my additional courses I attended just a few months previously, I had witnessed arthroscopy on video. What I saw on that video made me shudder at the prospect of such a surgery. Also, we have two friends who have had arthroscopy done and they were worse off than before. We decided that we'd give the knee two to three months before opting for arthroscopy. Furthermore, his pain had already reduced to mere discomfort, and on some days he was already momentarily pain-free.

So, I continued treating his knee 3-4 times per week with deep tissue massage, infrared and ultrasound, which I decreased over the weeks down to once a week from the seventh week onwards. Also, by about the fourth week he had almost full passive flexibility of his injured knee, but had sharp pain at the end point, which indicated that he most likely also had a meniscus injury. His knee improved week by week, and so I was almost certain that he didn't have a particle broken off and floating around in the joint cavity. He followed my advice and didn't do any impact sport (jogging and badminton) for three months but continued his daily cycling of 34km to and from work, by which time he was totally pain-free and had complete use of his knee.

**Would you like to receive your AMT Journal electronically?**

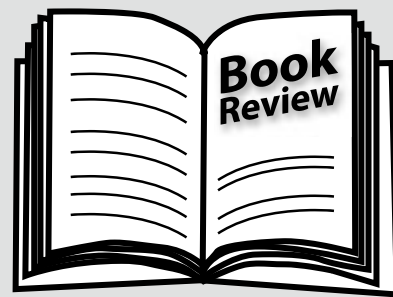
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**massage@amt-ltd.org.au**



by Bronwyn Shannon

***The Heart of the Amazon***

by Yossi Ghinsberg

If its adventure, inspiration and a rollicking good read you are after - this is your book.

Yossi Ghinsberg was born in Israel and enjoyed the backpacker lifestyle. Exploring remote parts of the world was his passion. Yossi sets off into The Amazon, collecting 3 eager traveling companions on his way and thus begins their harrowing story of survival.

After becoming lost in the dense jungle the 4 friends split up in hope of finding a way out - 2 have never been seen since and the others lives would never be the same.

The Heart of the Amazon is a true account of one man's determination, endurance and human spirit to survive in adversity. A great read. 8/10



**Have you registered to attend AMT's annual conference in October?**

Register online at [www.amt-ltd.org.au](http://www.amt-ltd.org.au) or return the inserted registration form to AMT, PO Box 792 Newtown NSW 2042 or fax 02 9517 9952



a massage therapist's guide to research, the future and everything

# Ron Alexander's Functional Fascial Taping® (FFT®)

by Ron Alexander

**R**on Alexander founded the FFT® method in 1994 during his eight years as the principal Soft Tissue Therapist for the Australian Ballet. During this period he was awarded 'Lady Southey Scholarship for Excellence'. He was the winner of an International Communicator Award and finalist at the World Festival for medical education in training video production. He presents workshops nationally and internationally.



In the western world musculoskeletal related conditions are the most common reason why people visit doctors. 'Unresolved musculoskeletal conditions result in the loss of function, flexibility and strength leading to joint stiffness and a decrease in quality of life'<sup>5</sup>. Most ongoing musculoskeletal conditions are multifactorial in nature and the presence of pain can be an interesting challenge to therapists. The role of connective tissue as a source of pain in these conditions has long been overlooked by the medical establishment. Connective tissue (CT) not only plays a role in the pain associated with various musculoskeletal conditions but successful treatment of damaged CT plays an integral role in the restoration of normal function and long-term healing. I believe that the application of tape can affect the subcutaneous tissue which includes the fascia, the deep fascia and muscles, which may cause a reset in the resting length of the

tissue and have a profound effect on pain.<sup>2</sup>

The importance of the role of CT in binding, supporting, connecting and separating all functional units of the body is well established.<sup>12</sup> It is also understood that sustained tension/load can effect CT.<sup>9</sup> However it's role in the body is less understood than bones and joints, for bone structures can be measured with a high degree of accuracy.

***Most ongoing  
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CT is a soft tissue that is a continuum throughout the body. Historically it has been the major focus of Massage Therapists and Osteopaths for over 50 years. CT is made up of 70% water, ground substance, proteins and cells and is interlaced with receptors. Thirteen different types have been noted within medical literature. Four of these types are considered the most important:

**Type 1** is the deep fascia, this is made up of mostly collagen that is tightly packed in parallel form. This form resists longitudinal forces and gives tendons, ligaments and fibrous membranes their strength.

**Type 2** is articular cartilage which has no blood supply, lymph system and innervation.

**Type 3** has three kinds:

- (a) Loose CT, most of the fibres are collagen, with elastic and reticular fibres. Large numbers of cells are present and therefore aid in tissue repair.
- (b) Dense irregular CT, the structure and function is similar to CT, more collagen is present and fewer cells. This tissue resists extreme degrees of multidirectional forces.
- (c) Elastic CT, mostly contains elastin therefore allows for stretch.

**Type 4** Reticulin, is a very fragile collagen and is laid down within 48 hours of injury occurring however, it is still present in healthy tissue and its function serves as a weaker form of collagen. If we took out everything from the human body that was not CT we would end up with a 3 dimensional replica of the body, free standing, an average of 16kg of skin, inner bone (outer layer is very hard CT) and fluid.

CT is interlaced with mechanoreceptors and type C nociceptors. These are the smallest nerve endings, however they are the most abundant and predominant pain neurone. The Central Nervous System (CNS) receives its greatest amount of sensory input from the skin and subcutaneous tissue<sup>13</sup> therefore manipulating the skin and subcutaneous tissues has a direct effect on the brain.

CT is viscoelastic. The qualitative difference is elastic properties allow for elastic or recoverable

deformation. Viscous properties allow plastic or permanent deformation. Tillman in 1996 performed an experiment of applying 1% stress, for 1 hour, above 25° C and the tissue started to hold the new position. There have been numerous treatments used to affect this tissue:

- Injection Therapy
- Exercise Therapy
- Manipulation
- Mobilization
- Massage
- Myofascial Release
- TENS
- Acupuncture
- Dry Needling
- Trigger Point Therapy
- Anti-Depressants and Muscle Relaxants etc.

Although there are various interventions available research showing treatment efficacy is lacking, thus consensus regarding the optimum treatment is lacking.<sup>4</sup>

The use of tape to treat pain has is not new. We currently know that the potential mechanisms for use of rigid strapping tape are:\*

- Pain modulation<sup>8</sup>
- Biomechanical<sup>16</sup>
- Motor synchronisation<sup>10</sup>
- Mechanical loading<sup>11</sup>
- Proprioception<sup>6</sup>
- and placebo eg. caring, sharing and mood, which can explain a positive result of intervention between 20-50% of any research.

FFT which is a method of applying rigid tape to musculoskeletal related conditions has been reported as clinically efficacious in many pain conditions including Carpal Tunnel Syndrome, Lower Back Pain and Knee Osteoarthritis.<sup>1,2,3</sup> Moreover, the effect of FFT on Morton's neuroma has been investigated in a case study reporting immediate relief of pain and disability. These results

were maintained at follow up (Spina, Cameron & Alexander, '02).

Given that CT is a malleable structure that is responsive to load and contains an abundance of receptors that can affect the central nervous system. I believe that FFT can influence this structure through both pain modulation and load. The immediate pain relieving effect of FFT suggests that a neurological effect has taken place. This response may be in response to stimulation of pacini corpuscles in the CT.<sup>13,17</sup> However as CT is one of the most easily changeable structures in the body, the mechanical effect of FFT's objective assessment procedure on pain cannot be discounted.

### ***...research showing treatment efficacy is lacking, thus consensus regarding the optimum treatment is lacking.<sup>4</sup>***

In addition interstitial receptors are abundantly present. These receptors are slower to change with the application of mechanical loading. These receptors are time dependant, so they do not explain the immediate change, however may contribute in part to the on going effects of the method.<sup>13</sup> The proprioceptive input alters the stimuli to the CNS and the perception of pain by the brain. The application of manual load is thought to change the brains response through the co-activation of alpha and gamma motor tone regulation and may have an effect on the resting length of the tissue.<sup>13,14</sup>

The presence of load from the use of tape has been observed with the aid of real time ultrasound

investigation (RTUI). It is possible to observe the local effect to the tissues. One piece of tape was applied with FFT's gathering technique to the body (normally apply minimum 3 pieces). There was subcutaneous tissue movement in the same direction of the pull of the tape up to one centimetre. The deep fascia layer and the musculature moved in the opposite direction up to one centimetre. The subcutaneous tissue layer including the fascia stretch and are held in this new position. Muscle activity was completely different pre and post taping.

From observing the movement with RTUI it appears that the application of the tape has an effect on the subcutaneous tissue layer and alters the position of tissues, which more than likely has an influence on receptor activity. The intension is to changing the signal from pain to comfort and this can be done for an extended period of time.

Clinically, the results of the RTUI are important because it indicates that we can apply tape to create an altered passive load at rest. This may allow the movement of underlying tissues and more 'efficient firing to take place' (S Cowan '02). This is generally followed by normal movement patterns which can be observed immediaty post taping. This is significant as it is thought by many to also be evidence which supports the technique of myofascial release.<sup>2</sup>

If this concept is taken one step further, the tape may offer frequent alterations in load with movement or mini myofascial treatments with movement. For example, if a patient shows indications of dysfunctional CT of the calf (giving any number of



symptoms) tape is applied using the FFT method in dorsiflexion. Therefore, when the patient moves into the standing position the tape increases tension on the skin and subcutaneous tissue in a predetermined direction and then returns to the original amount of tension back in dorsiflexion. With each step the patient takes while walking he or she is self treating? What can be observed (with the naked eye) and what is felt by the patient is an increase in tension from the tape. This can be applied virtually anywhere in the body and for 24 hours a day (if need be) to offer a continuous myofascial release with the benefit of altered load (provided the patient has no risk factors).

***Clinically, the results of the RTUI are important because it indicates that we can apply tape to create an altered passive load at rest.***

Scientifically what does this mean? It is still very hard to say, as so little research has been undertaken in this area and the method works with many conditions. The role of FFT for non specific lower back pain is currently the topic of PHD research. The data collection phase of this research is due for completion in early 2007. This will hopefully lead to further insights and understanding of the mechanisms of this method .

For further information go to **[www.fft.net.au](http://www.fft.net.au)**

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# Express Yourself

## Thoughts from the Editor

by Bronwyn Shannon

As you would all be aware, this is my second issue as Editor of the AMT Newsletter. Over the past 6 months I have been given the opportunity to work closely, and get to know, the dedicated and talented team at Head Office. All of these members keep the wheels turning for our association.

I would like to extend a big welcome to Rob Cowie who has stepped into the position of President, bringing flair and commitment to the job. A big thank you to Jeni, who spends most of her time at Head Office and is soon to experience motherhood (not long to go Jeni). We will all miss Jeni's humour and wish her well for the future.



**Monica Taccoli and Grant Wootton ▲**

We welcome our newest members of the team, Grant Wootton, Office Manager and Monica Taccoli who will be seeing to the day to day running of Head Office.

AMT is a not-for-profit company that represents the interests of both Massage Therapists and Massage Therapy Students, and

consequently we need to be active and take a more verbal role in our Association. The Presidents Report on the front page of this Newsletter reflects these sentiments.

At this point in AMT history we need your input, your voices, your questions, your grievances – so please log on to the AMT website [www.amt-ltd.org.au](http://www.amt-ltd.org.au) to stay informed on what is happening.

### **Have you registered to attend AMT's annual conference in October?**

Register online at [www.amt-ltd.org.au](http://www.amt-ltd.org.au) or return the inserted registration form to AMT, PO Box 792 Newtown NSW 2042 or fax 02 9517 9952

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body**

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## Attention all AMT members

### Professional Indemnity Insurance

**HAVE YOU RENEWED YOUR  
PROFESSIONAL INDEMNITY INSURANCE?**

**HAVE YOU POSTED OR FAXED A COPY  
OF YOUR CURRENT CERTIFICATE OF CURRENCY  
TO AMT HEAD OFFICE?**

(Please do not send your tax invoice!)

Please forward a copy to us now so that your name  
remains current on the Health Funds lists.

### Senior First Aid Certificate

Your Senior First Aid Certificate is required by  
some health funds and you are advised that this  
certificate expires on the date stated  
on the actual certificate.

Please renew your Senior First Aid Certificate on or about  
that date and post or fax a copy to AMT Head Office  
so that your name remains current on the  
Health Funds lists.



# Health Fund Status

AMT has negotiated provider status with the Health Funds listed below. If you are up to date with insurance, first aid and CEUs there is no need to apply individually to each health fund: your name will be forwarded for automatic recognition as a provider. Please check the explanation of status levels to see which health funds recognise your level of membership.

Health Funds and Societies	Status
Queensland Country Health	A
Railway and Transport Hospital Fund	A
Reserve Bank Health Society	A
ACA Health Benefits Fund (ARHG)	B
Australian Regional Health Group	B
Cessnock & District Health Benefits Fund (ARHG)	B
Commonwealth Bank Health Society	B
Defence Health (ARHG)	B
Federation Health (ARHG)	B
GMHBA (ARHG)	B
Health Insurance Fund of WA (ARHG)	B
Latrobe Health Services (ARHG)	B
Lysaght Peoplecare (ARHG)	B
Manchester Unity	B
Mildura District Hospital Fund (ARHG)	B
NSW Teachers Federation Health Society (ARHG)	B
Phoenix Health Fund (ARHG)	B
St Luke's Medical & Hospital Benefits (ARHG)	B
Teachers Union Health (ARHG)	B
Transport Health (ARHG)	B
United Ancient Order of Druids (ARHG)	B
Westfund Health Fund (ARHG)	B
ANZ Health Insurance (HBA)	C
Australian Health Management Group	C
Australian Unity	C
Geelong Medical Benefits Fund	C
HealthCover Direct (HBA)	C
NIB	C
NRMA Health	C
Victorian WorkCover Authority	C
MBF	D
Medibank Private	E
The following funds require members to contact them for a 'provider kit':	
Cardmember Health Insurance Plan (HBA) Ph: 1800 060 239	C
Gay & Lesbian Health Fund Ph: 1800 800 245	C
Government Employees Health Fund (AHMG) Ph: 1300 366 868	C
Grand United Friendly Society Ph: 1800 800 245	C
HBA (formerly AXA) Ph: 1800 060 239	C
HCF Ph: 02 9290 0163	C
Mutual Community (HBA) Ph: 1800 060 239	C
Super Health Plan Ph: 1800 624 570	C

## Status Levels:

- A.** All AMT practitioner levels
- B.** All practitioner levels with:
  - One million dollars current insurance
  - Current Senior First Aid certificate
- C.** Senior Level One, Two or Three members with:
  - One million dollars current insurance
  - Current Senior First Aid certificate
- D.** Senior Level Two and Three members with:
  - One million dollars current insurance
  - Current Senior First Aid certificate
 Must send signed consent form to AMT with practice receipt(s). **Please note:** all other members please apply directly to MBF
- E.** Senior Level Two and Three members with:
  - One million dollars current insurance
  - Current Senior First Aid certificate
 Must complete an application form (available from AMT). **Please note:** some Senior Level One members may qualify upon AMT's assessment of their qualifications

## To be eligible to remain on the above Health Fund lists you must:

1. Be financial and have a commitment to ongoing education (ie: an average of 100 CEUs per year)
2. Provide your clients with a formal receipt, either computer generated, or with rubber stamp or address label clearly indicating practitioner's name, AMT member number (eg: AMT 1-1234), practice address (no PO Box numbers) and phone number. Client's name, date of treatment, nature of treatment (ie: Remedial Massage), and particular health fund provider number may be handwritten.
3. Provide AMT Head Office with a practice address (or business address for mobile practitioners; no PO Boxes) - failure to supply these details to us will result in your name being removed from health fund listings.
4. Notify AMT HO of all relevant practice addresses.
5. Include a copy of one of your receipts (for each practice address) to Head Office with your next AMT membership renewal or correspondence. You should also ensure that Head Office has copies of your current Insurance and First Aid.

Please check the AMT website for further information on specific Health Fund requirements: [www.amt-ltd.org.au](http://www.amt-ltd.org.au)

# Calendar of Events

Courses accredited by AMT attract 5 CEUs per hour. Courses not accredited by AMT attract 1 CEU per hour  
Please check dates and venues of workshops (using the contact numbers listed below)

June		CEUs
2-4	Dorn Spinal Therapy. Presented by Barbara Simon. Adelaide. Ph: 02 9918 8057	95
3-4	Myofascial Release 1. Presented by Patricia Farnsworth. Randwick. Ph: 1800 101 105	160
3-4	Akupunkt Massage. Presented by Rene Goschnik. Sydney. Ph: 02 9547 0158	200
3-4	Ortho-Bionomy, Phase 4 - Basic Workshop. Presented by Lois Logan. Darwin. Ph: 07 4057 8106	80
10	Muscles & Pelvic Alignment. Presented by John Bragg. Mackay. Ph: 0438 773 333	35
11	Sciatica, Piriformis Syndrome & Hip Pain. Presented by John Bragg. Mackay. Ph: 0438 773 333	35
12	1 day per week, 6-8 weeks duration. Massage Certificate Course, Part 1. Presented by Maurice Campbell. Concord. Ph: 0405 057 611	200
16-18	Myofascial Release 2. Presented by Patricia Farnsworth. Randwick. Ph: 1800 101 105	120
17-18	Chi Acupressure Massage Workshop. Presented by Master Zhang Hao. Newcastle. Ph: 02 9899 9823	70
17-18	Ortho-Bionomy, Phase 4 - Basic Workshop. Presented by Lois Logan. Townsville. Ph: 07 4057 8106	80
19-24	Pregnancy Massage. Presented by Julia Willoughby & Kay Fredericks. Canberra. Ph: Julia 02 6296 7414 or Kay 02 6295 6733	160
22	Muscles & Pelvic Alignment. Presented by John Bragg. Blackheath. Ph: 0438 773 333	35
23-25	Onsen Muscle Therapy, Volume 1. Presented by Jeff Murray. Melbourne. Ph: 07 5599 2514	105
23	Sciatica, Piriformis & Hip Pain. Presented by John Bragg. Blackheath. Ph: 0410 434 092	35
July		CEUs
10	1 day per week, 6-8 weeks duration. Massage Certificate Course, Part 1. Presented by Maurice Campbell. Concord. Ph: 0405 057 611	200
22-23	Myofascial Release 2. Presented by Michael Stanborough. Canberra. Ph: 0411 398 996	80
23	Anatomy Wetlab. University of Sydney, Cumberland Campus. Please refer to the insert in the June Newsletter. Ph: AMT Head Office 02 9517 9925	20
28-31	Advanced Remedial Massage (Module Two). Presented by Mark Philip Deal. Sydney. Ph: 02 9387 2319	160
28-30	Onsen Muscle Therapy, Volume 3. Presented by Jeff Murray. Mackay. Ph: 07 5599 2514	105
August		CEUs
4-7	Myofascial Release 1. Presented by Patricia Farnsworth. Randwick. Ph: 1800 101 105	160
5-6	Myofascial Release 3. Presented by Michael Stanborough. Brisbane. Ph: 0417 736 752	80
10-14	Myofascial Release 3. Presented Patricia Farnsworth. Randwick. Ph: 1800 101 105	300
14	1 day per week, 6-8 weeks duration. Massage Certificate Course, Part 1. Presented by Maurice Campbell. Concord. Ph: 0405 057 611	200
25-27	Onsen Muscle Therapy, Volume 3. Presented by Jeff Murray. Gold Coast. Ph: 07 5599 2514	105
26-27	Chi Acupressure Massage Workshop. Presented by Master Zhang Hao. Strathfield. Ph: 02 9899 9823	70
26	Cervical Pain & Headaches. Presented by John Bragg. Blackheath. Ph: 0410 434 092	35
27	Shoulder Pain & Scapular Stability. Presented by John Bragg. Blackheath. Ph: 0410 434 092	35
September		CEUs
2-6	Myofascial Release 5. Presented by Paul Doney. Randwick Ph: 1800 101 105	300
2-3 & 9-11	Akupunkt-Massage according to Penzel. Presented by Rene Goschnik. Sydney. Ph: 02 9547 0158	200
7-8	Functional Fascial Taping®, Level 1. Presented by Ron Alexander. Canberra. Ph: Samantha Bond 0411 142 663 or email info@fft.net.au	45
10	Functional Fascial Taping®, Level 2. Presented by Ron Alexander. Canberra. Ph: Samantha Bond 0411 142 663 or email info@fft.net.au	45
11	1 day per week, 6-8 weeks duration. Massage Certificate Course, Part 1. Presented by Maurice Campbell. Concord. Ph: 0405 057 611	200
22-24	Muscle Therapy, Volume 3. Presented by Jeff Murray. Newcastle. Ph: 07 5599 2514	105
22-25	Sports and Occupational Massage (Module Two). Presented by Mark Philip Deal. Sydney. Ph: 02 9387 2319	160
23	Myofascial Shoulder Restrictions. Presented by John Bragg. Blackheath. Ph: 0410 434 092	35
24	Arm & Hand Pain. Presented by John Bragg. Blackheath. Ph: 0410 434 092	35
October		CEUs
6-8	Onsen Muscle Therapy, Volume 3. Presented by Jeff Murray. Sydney. Ph: 07 5599 2514	105
6	AMT Pre-Conference Members Day. Novotel, Brighton-Le-Sands. Please refer to the Conference Brochure in the June Newsletter. Ph: AMT Head Office 02 9517 9925	50
7-8	17th Annual AMT Conference. Novotel, Brighton-Le-Sands. Please refer to the Conference Brochure in the June Newsletter. Ph: AMT Head Office 02 9517 9925	100
9	1 day per week, 6-8 weeks duration. Massage Certificate Course, Part 1. Presented by Maurice Campbell. Concord. Ph: 0405 057 611	200
21-22	Myofascial Release 3. Presented by Michael Stanborough. Canberra. Ph: 0411 398 996	80

Please view the Calendar of Events on the AMT website for the complete 2006 listing: [www.amt-ltd.org.au](http://www.amt-ltd.org.au)



# ***PERIDOR HEALTH SCHOOLS***

## **Advanced Massage Training**

**POST – GRADUATE STUDIES**      “Continued Education”

***PERIDOR HEALTH SCHOOLS*** excels in having:

- Teachers that are practising therapists and highly regarded within the profession
- Courses which earn Continued Education Units ( CEU's ) for A.M.T. Members
- Class size that are limited to provide optimum conditions for learning
- A School that specializes in Massage Therapy and Anatomy & Physiology

Update and develop your skills in the following subjects:

- **Advanced Remedial Massage** (module) 4 Days  
Professional Certificate Workshop
- **Sports and Occupational Massage** (module) 4 Days  
Professional Certificate Workshop

Course duration over 4 Days includes weekend ( 32 hours ) = 160 CEUs

The course syllabuses have been developed by **Mark Philip Deal**. Mark is a Practitioner and Educator of long standing, and Principal of ***PERIDOR HEALTH SCHOOLS***.

For Information brochure, timetable and enrolment details

Phone: ***PERIDOR HEALTH SCHOOLS*** ( 02 ) 9387 2319

Email: [peridor@optushome.com.au](mailto:peridor@optushome.com.au)

P.O. BOX 970 Bondi Junction N.S.W. 1355



1

We're turning 40. We intend to party like it's ... 2006. We plan to embrace the advent of our middle years with a profligate disregard for conservatism and a fervent disdain for quiet nights at home with a good book and a soft glass of merlot. We will wear the laughter lines around our eyes with pride and paint the dancefloor on Saturday night the deepest beige imaginable. We won't forget the Ventolin.

2

Our presenters this year are leaner, meaner and more engaging than ever. Martha Brown Menard, a research luminary from the United States, will lead the pack with her inspirational vision of the future of our industry. All our plenary speakers this year are massage therapists so we will celebrate our art through our own, indigenous voices.

3

We're at the Novotel in Brighton again. Those of you who stayed there last year will remember the breakfast ... and the scones ... and the seafood buffet ...

4

It's going to be our biggest yet so we've expanded the programme to include some welcome events on Friday evening. Join us for a bash in our interactive drumming session and later for drinks at the Novotel Bar.

5

You'll have an entire weekend to be energised by your colleagues and share the company of like-minded professionals. And flaunt your natural rhythm on the dancefloor at the gala dinner.

6

Speaking of dancing, the conference committee is rehearsing an interpretive dance piece in the style of Isadora Duncan, though the jury is still out on the nudity question. See us move to the beat of nature on Saturday night. Buckets will be provided.

7

Meet some of the impressive pantheon of AMT's ex-presidents who will make up the official table at Saturday night's celebration.

8

It's all tax deductible. Your travel, your accommodation, your registration. Why not spend some pre-tax dollars on a fun and educational weekend away?

9

You'll get your full quota of CEUs for the year in one, compact weekend.

10

It's our 17th conference so we're getting quite good at doing them now.

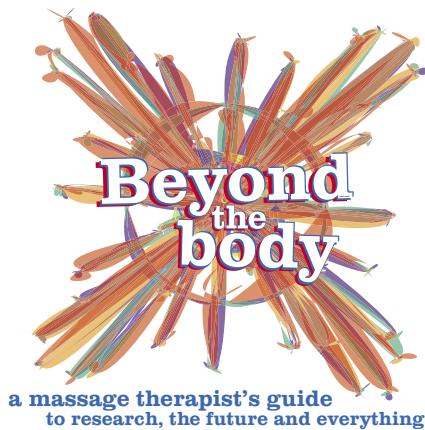
11

You'll make the conference committee very, very happy. In fact, if enough of you show up we promise to scrap the interpretive dance piece. And we'll start those remedial maths lessons.

See you there!

*The AMT Conference Committee*

P. S. Bring a non-AMT friend with you. Non-members who register for the Annual Conference can apply for membership and we'll waive the \$60.00 application fee.



# Ten reasons you should definitely attend this year's Annual Conference



# CALL FOR NOMINATIONS FOR ASSOCIATION OFFICE-BEARERS FOR 2006/2007

Nominations are called for the following positions for persons to take office on the AMT Executive Committee:

## **President, Treasurer, 4 Vice-Presidents and up to 12 other Committee Members**

The 4 Vice-Presidents shall become Sub-Committee leaders in the recognised priority areas of:

1. Education
2. WorkCover and Health Insurance Funds
3. Marketing and Public Relations
4. Information Technology

Ideally the 12 other Committee Members will elect to serve on one or more of the Sub-Committees. The Treasurer shall be responsible for all AMT finances. The President shall remain directly responsible for Government matters, the Media, relations with other professional groups, Code of Conduct, Association Standards and for the administration of the Association generally.

**Nominations shall be on the form or in the form prescribed below and close at the AMT office 3pm Friday, 21 July 2006.**

Where nominations equal vacancies on 21 July 2006 then those persons shall be deemed to be elected. Where nominations exceed vacancies a postal ballot will be conducted via the September newsletter. Where nominations are below vacancies the differential shall be treated as casual vacancies.

## **Nomination for Office for the Association of Massage Therapists Ltd**

I \* (name) \_\_\_\_\_

consent to be nominated for the position of \_\_\_\_\_

Signature \_\_\_\_\_ Ph \_\_\_\_\_

Nominator \* \_\_\_\_\_ Ph \_\_\_\_\_

Seconder \* \_\_\_\_\_ Ph \_\_\_\_\_

\* All must be financial members of AMT



# NOMINATION FORM

## AMT "MASSAGE THERAPIST OF THE YEAR" AWARD

Please print

Name of person being nominated: \_\_\_\_\_

AMT membership number: \_\_\_\_\_

Name of nominator: \_\_\_\_\_ AMT membership no.: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Relationship to nominee (e.g. teacher, colleague, friend): \_\_\_\_\_

How long have you known the nominee? \_\_\_\_\_

Reasons for nomination – please refer to the Award Criteria below (attach more paper if required):

Signature: \_\_\_\_\_

Name of seconder: \_\_\_\_\_ AMT membership no.: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Relationship to nominee (e.g. teacher, colleague, friend): \_\_\_\_\_

How long have you known the nominee? \_\_\_\_\_

Signature: \_\_\_\_\_

### CRITERIA

- At least three years of practitioner level membership with AMT
- Current First Aid Certificate, Insurance and adequate CEUs
- Good financial history with AMT
- Active AMT membership (attending meetings, events etc)

### SUGGESTED REASONS FOR AWARD

Industry initiative in:

- Business and professional practice management
- Ongoing relevant education
- Principles and practice of massage
- Team leadership
- Development of AMT and related bodies



# NOMINATION FORM

## AMT "STUDENT THERAPIST OF THE YEAR" AWARD

Please print

Name of student being nominated: \_\_\_\_\_

School at which nominee is a student: \_\_\_\_\_

Course being undertaken by student: \_\_\_\_\_

Name of nominator: \_\_\_\_\_ AMT membership no.: \_\_\_\_\_

Position held at the School by nominator: \_\_\_\_\_

How long have you known the nominee? \_\_\_\_\_

Reasons for nomination – please refer to the criteria below (attach more paper if required):

Signature: \_\_\_\_\_

Name of seconder: \_\_\_\_\_ AMT membership no.: \_\_\_\_\_

Position held at the School by seconder: \_\_\_\_\_

How long have you known the nominee? \_\_\_\_\_

Signature: \_\_\_\_\_

### CRITERIA

**Nominated by a School/College, teacher or fellow student MUST HAVE:**

- High educational achievement
- Excellent practical skills

### OTHER VALUES:

- AMT student membership
- Extra efforts for School/College or AMT
- Good ambassador for massage therapy
- Participant in School/College or AMT functions
- Good team member
- Dedicated during adversity (e.g. visually impaired or other disability)



ABN 32 001 859 285

# AMT presents ANATOMY WETLAB

**DATE:** Sunday, 23 July 2006

**REWARD:** 20 CEU's for attendance

**TIME:** 9am – 1pm (Morning tea provided)  
Upper Body 1 hour 50 minutes  
Morning tea  
Lower Body 1 hour 50 minutes

**COST:** \$135.00 Member  
(includes GST) \$125.00 Student members  
\$145.00 Non-CEU members  
\$155.00 Non-members

**PLACE:** University of Sydney, Cumberland Campus,  
East Street, Lidcombe (map overleaf)

**The Anatomy Lab is on the ground floor of L block off  
the main quadrangle more specifically at the entry  
under the L sign on the outside of the building behind  
the fourth red planter from the left.**

**NUMBERS ARE STRICTLY LIMITED – SO PLEASE BOOK EARLY TO AVOID DISAPPOINTMENT**

## AMT REFUND POLICY

- Cancellation up to 4 weeks prior – **full refund**
- Cancellation less than 4 weeks but more than 2 weeks – **less 15%**
- Cancellation less than 2 weeks but more than 1 week – **less 25%**
- Cancellation less than 1 week – **less 50%**
- No refund will be given after the event



## Anatomy Wetlab

Please find enclosed:

☐

\$135.00 Member

☐

\$125.00 Student member

☐

\$145.00 Non-CEU member

☐

\$155.00 Non-member\*

**\* NON-MEMBERS, PLEASE SUPPLY ADDRESS & PHONE CONTACT DETAILS**

First name: \_\_\_\_\_ Surname: \_\_\_\_\_

Cheque or Money Order (made out to AMT) ☐

Or please debit my visa/mastercard/bankcard (for banking purposes circle correct one) ☐

Cardholder's Name: \_\_\_\_\_

Card Number:

Cardholder's Signature: \_\_\_\_\_

Expiry Date: \_\_\_\_\_ / \_\_\_\_\_

Please return to:  
AMT Ltd  
PO Box 792  
Newtown NSW 2042  
or fax 02 9517 9952