

President's Report

By Alan Ford

Association of Massage Therapists Ltd

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Workshops advertised in this Journal are not necessarily endorsed by the AMT. The views, ideas, products or services in this Journal are not necessarily endorsed by the AMT.

Our recent election for new Association Office-Bearers is a pleasing signal that AMT is in very good shape indeed.

The quality of the candidates was outstanding. Results of the election are published on page 3 of this Journal and our new Board is profiled on page 10.

Six new Directors officially joined the Board at the close of our Annual General Meeting on April 20. Our Board now consists of a full complement of 12 Directors. Extra heads and new faces can only mean more visionary direction-setting for our Association.

Vibrant management hinges on active engagement and participation: the more that members put their names forward to participate in the functioning of the Board (or a sub-committee), the more likely we will be propelled forward by new and vibrant ideas of how to keep AMT strong, both in the Association marketplace and as a natural leader in professional advocacy.

There have been many other encouraging signs of engagement within AMT. I have been pleased to see a steady regional presence for AMT throughout the Eastern seaboard of Australia. Healthy, enthusiastic regions wishing to participate in the organisation build a strong foundation for our activities. We hope to establish a regional presence in the West this coming year to provide much-needed infrastructure for our growing band of members in Western Australia.

I recently presented a workshop in the Hunter Region, where AMT membership is up around the 120 mark. Twenty-one local members attended. The workshop took place after the region's AGM, which attracted 25 members. If every region can encourage 20 to 25% of its membership to participate in bimonthly meetings and quarterly workshops, we know that our regions are in a healthy position both administratively and financially. Perhaps more importantly, we know that members in the region are well-served and resourced, with rich opportunities for networking and professional development. It also means that those members are grabbing the opportunity to upgrade their skill set in Remedial Massage and therefore making themselves more attractive to the general public as professional therapists.

AMT is a 'Not for Profit' organisation - the small financial contribution that members are required to make at local area meetings is used to support activities in the region. Some regions have used their accumulated funds to start a resource library for members or pay for a professional speaker or take out group advertising in a local newspaper, promoting the professionalism of AMT members. For the cost of not much more than coffee and cake (or a beer!), you help your region promote itself, thereby promoting yourself and your business as well.



in good hands

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One of the keys to running a healthy Association is ensuring that all those involved with management are adequately skilled and equipped with the necessary corporate knowledge to fulfil their specific duties as a Director. As part of this commitment to professionalism in the management of AMT, I recently attended a training course entitled 'The Chairman'. This was a great opportunity to meet with other office holders of professional associations and be trained to be the best in this field. I will continue in my position as President until the middle of next year and hope to provide continued guidance and support to the Board during the remainder of my term, to the best of my ability.

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June edition

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Secretary's Report

By Rebecca Barnett

"If the person you are talking to doesn't appear to be listening, be patient. It may simply be that he has a small piece of fluff in his ear."

Pooh's Little Instruction Book

AMT's recent AGM/Members' Day was a heartening demonstration of the health of our organisation. It was pleasing to report to the 70 members present that the Association is in good financial order and doubly pleasing to experience the level of engagement and interest in AMT's strategic advocacy plan. No-one could be accused of having fluff in their ears.

The Annual Report will be available for download from the AMT website soon. Notification of its release will be sent to members via email.

Results of the Election of Office Bearers

The following AMT office bearers were nominated unopposed:

President: Alan Ford
Vice-President: Keryn Rose
Secretary: Rebecca Barnett

The following Directors have been appointed to the Board as per the results of the 2008 election:

Bronwen Bassett
Kerry Hage
Claudia Iacovella
Antony Lamb
Dave Moore
Jeff Murray
Colin Rossie
Tamsin Rossiter
Derek Zorzit

There is a profile of the new AMT Board on page 10 of this issue.

Conference 2008 in Melbourne

We are pleased to announce that registrations are now open for the 2008 conference at The Rydges in Melbourne.

This year's theme is 'Leading the Way' and will feature a series of keynote sessions and '20/10 summits' focused on future visioning, leadership and advocacy for the Massage Therapy profession. Practical workshops will focus on the assessment and treatment of various presenting conditions.

Online registrations are available again this year in addition to the traditional hard copy forms that come with the conference brochure. If you register online, you will receive instant confirmation of your breakout session choices. Just follow the online registration link from the AMT home page: www.amt-ltd.org.au.

HLT07 rolls out

RTOs are now delivering the new HLT 07 iteration of the national training package qualifications. Please be aware that, although HLT07 qualifications have replaced HLT02, **they do not supercede them**. HLT02 is still a current, nationally recognised qualification.

Be wary of unscrupulous operators offering to "upgrade" you to HLT07. The new qualification is a revision of 02, not an upgrade.

Health Fund news

The proposed merger of MBF and BUPA Australia (HBA) will go ahead. MBF members voted overwhelmingly for the merger. The Federal Court approved the merger on 14 May and implementation will begin on 16 June.

In the short term, this will probably see MBF's provider recognition criteria for Remedial Massage Therapists fall into line with HBA. This means that therapists who hold a nationally recognised diploma or above will be eligible for provider status. The change will not affect existing providers (unless you drop out of the system).

In the longer term, this merger will have more profound impacts on service delivery and choice in the private health sector. As a combined force, MBF and BUPA will now have a market share of between 45 and 88% in each state/territory of Australia (from statistics published in the independent report of the Private Health Insurance Ombudsman "State of the Health Funds Report 2006").

The new entity will almost certainly squeeze out smaller operators which will inevitably lead to less choice and less service. We will need to be especially vigilant to ensure that rebates for services such as Remedial Massage - which currently cost the private funds big bucks - don't start to disappear from ancillary cover plans.

Recent statistics show that both BUPA and MBF recorded the lowest member retention rates of the large funds (PHIO "State of the Health Funds Report 2006") so it will be interesting to observe whether the merger will lead to an improvement in this rather revealing measure of the quality of service delivery.

Not surprisingly, Teacher's Federation Health Fund had the highest member retention rate at just over 95%. This should give us a strong indicator of where we should be directing our clients' private health fund dollar!

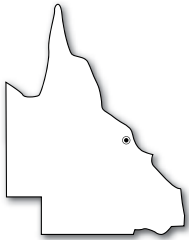
Department of Veteran's Affairs

We are still patiently complying with requests for information from the DVA. Please be assured that, although the process is painstakingly and painfully slow, progress is being made on our submission.

The Education Issue!

This issue of 'In Good Hands' features a series of related articles and interviews on education standards and the future of our industry. I certainly hope you enjoy this special "Education" edition and that it provokes vigorous discussion and debate.

News from the regions



Mackay

by Annie Caruana-Kirchner

Our February meeting left us all intrigued, with a Craniosacral Therapy presentation and demonstration by Ana Kolhorst. Ana spoke about the rhythm of the cerebrospinal fluids, its influence on the function of the brain and the spinal cord, and how imbalances in this rhythm can affect the whole body.

The QiGong workshop presented by Daisy Lee from Hawaii was amazing. We all walked away from that weekend spiritually and physically nourished with many life-changing tools.

The Health and Spiritual Expo will be held at the Mackay Entertainment Centre on 28 and 29 June. If you are interested in holding a stall, contact Julie Ann Farmer on 07 4951 4404.

Our best wishes for a speedy recovery go out to John Bragg. Due to ill health, both of John's workshops have been postponed until further notice.



Blue Mountains by Nicole Benaud

We had a good turnout for our April meeting - an introduction to Shiatsu presented by Kaiya Seaton. Kaiya gave an interesting presentation on the principles of Shiatsu, including Qi, Meridians and Tsubos. She gave a demonstration of a typical treatment for autumn, focusing on the lung meridian. After coffee, tim-tams and a chat, the session ended with a 'Do-In', a sequence for self-shiatsu.

The Blue Mountains group was re-established in September last year. Our aim is to provide a good social network for local AMT members and a diverse range of presenters and modalities, with venues alternating as much as possible between the upper and lower mountains. If you have any suggestions please email me: jarvbenaud@yahoo.com.

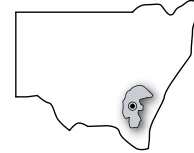
Our Regional Executive consists of the following people:

Chairperson: Wendy Edmonds

Treasurer: Lynne Rymer

Secretary: Nicole Benaud

For our meeting in early June, we were lucky to have Physiotherapist Brenda Elliot, who runs the Rehabilitation Department at Blue Mountains Hospital. She discussed the role of Massage Therapy in rehabilitation of total hip and knee replacements, and rotator cuff tendinopathies.



ACT by Alan Ford

There being no current regional committee for the ACT at this time, I wish to advise all members in the region that the next meeting will be held at Massage Practice and Training, 14 Ipswich Street, Fyshwick on Sunday 22 June commencing at 4 pm.

In the best interests of AMT and members of this region I strongly encourage local members to attend this meeting and form a regional committee. We are looking for enthusiastic people to fill the roles of region Chairperson, Secretary and Treasurer to oversee upcoming AMT events, training and social activities.

AMT has flourishing regional representation of Massage Therapists across Australia. It would be most disappointing if this region, with more than 120 current members and active since the early 1980s when Sandra Morgan first established the group, cannot support its members in the same manner as all other regions.



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CEUs or Education?

By Jeff Murray

The big dilemma for professional associations is the somewhat vexed question of awarding Continuing Education Units (CEUs) for ongoing post-graduate education. It does not matter what modality you practice or which professional association you belong to, you are encouraged to undertake further education. This activity is logged so that you can be allocated with continuing education credits. Maintaining a specific quota of CEUs is a condition of membership for many associations and, certainly, a condition of maintaining provider status with the private health funds.

Which do you rate as more important - the accumulation of CEUs or the accumulation of knowledge? Does one undergo the process of gathering CEUs to retain full accreditation with an association or does one pursue post-graduate education for knowledge, with the accumulation of CEUs a happy byproduct of that pursuit?

To answer this question adequately, I believe we need to look at the larger context within which we operate as health professionals. One example of this larger context is the field of sports medicine.

Sports medicine is changing daily - the protocols that we adhered to ten years ago are not the same now. Rehabilitation of the athlete from the Sydney 2000 Olympics to the Melbourne 2007 Commonwealth Games has virtually done a 180-degree turn. For example, we've abandoned Hot Tubs and moved to Ice Tubs. British research has revealed that stretching before exercise has no significant effect on the reduction of injuries, relative to a no pre-stretch routine. We used to adhere to the notion that post-event massage removed lactic acid.

Now the predominant belief is that the body has already removed lactic acid long before the athlete reaches the massage table.

How does one keep abreast of the ever-changing world of sports science? Is sports science only for athletes and sports therapists?

Keeping up to date with developments in sports science is achieved by attending Sports Medicine Australia conferences, seminars and courses; by looking at the latest research; by seeking out those who are more qualified and searching for answers; and by challenging old paradigms.

But I am not a sports therapist, I hear you say. How is sports science relevant to my clinical practice? In the same sense that car racing is not just about race cars, sports science is not just about elite athletes. Car racing technology has led to the development of safer sedans for the motoring family. The research that is undertaken in the field of sports medicine - and the resulting science - is not just applicable to the athlete but can assist anyone who suffers from an injury at some time.

Knowledge can only ever be an enhancement to our clinical skills, even knowledge that we may consider to be oblique or not directly related to our principal mode of practice. We should not be motivated to attend a seminar, course or conference just because we will earn CEUs. As professionals in pursuit of a sound reputation and respect from allied health professionals, we should be constantly in search of information, which in turn will increase our knowledge base, which in turn will make us better therapists. Awarding points for this activity should be secondary.

My personal view of the CEU system is quite radical: I do not believe that people should be awarded points for attending a conference or a meeting. Attending a conference just to earn points is not a sound motivation in my book. I believe we should be encouraging and rewarding the person who is constantly in search of knowledge, the person who is prepared to go outside of their comfort zone to challenge their paradigms.

In an article published in *Massage Today* magazine entitled 'Don't Get Married' Erik Dalton says:

It's really irritating when you invest yourself in an idea that later proves to be invalid. Although I try not to marry any particular theory or technique, I usually find myself extolling its virtues and developing constructs to support my belief system.

I believe that a lot of us are vulnerable to 'marrying' a belief or protocol that we learnt many years ago, perhaps in our initial training. As a result of this marriage, we carry on with that paradigm or belief system, resistant to change regardless of any new evidence we may happen across.

I am in constant awe of people who are obsessed with the question 'How many points is that worth?' This question seems to take precedence over the most important part of the course; the content. I am also quite intolerant of the person who attends a conference only to achieve their yearly quota of points. People should be attending conferences to mix with like-minded colleagues, to find out what is going on outside the sometimes isolated world of their clinic.

They should be invigorated by the stimulation that the conference offers, by bringing international and national speakers to the table to challenge our beliefs and paradigms. The conference should stimulate the desire to engage in further post-graduate studies.

To quote Pablo Picasso:

I am always doing that which I cannot do, in order that I may learn how to do it.

I would be in favor of awarding people extra CEUs if they attended a course that resulted from a conference, instead of awarding points for attending a conference.

We are the products of an education system whereby we are constantly striving for scores and points instead of competency and skills. Anyone can accumulate points but does that make you a better therapist?

Most of us complain about not being recognised for the work we do. Most of us nag our Association to do more for us as members. Most of us would benefit from being recognised by Medibank Private and the other large private health funds. However, if we don't help ourselves as individuals to show other health care professionals that we are proactive - that we are searching for knowledge and enhancing our skills - then how can we expect to receive the appropriate recognition and respect? If we won't respect ourselves, how can we seek respect from others?

Knowledge is not about attending a conference and being awarded token points just for turning up. Knowledge is about commitment to education, to one's self and to your community and the profession at large.

In this ever-changing environment of sports and remedial therapy, the need to keep up to date is always present. Challenge yourselves, get out there and learn something that will stimulate your brain and make a difference to you, your profession, your association, and your acknowledgement and respect from other health care professionals.

Education and knowledge should be judged by its worth, not by the score awarded.

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Once the database is set up Jeff would envisage sending a copy to all Onsen Therapists and to Onsen International in Canada for their records.

Thank you for your cooperation.

DEADLINE

**Deadline for the
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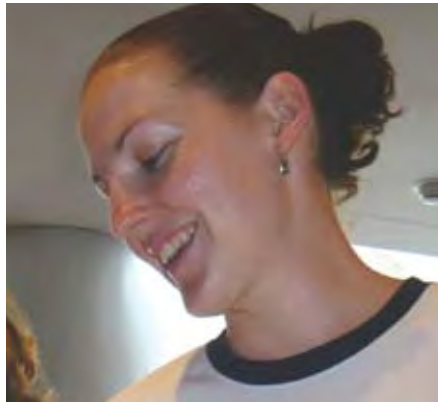
Profiling the AMT Board



ALAN FORD
President

Alan first trained as a Physical Training Instructor for the Royal Australian Navy in 1978 and received an Associate Diploma in Applied Science in 1984. In the final 2 years of his Navy career, he trained as a sports and remedial Massage Therapist and later as an Onsen Technique therapist at University of NSW. He became an endorsed service provider for the Olympic Athlete Program with the NSW Academy of Sport, Australian Sports Commission.

Alan has been a regular contributor to the AMT Journal as the ACT Regional leader and was Awarded AMT Massage Therapist of the Year in 2005. He is currently serving his last term as President of AMT.



KERYN ROSE
Vice-President

Keryn has been in full-time clinical practice for 5½ years. She is passionate about the industry and this led her to take up a position on the AMT Board 2 years ago. She has a strong interest in networking with fellow therapists and nurturing potential networking pathways. Keryn believes that, because Massage practitioners often work alone, the need for greater access to information and communication between practitioners will be a big part of securing ourselves as leaders in the health industry.



REBECCA BARNETT
Secretary

Rebecca has been a member of AMT for 12 years and is currently in part-time clinical practice. Within a month of joining the Association, she volunteered to assist with the then AMT newsletter and several years later took over as Editor, a role she continues to fill somewhat reluctantly.

Rebecca has previously served in various capacities on the AMT Executive and has worked on many major projects, including the redevelopment of AMT's website and our re-branding several years ago. She has organised 3 AMT conferences and, for the last two years, has hurled herself into the line of fire as Company Secretary. During that time, she has written several key submissions and engaged in dogged advocacy work, particularly with the private health funds. She's really quite tired. She has taught at TAFE and lectured at various universities and, in her other life, occasionally works with various corporates as a professional contract editor. In her other, other life she writes, performs and records music that is widely pirated. In her other, other, other life she sees an excellent psychiatrist regularly.



BRONWEN BASSETT
Director

Bronwen has been a member of AMT for 8 years. She also has extensive administration and computer graphic skills. She is committed to continuing education and regularly attends AMT events and workshops.



KERRY HAGE
Director

Kerry has been a member of AMT for two years. She is a practising Myotherapist with 4 years in the industry. She currently works in two multidisciplinary clinics in Victoria. At one clinic, she is mentor and team leader of the Massage Therapy programme and, at the other she assists Massage Therapy students to complete their required practical placement hours under her direct supervision.



CLAUDIA IACOVELLA
Director

Claudia has been a member of AMT for 5 years. She is also a graphic designer with 13 years experience. Shortly after joining AMT, she became involved in revamping AMT's logo as part of a broader project to modernise and strengthen AMT's brand identity. She has utilised her design skills to enhance all aspects of AMT's external communications and marketing. She is responsible for the "look" of all key documents produced by AMT, including the website, journal, conference brochure, annual report and various submissions.

Claudia has served on the AMT Executive for 3 years and is an enthusiastic participant at local meetings, members' days and the annual conference.



ANTONY LAMB
Director

Antony has been a member of AMT for 6 years. He is also an endorsed Enrolled Nurse. He has previously served on the AMT Executive and was Illawarra regional representative for a year.



DAVE MOORE
Director

Dave has been a member of AMT for 8 years. He is also a qualified engineer and has extensive senior management experience in both the ABC and SBS. Many AMT members would recognise Dave from the myriad times he has provided audiovisual support at members' events. His commitment to Continuing Education and professionalism is exemplified in his CEU record, which would be the envy of any aspiring therapist.



JEFF MURRAY
Director

Jeff Murray has been a member of AMT for 16 years. He is well known to most members who have seen him present at numerous conferences and AMT workshops. In 1998 Jeff was appointed the Director of Sports Massage for the Sydney 2000 Olympic and Paralympic Games. At the end of the Games Jeff was appointed as Massage Coordinator with the NSW Institute of Sport. He is also the only Onsen therapy Instructor in Australia and the southern hemisphere. He was AMT Massage Therapist of the year in 2006.



COLIN ROSSIE

Director

Colin has been a bodyworker for over 20 years and a member of AMT for 10 years. He has served on the boards of both the Australian Roling Association and the AMT. He has been the convener of AMT's Strategic Planning sub-committee since 2006 and Chair of the Ethics subcommittee since last year. Colin contributes regularly to 'In Good Hands', has presented workshops for AMT members, been actively involved in the promotion of AMT to students at many TAFE Colleges and represented AMT at the American Massage Therapy Association conference in Cincinnati last year.



TAMSIN ROSSITER

Director

Tamsin has been a member of AMT for 16 years. She was regional councillor in the Blue Mountains for 8 years and was instrumental in significantly increasing branch membership during that period. In 2000, she was awarded AMT Massage Therapist of the Year and in 2001 she co-ordinated the AMT Annual Conference, held in Wentworth Falls. She is now acting Head Teacher and Blue Mountains TAFE and serves on the AMT ethics sub-committee.



DEREK ZORZIT

Director

Derek has been a member of AMT for 8 years. He joined the AMT Board last year and brought with him a much-needed fresh perspective. He came to Massage Therapy via the Fitness Industry and he holds a Degree in Sports Science. His successful business in Canberra employs 8 staff with the main area of focus being rehabilitation and Remedial Massage for injuries.

Derek spent 5 years working part-time with the ACT Brumbies and has also worked with the Australian Rugby Union team, the Wallabies.

Competency-Based Education - Spot the Difference

Interview with Stewart Condie, by Rebecca Barnett

National Competency Standards have been in place in our industry for 5 years now. Debate still rages around the issue of quality of delivery and whether the rollout of competency-based education has had a positive or detrimental impact on the standard of training. Many of us still struggle to get our heads around the concept of competencies and some educators have been slow to make the transition from traditional academic and curriculum-based thinking to this new mode of workplace-oriented delivery and assessment.

Given the rollout of HLT07 (the revised HLT02 training package), it seems timely to devote some space to the vexed issue of competency-based education. In this interview, Rebecca Barnett talks to Stewart Condie, Program Coordinator for Complementary Therapies at Royal Melbourne Institute of Technology and a keen advocate of Competency Based Training.

How would you characterise the main differences between competency-based and curriculum based education?

Competency based education forces the teacher to be more specific with the information that is delivered to students. There is a greater emphasis on workplace outcomes so theory elements must be delivered in a way that is contextualised and relevant.

The underlying premise of competency based education is the demonstration of a skill. This fosters a reflective process where teachers must think specifically about relevance of content and how the information delivered will be assessed.

I believe that competency based education, if delivered effectively, minimises the amount of non-clinical information delivered. Although there are certainly some issues with competency based education, curriculum based education often leads to over delivery of irrelevant theory.

We've had competency-based education in place for Massage Therapy for 5 years now. How far do you think we've moved in real terms from curriculum style delivery and assessment in that time?

I do not think that many colleges have actually embraced the competency model at all. Many still deliver the same program that they did 6 years ago but call it competency based education. Just because a student is enrolled in competencies rather than subjects does not mean they are completing or being given competency based training.

If you are still sitting a vast number of written examinations then, chances are, you are still stuck in a curriculum model. The mere fact that students still enrol in discrete modules of anatomy and physiology at 99% percent of the educational institutions teaching massage therapy means that it's highly likely these institutions are still delivering the way they delivered 6 years ago.

What do you think the main hurdles to mainstream acceptance of competency-based training are?

Educators (and people in general!) do not like change and this creates a negative attitude. I can't tell you how many times I've heard the words they either "can or can't do it" or "are competent or not yet competent". This is a reductionist attitude that boils the competency based assessment process down to a misleading yes/no equation.

So I guess one of the biggest practical hurdles to the acceptance of this mode of delivery is the inability to find the nuances in the competency based assessment process.

The traditional 'pass or fail' or '50% equals a pass' model of assessment is actually no better as a predictor of quality therapists. I believe that competencies allow you to set very high standards based on the specific clinical knowledge that you are delivering. Essentially, a student could be not yet competent because they are lacking 10% of the required clinical knowledge, rather than passing with 50% of the required theoretical knowledge. Again, the emphasis is on educational outcomes and relevance. In other words, you can set the bar for achievement of competence quite high so there's no necessary drop in standard, even though you won't see a distinction showing up on a student's academic transcript.

So are you saying there are degrees of competence?

There will always be degrees of competence. Competency is based on the ability to perform a task to a satisfactory level that meets all the requirements outlined by the competency as interpreted by the teaching staff. Some students will achieve basic competency and some will have a higher degree of competency but they are all competent and safe.

If we try to boil this down too much people will jump on the bandwagon and say "But if Sally is better than Jenny then Jenny is not that good and not yet competent". If we only ever focus on the highest common denominator then we should only be passing 1 person per year. Unfortunately, Massage Therapy involves a complex set of skills and even our own industry is yet to define precisely what that skill set should be.

By way of contrast, most forklift driving courses across Australia would have and expect the same outcomes. Our industry does not - and perhaps never will - have that degree of standardisation in training. But maybe we should be working towards it.

In your view, what are the main advantages of competency-based education for Massage Therapists?

As previously stated, it forces educators to reflect on the information that they are delivering. I believe that our industry has always over-delivered on certain kinds of theory in its attempts to be accepted and work alongside the wider allied health industry. Physiology is a prime example of this: knowing about all the systems of the body at a minute cellular level does not produce a better Massage Therapist. Before I am assailed by cries of outrage, let me explain this statement, I am not proposing not delivering physiology, just saying that the physiology delivered should be highly contextual and focused, providing the student with the information they need to be clinically effective. A little less of the renal system and a lot more about the current concepts in fascia, for example, would be a great start.

Clinically relevant information needs to be delivered in massage training by Massage Therapists and not be those who have little understanding of clinical outcomes.

This sounds great. But where do you find enough Massage Therapists/Educators to teach this kind of clinically-oriented content?

We need to stop hiring non massage therapists to teach any subjects delivered in a massage course. Most physiology is taught as strict physiology i.e. taught from the scientific model and not from the clinical model. We need to step up and be counted and say "I can teach physiology from a clinical standpoint so we don't need that hard science-based person teaching it."

I would prefer to be treated by someone who has a good understanding of the musculoskeletal responses in acute inflammation than someone who can tell me about the vas deferens.

Where do we find these people? I agree that's not easy!

Are there any disadvantages in the shift to Competency Based training?

No one understands it. Full stop.

Do you think that competency-based training can provide an adequate platform for therapists to get involved in research or do we need to look to more traditional academic models for that kind of preparation?

No, for this we need to have a more traditional curriculum model or at least a comprehensive and clear competency mapping document that clearly outlines the equivalencies and can be readily understood by academics and university bureaucrats steeped in curriculum based thinking.

I see lots of students go on to further education but there are substantial barriers because their transcripts don't show that they have studied Anatomy and Physiology. The training package competency "Provide the Remedial Massage Treatment" is usually used to map against A & P but it does not come across well.

I also think that TAFE students are not meant to be involved in research at a high level. However, the clinical case study could - and should - be something that competency based education can successfully deliver and could provide the clinical data to foster research opportunities.

Do you think that the VET (Vocational Education and Training) sector is the natural home for Massage Therapy education or is there a place for baccalaureate programs for Massage Therapists in universities?

With our current set up, I believe the VET sector is the only place for massage training. Until we remove all the different levels of qualification - from the old Certificate IIIs to Advanced Diplomas - and clear any confusion about our qualifications framework, then VET is our natural home.

Last time I checked you were either a Chiropractor or not a Physio or not an Osteo or not a Something Else but at any given social gathering there are people claiming to be Massage Therapists who may have completed anything from a weekend workshop to a 3-year Advanced Diploma.

Having said that, I would like to see Massage Therapy in higher ed but only when all lower forms are no longer delivered, otherwise the graduate destination outcomes are not viable enough to warrant the increased training.

The industry is fragmented enough without adding another factor. This is something all colleges, both private and public, should consider before inventing qualifications to fleece the unsuspecting student of money and add no further benefit to the public!

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Where next? Towards a brighter future

Interview with Rebecca Barnett, by Brad Hiskins

The following interview originally appeared in the Soft Tissue Therapy e-mag. It is a regular feature in that publication. In this interview, Brad Hiskins asks Rebecca Barnett a series of probing questions about where our industry is heading. Rebecca will expand on many of the issues discussed here in her conference keynote address in Melbourne.

Where do you see our education in 10 years?

I'd certainly like to see us broaden our scope to encompass opportunities for study in the tertiary sector. And by this I mean industry-specific pathways for study in recognised universities rather than de facto degree courses tacked onto the end of advanced diplomas convened by private institutions with no independent review.

However, I wouldn't like to see us make a complete shift away from the vocational courses being offered at the TAFEs etc. I think there is room in the industry for both vocationally trained and tertiary trained therapists. One of the best massages I ever received was from a TAFE student who was previously a bricklayer. He was on his way to becoming a damn fine Massage Therapist - but I very much doubt that a tertiary degree would have drawn him into our profession.

I'd hate to see this kind of diversity disappear. I believe it's something we should embrace and harness where appropriate.

A complete shift into the tertiary sector is not a guarantee of better quality therapists either. One could perhaps ask whether the quality of nursing care improved when the entry-level qualification became a university degree. Personally, I think the move to tertiary-trained nurses left a huge hole in the primary care field. I'd hate to see us replicate that mistake.

I also think that the question of how we educate massage therapists is bigger than just the merits of vocational versus tertiary streams. From where I sit, a commitment to continuing education and lifelong learning is crucial to our development as professionals. Perhaps I'm a hopeless optimist, but I'd desperately like to see a major change in our community attitude to ongoing learning and a far higher proportion of therapists relishing continuing ed as an opportunity rather than a burden.

Pass me that half-full glass of chardonnay, will ya?

Where do you see our research in 10 years? Who will be funding it?

Without a major revolution in the political climate of this country (and perhaps worldwide) I don't really hold out much hope that universities will be a source of funding for our research. The pie is getting smaller and smaller and being divided between larger and larger numbers of disciplines.

When I was doing my degree in the mid-80s, Australian universities had just started to make the transition from being pure centres of learning to becoming businesses with bottom lines to meet. Vice-chancellors were sought on the basis of their business smarts rather than their academic reputations - the more "visionary" ones saw the writing on the wall and became extremely entrepreneurial in their approach to management and funding.

Why is this relevant to us I hear you ask?

Given the current climate, I believe our industry will need to adopt a research agenda that is firmly built on self-reliance and funded by a highly inventive, entrepreneurial spirit.

I think the Associations need to take a leading role here with the establishment of research grants and scholarships to support the work that needs to be done. And the first step towards achieving this is creating mainstream acceptance within the community that research is crucial to our future flourishing as a serious, credible profession.

Obviously, this rather altruistic vision of Association commitment to the research agenda relies on each organisation refocusing their strategic efforts away from the rather shallow and mindless pursuit of numbers and towards the leadership goal of building long-term viability and credibility for the profession they serve.

AMT has traditionally set aside our annual conference profits for a research fund and has awarded several grants over the last decade. Our most recent grant is helping to fund the first and, thus far, only Australian PhD specifically investigating the effects of Massage Therapy (on patients with spinal cord injury). A modest start I know ...

You would also be aware that AMT's 2006 annual conference was dedicated to research - promoting the value of research to our community is a much-needed baby step in the context of our one hundred years of crawling! Maintaining the rage is easy once you've created the groundswell.

We also need to make a strong case to the government on the basis of the rising costs of health care. We need to use the available research to demonstrate the massive cost benefits inherent in preventive and wellness models of healthcare. I believe our industry is in the box seat to make this case.

What areas do we need to collect data on within the next ten years to objectively form our future?

I guess before we can make rash assertions about where our education should be in 10 years, we need to make a thorough objective assessment of where it is now. With national standards bedded in for 5 years and a new HLT now being delivered, we're overdue for a review. I think we need to survey the RTOs to get a picture of how they are delivering the qualifications and how much restructuring has occurred since the introduction of the health training package. For starters, I'd really like to know how many therapists are graduating every year and what percentage of these are Certificate IV, Diploma and Advanced Diploma ... We shouldn't be relying on entities like the Community Services and Health Industry Skills Council (CSHISC) to complete this review process for us. Their prime interest is in consensus across the sector rather than addressing the specific needs of each industry that falls under their current scope.

I also think we urgently need a profile of the "average" Massage Therapist. Who is out there working now? What is their training? How many hours are they working in massage therapy? Are they solely dependent on their income from massage therapy or are they supporting themselves with second incomes? What are their "specialities"? Are they self-employed or working for other businesses?

Obviously, gathering objective data on how people are working in their clinics is a much tougher brief. If there's anything we can say with absolute confidence in the absence of hard survey data, it's that the industry is characterised by an astonishing level of diversity in approaches, schools of thought, clinical reasoning and underpinning values and beliefs. For me, the crucial thing is finding ways to turn that diversity into an asset rather than a liability.

But without having at least some of this objective data it's tremendously difficult to mount a convincing case to take to government.

Also, being more sentient and objectively aware of who we are now will help us to chart a clearer path towards the future that incorporates the desire for greater mainstream acceptance and ever-increasing levels of professionalism.

Where do you see our job growth in ten years?

I think the early research supports a far greater involvement in the primary care system and certainly palliative care. I believe that massage therapists have already made great inroads in the field of sports therapy so, proportionally, there's likely to be slightly less growth in that area though I would anticipate more paid positions to open up in the sports arena too.

If I can be permitted to make any grand motherhood statements here, I would say that the main area of growth is likely to be an increase in the percentage of practitioners working full time in the industry. Anecdotal evidence suggests that we are currently very much a part-time industry.

What association format would you like to see in ten years?

I've wrestled this one over for many years now and dreamt about it waaay more often than I'd care to admit. If you'd asked me this same question a year ago my answer would have been very different so I guess the one thing I can say with confidence is that my opinion is not fixed and rigid but rather constantly evolving in response to developments and trends within the industry.

But I haven't actually answered the question yet have I?!

I think we need more than one monolithic association to serve the needs of the industry. Choice is crucial. However, I believe we also need some kind of umbrella organisation to co-ordinate efforts in a few key areas, education standards and a national code of conduct being two primary examples of where we urgently need some consistency.

And I'd like to see us get a head start on working out a model that can encompass both choice and coherence of industry policy. The Council of Australian Governments (COAG) has established national regulation requirements for 9 professions within the primary care system so we need to take the running on our own arrangements before we're caught in the crossfire of government agendas we may not like. We should be going to government with a policy position and a model of delivery to back up our case. To do this, we need a vigorous dialogue and objective data ... which takes us straight back to a few questions ago.

What are our greatest hurdles to achieving these goals?

Engagement. I know a lot of criticism is laid firmly at the door of the associations for failing to take an appropriate leadership role. Some of this criticism is no doubt valid but, without an engaged and committed membership, it can be incredibly difficult for organisations to break out of basic operational mode and into visionary/strategic mode.

If we can leap over the hurdle of disinterest, I reckon the sky is the limit for our industry.

The glass half full side of my personality envisions a future where every single massage therapist on the ground is an activist for their wider professional community. This activism can take any number of forms - committing to continuing education and advancing your professional skills and status is a form of activism; mentoring a colleague is a form of activism; starting a forum for therapists with common interests is a form of activism; and making a formal submission to government is a form of activism...

Essentially, any evidence of an increase in the levels of engagement is good news for our industry. We're a microcosm of a much larger political landscape that thrives on disconnection and disinterest - change and engagement in our backyard can also create a ripple that has a much larger sphere of influence in the bigger picture.

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The Basic Cost of being a Massage Therapist

By Colin Rossie

So, you've qualified and now you have a busy practice working many hours a week with your clients. Perhaps you work in a clinic with other therapists or you are a sole practitioner. Perhaps you only see a handful of clients or you have retired from an active practice and do 1 or 2 people a week from home. Maybe you only do voluntary work ... the local nursing home or sports team, the payoff being pride in your work or a warm glow inside.

The income you receive from Massage Therapy will vary in all these scenarios but one underlying issue informs them all - can you really afford to be uninsured? The unequivocal answer to this is no!

If you are qualified and practising any massage, regardless of whether you are receiving an income, you are liable for the consequences of your work. Thus you are required to carry insurance.

Being a member of an association makes insurance cheaper. If you are qualified and not a member of an association, the cost of insurance can skyrocket to around \$1,000 more per annum.

In AMT there are 3 classes of membership:

1. Auxiliary membership
2. Student membership
3. Practitioner membership (General and Senior Levels 1 & 2)

Auxiliary members

Auxiliary members are not eligible for insurance via AMT.

Student members

Student members of AMT can obtain insurance with our main insurance underwriter, OAMPS, once they have completed and passed their first semester of study. Depending on the level of cover and whether the student is charging for treatment, insurance costs \$127 - \$253 per annum.

Certain requirements must be met in the treatments students offer - they must identify their student status to clients and only perform relaxation and general health maintenance style treatments.

Given that students can currently join AMT for free, this insurance cost represents an outlay of as little \$2.50 per week to practice.

Practitioner members

The following calculations represent the basic cost of membership per annum, thus the basic yearly cost of practising Massage Therapy in a safe, ethical and professional manner:

General Level membership:	
Annual membership fee	\$150
Insurance - \$1,000,000	\$197
Cheapest CEU investment	\$120
TOTAL	\$467

This works out to be less than \$9 a week. Though the CEU rates I quote represent the cheapest I could readily find, you could possibly fulfil your CEU requirements for less. Please note that I am not advocating 'doing it on the cheap'. Personally, I think you should never scrimp on the cost of good continuing education.

I have seen someone charge as little as \$50 for a 1-hour treatment recently. More commonly I've seen \$65 - \$70 an hour as a basic, starting rate. So, if you do only 8-9 hours of paid massage work per annum, you can afford to cover this basic cost.

If you accidentally do something to your client and you are uninsured, what will that cost? Even if you back your clinical skills 100% there are things you have no control over - for example, if a client trips on the stairs on the way out and requires a full knee reconstruction.

Even if you are doing only one paid

massage a week from home, you can easily afford \$9 a week - and you get to keep your home if something goes awry.

For Senior Level 1 members the costs rise to \$9.75 a week. Here are the sums:

Senior Level 1	
Annual membership fee	\$190
Insurance - \$1,000,000	\$197
Cheapest CEU requirement	\$120
TOTAL per annum	\$507

With \$2,000,000 cover, Senior Level 1 membership costs just \$10.27 a week or \$534 per annum.

Let's go deluxe with Senior Level 2:

Annual membership fee	\$220
Insurance - \$5,000,000	\$264
Cheapest CEU requirement	\$120
TOTAL per annum	\$604

This represents just \$11.62 a week for \$5,000,000 insurance. For \$1,000,000 insurance it would cost \$10.33 a week (\$537 p.a.), for \$2,000,000 insurance the cost would be \$10.85 a week (\$564 p.a.) Of course, Senior Level 2 members would likely pay a lot more for their CEUs.

Again, I emphasise that these are just the basic costs of being able to practise Massage Therapy ethically and professionally. Without paying these basic costs, you won't be able to practise. Tables, oils, linen, rent and other plant and equipment are obviously in the larger cost equation. But none of those things matter if the basics haven't been met.

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Spotlight on Psoas

In the June 2003 edition of In Good Hands, we published a brief article by Mark Deal on the postural effects of a shortened psoas muscle. This article caused a veritable storm of responses.

Five years later, the actions of psoas are still being debated in various forums. The little beggar still attracts passion and controversy!

In light of the ever-present interest in this enigmatic muscle, we thought it worthy to revisit the original dialogue.

HOW DOES PSOAS INFLUENCE PELVIC TILT? by Mark Deal

Another question needs to be addressed before we can tackle the issue of how psoas influences pelvic tilt. Firstly, are we talking about both Iliacus and Psoas Major when looking at possible pelvic rotations? Though both muscles have a common insertion (or inferior attachment), the line of pull will vary depending on contraction of each of the muscles respectively. Iliacus will have a medial vector of pull providing for a possible medial rotation of the Ilium while Psoas will have a downward, lateral and anterior vector of pull with respect to the lumbar spine.

For the sake of argument, I will concentrate on the role of Iliopsoas as a combined muscular structure.

The iliopsoas is mainly a hip flexor and weak lateral rotator, and shortening will result in pulling the iliac bone anterior-inferior, increasing the lumbosacral angle and increasing lumbar lordosis. <http://www.chiroweb.com/hg/10/03/25.html>

Michele wrote a 550-page book, Iliopsoas, in which he relates psoas spasm to pelvic tilt, exaggerated lumbar lordosis, compensatory dorsal kyphosis, back pain, sacroiliac dysfunction, degenerative hip arthrosis, degenerative disc disease, spondylolysis, spondylolisthesis, scoliosis, malposture, and meralgia paraesthetica, among others. (Michele AA: Iliopsoas. Springfield, Ill: Charles C. Thomas, 1962)

The next question we would have to consider is which other muscles and structures are involved with a particular pelvic tilt or rotation?

Below is a table of projected alignments of the Pelvis and Lumbar spine with respect to muscles of the lower trunk and thigh. <http://www.hscsy.edu/cdb/grossanat/limbs10.shtml>

I think the question requires more discussion and maybe a more concise questioning. A test that may indicate tight iliopsoas is suggested by Michele. (Michele AA: Iliopsoas, 1962) Client lies at end of table with uninvolved right hip flexed. Examiner extends the left knee and flexes left hip as far as client will allow. Examiner's left hand is placed on client's left ASIS in order to palpate for anterior rotation of the innominate (Ilium). Examiner then allows the left leg to drop (towards extension). If examiner palpates ASIS movement before the leg reaches 30 degrees from the horizontal, there is significant hip flexor tightness. The hip should be able to extend 20 to 30 degrees below the table with ASIS movement.

ALIGNMENT OF THE PELVIS

MUSCLE GROUPS	Pull On The Pelvis	Pelvic Alignment	Lumbar Spine Alignment
Posterior Back: Erector Spinae	Posteriorly & Upward	Anterior pelvic tilt	Increased lordosis
Anterior Abdominal: Rectus Abdominis, Ext. Oblique	Anteriorly & Upward	Posterior pelvic tilt	Decreased lordosis - Flat back
Hip Extensors: Gluteus Maximus, Hamstrings	Posteriorly & Downward	Posterior pelvic tilt	Decreased lordosis - Flat back
Hip Flexors: Iliacus, Psoas, Tensor Fascia Lata, Rectus Femoris	Anteriorly & Downward	Anterior pelvic tilt	Increased lordosis
Hip Abductors: Gluteus Medius, Gluteus Minimus	Laterally & downward on same side	Ipsilateral tilt downward	
Lateral Abdominal: Internal Oblique Transversus Abdominis	Medially and upward on same side	Contralateral tilt downward	

THE PSOAS QUESTION by Alan Ford

I would like to take this opportunity to present an opposing view in relation to the shortened psoas muscle. The conventional view is that a shortened psoas will increase lumbar lordosis and increase anterior pelvic tilt but I believe that the opposite is the case. I base my findings on both clinical and practical experience which includes 30 years as a physical training instructor and 15 years as a sports and remedial therapist.

I and many other therapists believe that a shortened psoas muscle causes the pelvis to tilt in a posterior direction and encourages a loss of lumbar curvature. I base this partly on observation of the pelvis and lumbar spine during one of the most common of all gym exercises to strengthen and shorten the psoas muscle. The exercise uses a roman chair which enables the athlete to maintain their body weight on their forearms, with the lower thoracic and lumbar part of the back pushed into a padded backboard and the feet clear of the ground. To fully shorten the psoas/iliacus the knees are flexed and once the quadriceps are in a horizontal position the athlete is encouraged to raise the knees in an arc up and inward toward the chest. This exercise is complete when the psoas and iliacus are in their most shortened position, the lumbar curvature is completely lost (and in fact reversed) and the pelvis is tilted posteriorly.

My clinical findings also support this theory. Most clients who have a career where the majority of their work time is spent in a sitting position i.e. with the psoas shortened, have posterior pelvic rotation, flat lower back and short hamstrings.

When considering the above issues we should remember that lumbar spine facet joints move sideways, forward and, in this case, backward. The sacroiliac joint opens and the hip joint is also very flexible. The pull of the psoas muscle is up and towards the origin of the muscle at the lumbar vertebra, the femoral head will glide forward and the psoas pulls in a forward and upward movement as the pelvis moves into posterior rotation.

During my workshops, I ask students to place their thumbs on either side of the navel (i.e. each thumb is lateral to the navel) and to push posteriorly with the thumbs toward the psoas origin. With the index fingers stretching inferiorly to the point of distal attachment of the psoas/iliacus, I ask the students to induce anterior rotation of the pelvis. In doing so, they always note that the psoas increases in length as it must stretch over the excessive lumbar curve and that the distal attachment has now moved downward and under the rotation of the pelvis. I then ask the students to reverse the action previously described and when taking the pelvis into posterior rotation and lumbar kyphosis the index finger and thumb come together as the psoas shortens.

The reason some therapists may take the opposing view of the postural influence of psoas is that, when they conduct the Thomas test to measure the length of the psoas muscle, many people with excessive lumbar curvature appear short in the psoas. I believe that this is due to the extreme amount of tensile stress in the muscle – when applying the Thomas test, the muscle is so over stretched it is unable to stretch any further, giving the impression that the muscle is short.

I would like to finish by asking two questions:

1. Why is it that the two most common exercises to stretch the psoas are the lunge, and lying prone with the pelvis in contact with the floor and arms straightened to raise the chest off the floor thus encouraging excessive lumbar curve?
2. Would you advise the following as a psoas/iliacus stretch: client supine on the floor with knees toward the chest as tight as possible to reverse the lumbar curve and remove the anterior rotation of the pelvis?

TO TILT OR NOT TO TILT?

by Catherine Tiney

As skilled practitioners we need to utilise a combination of practical skills, clinical observation and sound anatomical understanding. When we observe a postural pattern in the body it is important to distinguish the cause and effect. If we observe that a client has a posterior rotation of the ilium on both sides (posterior pelvic tilt) we need to be careful not to assume that it is because of a tight psoas even if the client also happens to have a tight psoas. There is a very good chance that their hamstrings or rectus abdominus are shortened and holding the pelvis in this position.

Given the complex function of the psoas, it is far too simplistic to conclude that because the client has a posterior rotation and a contracted psoas (on palpation) that therefore the psoas causes the posterior rotation.

One of the first principles of the effect of each muscle on its surrounding structures is that a muscle can be tight and short (which pulls the two ends together) or it can be weak and long (which allows the two ends to move further apart). However, if a muscle is required to work hard in a lengthened position it can also become tight and long (for example, tibialis posterior in someone with pronated feet). Also, muscles which have been overworking in a shortened position can become weak due to tightness and Trigger Points (for example, pectoralis major and minor in someone with forward, internally rotated shoulders). If we then reexamine our client with a posterior rotation, tight psoas and tight hamstrings, we may find that the psoas is working in a lengthened position (when standing).

Let us also further this discussion with the example Alan used of the 'Roman Chair'. Alan rightly describes this as an exercise for the psoas but it is considered by many gym participants to be an abdominal exercise. I see the Roman Chair as a perfect piece of equipment to demonstrate that the psoas causes lumbar lordosis when contracted.

A gym instructor may say 'make sure when you do this exercise that you keep your lumbar spine flat against the back rest to work your abdominal muscles'. Most participants find this instruction near impossible unless they have extremely strong abdominal muscles because, as soon as the psoas activates, a lumbar lordosis occurs then, once hip flexion increases, the lumbar lordosis is lost due to the normal biomechanics of the body.

People with normal flexibility may reach 15° and 30° knee flexion (from legs in horizontal position) before loss of lordosis occurs but those with less flexibility in the hips will lose the lordosis sooner due to stretching of the posterior soft tissues.

Finally, I would like to address at least one of the questions Alan posed to those with an opposing viewpoint. The question Alan asked was why would you use a lunge position to stretch the psoas if the psoas is in a shortened position during an anterior pelvic tilt? The answer is in how one does the lunge. To effectively stretch the psoas the pelvis needs to be stabilised (by actively rotating the pelvis posteriorly) before moving into the stretch position. It is then possible to feel a very effective stretch deep in the psoas region.

I congratulate Alan on stimulating healthy discussion in our Journal.

PSOAS REVISITED by Paul Doney

The psoas muscle has its origins on the transverse processes and the lateral aspects of the vertebral bodies and intervertebral discs from T12/L1 to L5. Its insertion is on the lesser trochanter of the ipsilateral femur. As such, the muscle crosses 5 or 6 sagittally oriented synovial facet joints and their accompanying fibrous, intervertebral joints, as well as the combined fibrous/synovial sacroiliac joint and the synovial, ball and socket hip joint.

You would be hard pressed to find another muscle in the body that crossed so many joints with such a wide range of structures and functions.

In addition, the attachments of the psoas lie roughly equidistant, superior and inferior, to the centre of gravity of the body, which lies in the midline approximately at the level of the S2 segment of the sacrum. Thus actions of the psoas will be intimately linked to balance mechanisms in the body. The direction of individual muscular fibres in psoas varies from approximately 15° to the vertical, to 30°. Therefore, individual fibres of psoas are capable of applying force at considerably different angles through the lumbar pelvis- hip joint complex.

The anatomy and mechanics of the psoas are further complicated by the blending of fibres near its distal attachment with those of iliacus. There is also the variable size and even absence of psoas minor (which does not cross the hip joint) and the close association of the lumbar plexus.

Another factor to consider is the general principle that when a muscle crosses two or more joints accessory muscles generally act to stabilise the joints and position them to permit the most efficient or mechanically advantageous use of the primary muscle. The effect of this where the psoas is concerned is that, in many situations, muscles such as the hamstrings, rectus femoris and the abdominals act to stabilise the pelvis and therefore maintain an efficient use of the psoas muscle.

Finally, the actions of many muscles vary when we consider them in a weight bearing situation (closed chain) versus a non-weight bearing situation (open chain).

I have prefaced this discussion with a brief description of the complexity of the anatomy and function of the psoas in order to emphasise that any discussion of the biomechanics of the psoas will be inadequate to the task unless you are talking about a text such as the 550-page, "Iliopsoas" by Michele¹. With this caution in mind, let's take an experimental look at just a **few** actions of the psoas using our own bodies (or that of a client) as a model. In the following exercises place your hands on the muscles described to feel them turn on and off.

POSITION: SUPINE (OPEN CHAIN)

a) Lying supine on your table and lifting one straight leg obliges the contralateral hamstrings to fire (you will feel the contralateral heel push into the bench). This produces a pull on the ischial tuberosity that will stabilise the pelvis and prevent it going into anterior rotation. Most people will keep the toes of the lifted leg pointing toward the ceiling when doing this. In order to do so they have to contract their adductors (which also work as internal rotators of the hip). When the hip is then externally rotated you will feel the adductors soften. But the external rotators will remain soft as the psoas is doing the external rotation.

b) Move to one side of the bench so that one bent leg can fall over the side of the bench without you having to use much muscle energy to stay on the table. Now when the leg on the table is lifted in a straight leg raise the contralateral hamstrings cannot fire to compensate for the potential anterior rotation of the pelvis, so the abdominals will work to hold the pelvis stable. The same applies for the activity of the adductors as in the previous point.

c) With both legs back on the table contract the abdominals and the psoas with the intent of doing a sit-up. You will notice that the heels do not press into the table (they may even raise off the table). Very soon in this process you will feel the rectus femoris muscles contract. This engages the weight of the legs on to the pelvis via the attachment of the rectus femoris to the Ailis. This holds the pelvis in a stable position against the pull of the abdominals. There may be some activity in the hamstrings but it will not be great. Again we have to consider the action of the adductor muscles. If you turn the leg outward you will notice that this time the adductors will not soften as they are also needed to stabilise the pelvis against the pull of the abdominal muscles.

A second way to look at the psoas is to consider a client who you believe has a psoas contracture in the standing position.

POSITION: STANDING ERECT (CLOSED CHAIN)

Scenarios:

1. Client standing with bilaterally

hypertonic psoas muscles. You will observe an increased lumbar lordosis with accompanying anterior pelvic tilt and protrusion of the lower abdomen. There will also be a slight increase in the size of their 'love handles' due to a compressive effect through the lumbar region.

2. Client standing with a hypertonic

right psoas muscle. You will observe a minor lumbar scoliosis, concave to the right. The right side of the pelvis will be anterior to the left side i.e. there will have been rotation of the pelvis in the horizontal plane. This can be observed, statically palpated or motion palpated. If you kneel behind the client and place your hands around their ilia so that your fingertips are over the ASIS you can feel this static malalignment. When you then move the pelvis of your standing client so that it rotates around a vertical axis (alternately pulling your hands back toward yourself) you will find that the pelvis moves less easily in a posterior direction on the side of the tight psoas.

References:

Michele AA: Iliopsoas. Springfield, Ill: Charles C. Thomas, 1962.

A FINAL TILT AT PSOAS

by Dr Paul Coneely

The two muscles under scrutiny in this discussion are the psoas and the iliacus. Although they share some similar actions, they are also have very different actions and this is explained by their different anatomy.

Psoas originates:

- from the anterolateral bodies of L1 to L5 (possibly T12)
- from the transverse process of L1 to L5.
- from the intervertebral discs between

The psoas fascia is a continuation of the diaphragmatic fascia.

Iliacus arises from the inner surface of the ilium bone.

The two muscles share a common tendon and this inserts into the lesser trochanter of the femur.

The combined actions of psoas and iliacus are:

- If the spine and pelvis is held stable, then there is hip flexion and internal rotation of the hip
- If the hip is held stable:
- The psoas produces flexion of L1 and L2 and extension of L4 and L5.
- The iliacus produces bilateral pelvic posterior rotation.

In his piece, Alan used the Roman Chair exercise as an example of the action of the psoas muscle. However, here the subject is actually shortening the iliacus muscle as well as the psoas. To completely shorten the psoas, our subject would have to internally rotate his hips. This is impossible because one leg would hinder the other.

Recent studies have shown that the psoas muscle has two unique properties. These are:

1. Each fascicle of the muscle, no matter where it arises or inserts, is exactly the same length. No other muscle has this property. The reason for this is unclear at this stage.
2. The psoas flexes L1 and L2 and extends L4 and L5.

The (Original) Thomas Test

(presuming the client has no hip problems)

Lay your client supine on a hard surface with their legs fully extended. The test is normal if, when they are in this position, the ASIS and PSIS are vertical to the hard surface.

There is shortening of the psoas present (while legs and knees are extended) when:

- the ASIS rotates clockwise
- the lower lumbar spine is arched so that one can place their hands between the spine and the hard surface they are lying on.

How to determine the degree of shortening in the psoas major on the right side (this is a passively performed test and thus no help from your client is needed):

With the client lying supine on a hard surface, slowly commence flexion of the right knee and hip until the ASIS and PSIS are in one vertical line and the back is flat on the bed. The angle the right thigh makes with the bed indicates the degree of shortness of the psoas muscle.

In my experience of over 37 years, I have very rarely seen a normal length psoas let alone a long one. The vast majority are 10 to 15 degrees short of normal length.

I agree with Alan's observation that people with short psoas muscles demonstrate posterior innominate rotations. This is because, when the psoas is short, it extends L5 and thus forces the L5/S1 facet joint together. The posterior rotation of the pelvis enables these facets to become less compressed and thus not dysfunctional and painful.

When the posterior rotation is produced, the tendon of the psoas has a longer pathway because now the pubic ramus (which it crosses) juts forward. This, in turn, produces more spine flexion at L1 and L2.

Basically, we have the dog chasing its tail. Short psoas leads to postural changes, postural changes lead to posterior rotations. The cycle is repeated.

As regards to the sacroiliac joint, the degree of motion of this joint varies from study to study but the range of motion is regarded as being 2 -3mm. Thus it is not a major player in rotations of the sacrum.

Alan described the action of placing ones fingers on ones pubes and the other fingers in the direction of the psoas muscle. He stated that inducing a posterior innominate rotation brings the fingers closer together and thus the psoas must be shortening to produce this effect.

This notion is totally false. There are several reasons why but the main two are:

1. The fact that the observer does not examine a difference in length between the origin and insertion of the muscle but only between part of the origin and the pube. This basically tests only the perceived change between these two points.
2. The short psoas induced extension of L4 and L5 and any posterior innominate rotation would lengthen, not shorten, the muscle as explained above.

Finally, let's turn our attention to the lunge method of stretching the psoas. Unfortunately, the method described by Alan and Catherine does not stretch the psoas.

Dr Stuart McGill from Canada, the world's leading authority on spinal injuries, states that the basic lunge only stretches iliacus. To demonstrate this, McGill placed recording electrodes in both the psoas and the iliacus and asked the patient to perform a lunge. Only the iliacus resisted the motion (electric detection). He has proposed a newer and more accurate technique that activates the psoas.

The New Lunge

To stretch the right psoas:

1. Assume a right kneeling position
2. Raise you hands above your head and hold hands
3. Sidebend to the left. Never rotation!
4. Move forward into the standard lunge position

This activates both the psoas and iliacus muscle.

References:

Bonica's Management of Pain, Vol 3, 2003, p1588.

Thomas Test: Ross C and Clarkson D K (eds), "The musculoskeletal system in health and disease", Harper and Sons, 1980.

Greenman, Phillip E, Principles of Manual Medicine, 2nd Edition

Stuart McGill – selective papers

Biomechanics of the Skeletal System, Norden and Henkel.

■ amt

Attention all AMT members

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current Senior First Aid certification
as part of their provider
recognition criteria.

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the Health Funds lists.

AMT NEW MEMBERS

*AMT welcomes the following
new members to our Association.*

NSW/ACT

Tyler Blackwell, Samantha Brown,
Yong Jun Bu, Dongning Chen,
Naomi Evans, Thomas Foster,
Alicia Gray, Alana Hoskins,
Natalie Keegel, Nardia Keenan,
Yulia Kiseleva, Nikki Peebles,
Kate Reynolds, Krystal Robinson,
Anna Rollo, Harriet Turnidge,
Michelle Tyson

QLD

Kerry Binnie, Jennifer Newman,
Nicola Smith, Karen Western

VIC

Mursel Akdenk, Louise Atkin,
Melanie Beynon, Emily Chalmers,
Jacinta Evans, Robert Frasca,
Justin Howard, Anna Kelly, Zoe Lawrie,
Stephanie Leggerini, Paul Mauracher,
Carolyn Quinn, Shelley Smith,
Mardi Stephenson, Ashlee Taggart,
Cameron Walker, Natasha Zaharias

SA

Chloe Burney



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Health Fund Status

HEALTH FUNDS AND SOCIETIES

CRITERIA

Commonwealth Bank Health Society
Manchester Unity

These funds recognise all AMT practitioner levels.

ACA Health Benefits Fund (ARHG)
Australian Regional Health Group
Cessnock & District Health Benefits Fund (ARHG)
CrediCare (Credit Union Australia) (ARHG)
Defence Health (ARHG)
Federation Health (ARHG)
GMHBA (ARHG)
Health Insurance Fund of WA (ARHG)
Health Partners (ARHG)
HIF (ARHG)
Latrobe Health Services (ARHG)
Lysaght Peoplecare (ARHG)
Mildura District Hospital Fund (ARHG)
Navy Health (ARHG)
NSW Teachers Federation Health Society (ARHG)
Phoenix Health Fund (ARHG)
Police Health (ARHG)
Queensland Country Health (ARHG)
Railway and Transport Hospital Fund (ARHG)
Reserve Bank Health Society (ARHG)
St Luke's Medical & Hospital Benefits (ARHG)
Teachers Union Health (ARHG)
Transport Health (ARHG)
United Ancient Order of Druids (ARHG)
Westfund Health Fund (ARHG)

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.

Australian Health Management Group
Australian Unity
Geelong Medical Benefits Fund
Government Employees Health Fund (AHMG)
Grand United Friendly Society
HCF
National Mutual Health Fund
NIB
Super Health Plan
Victorian WorkCover Authority

These funds recognise Senior Level One, Two or Three members. HCF require new providers to fax your name, practice address and association name to 02 9279 3549.

MBF
NRMA

These funds recognise members with the HLT 50302 Diploma of Remedial Massage. You must send a signed consent form to AMT. Existing Senior Level One, Two and Three providers remain eligible.

Medibank Private
HBF

Medibank Private recognises Senior Level One, Two and Three members. They require you to apply directly to them. You will need to send them a certified copy of your membership certificate and fill out their application form which can be downloaded from the AMT website.

HBF requires you to apply directly. To register call 08 9265 6125.

ANZ Health Insurance (HBA)
Cardmember Health Insurance Plan (HBA)
Gay & Lesbian Health Fund (HBA)
HBA (formerly AXA)
HealthCover Direct (HBA)
Mutual Community (HBA)

HBA require a nationally-recognised, diploma level qualification from a Registered Training Organisation. Existing Senior Level One, Two and Three HBA providers remain eligible.

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. If you are up-to-date with these, there is no need to apply individually to each health fund: your name will be forwarded for automatic endorsement as a provider.

However, you will need to apply directly to Medibank Private and HBF. Medibank registration forms are available for download in the Health Fund section of our website. To register with HBF call 08 9265 6125.

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 AMTHO of all relevant practice addresses.

Please check the AMT website for further information on specific Health Fund requirements:
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 2008		CEUs
4	Sydney South Branch Meeting. Presented by Erica Fiedler. Hurstville. Ph: 0410 604 510	15
4	Blue Mountains Branch Meeting. Presented by Brenda Elliott. Katoomba. Ph: 02 4757 4902	10
6-10	Neurostructural Integration. Presented by Ron Phelan. Perth Ph: 0419 380 443	175
6-7	Dorn Spinal Therapy. Presented by Barbara Simon. Adelaide. Ph: 02 9918 8057	70
7-8	Fascial Perspectives - Understanding Structure. Presented by John Smith. Sydney. Ph: 02 9522 6770	85
7-8	Eastern Cupping. Presented by Bruce Bentley. Margaret River WA. Ph: 03 9576 1787	70
13-14	Functional Fascial Taping Level 1. Presented by Ron Alexander. Sydney. Ph: 0410 434 092	60
14-15	Authentic Presence - Therapeutic Contact. Presented by Ashuan Seow. Sydney. Ph: 02 9522 6770	85
20-24	Neurostructural Integration. Presented by Ron Phelan. Gold Coast. Ph: 0419 380 443	175
21-22	Muscle Energy Technique. Presented by Paula Nutting. Brisbane. Ph: 03 9481 6724	70
21-22	Posture and Structural Alignment Master Series 2. Presented by Alan Ford. Canberra. Ph: 02 6232 6883	70
21	Mid North Coast Branch Meeting. Port Macquarie. Ph: 02 6584 6661	15
22	Business Workshop. Presented by David Sheehan. Melbourne Ph: 03 9481 6724	35
22	ACT Branch Meeting. Fyshwick. Ph: 02 9517 9925	10
24	Illawarra Branch Meeting. Corrimal Community Centre. Ph: 02 4283 8942	15

July 2008		CEUs
4-6	Onsen Technique Volume III (Cervical and Upper Thoracic regions). Presented by Jeff Murray. Melbourne. Ph: 07 5599 2514	105
5-6	External Injury Workshop. Presented by Bruce Bentley. Brisbane. Ph: 07 3846 1988	70
18-22	Neurostructural Integration. Presented by Ron Phelan. Melbourne. Ph: 0419 380 443	175
19-20	Manual Lymphatic Drainage. Presented by Michelle Yaffe. Brisbane. Ph: 03 9481 6724	70
19-20	Glide Cupping. Presented by David Sheehan. Melbourne. Ph: 03 9481 6724	70
26-27	Stretching Workshop. Presented by Paula Nutting. Melbourne. Ph: 03 9481 6724	70
26-27	External Injury Workshop. Presented by Bruce Bentley. Melbourne. Ph: 03 9576 1787	70
29	Illawarra Branch Meeting. Corrimal Community Centre. Ph: 02 4283 8942	15

August 2008		CEUs
1-3	Onsen Technique Volume III (Cervical and Upper Thoracic regions). Presented by Jeff Murray. Sydney. Ph: 07 5599 2514	105
2-3	Dorn Spinal Therapy. Presented by Barbara Simon. Brisbane. Ph: 02 9918 8057	70
9-10	Stretching Workshop. Presented by Paula Nutting. Brisbane. Ph: 03 9481 6724	70
9-13	Akupunkt - Massage According to Penzel (Course A). Presented by Rene Goschnik. Sydney. Ph: 02 9547 0158	200
9-10	Corporate Seated Massage. Presented by Ron Saleh. Sydney. Ph: 0416 086 426	70
14-18	Neurostructural Integration. Presented by Ron Phelan. Portland VIC. Ph: 0419 380 443	175
16-17	Dorn Spinal Therapy. Presented by Barbara Simon. Melbourne. Ph: 02 9918 8057	70
16	Mid North Coast Branch Meeting. Port Macquarie. Ph: 02 6584 6661	15
16-17	Western Cupping. Presented by Bruce Bentley. Brisbane. Ph: 07 3846 1988	70
21	Mackay Branch Meeting. Mt Pleasant. Ph: 07 4942 8481	15
23-24	Chi Acupressure Workshop. Presented by Master Zhang Hao. Sydney. Ph: 02 9899 9823	70
23-24	Assessment Skills. Presented by Steve Jones. Melbourne. Ph: 03 9481 6724	70
23-24	The Human Machine. Presented by Alan Ford. Perth. Ph: 02 9517 9925	70
23-24	Eastern Cupping. Presented by Bruce Bentley. Melbourne. Ph: 03 9576 1787	70
23-24	Muscular Stress Patterns. Presented by Philip Latey. Perth. Ph: 08 9456 2997	70
26	Illawarra Branch Meeting. Corrimal Community Centre. Ph: 02 4283 8942	15

September 2008		CEUs
6-7	Dorn Spinal Therapy. Presented by Barbara Simon. Sydney. Ph: 02 9918 8057	70
12-14	Onsen Technique Volume III (Cervical and upper Thoracic regions). Presented by Jeff Murray. Tweed Heads. Ph: 07 5599 2514	105
13-14	Muscle Energy Technique. Presented by Paula Nutting. Melbourne. Ph: 03 9481 6724	70
13-14	Ortho-Bionomy Fundamentals. Presented by Anthony Swan. Canberra. Ph: 0412 286 385	70
27-28	Dorn Spinal Therapy. Presented by Barbara Simon. Townsville. Ph: 02 9918 8057	70
30	Illawarra Branch Meeting. Corrimal Community Centre. Ph: 02 4283 8942	15

Please view the Calendar of Events on the AMT website for the complete 2008 listing:
www.amt-ltd.org.au

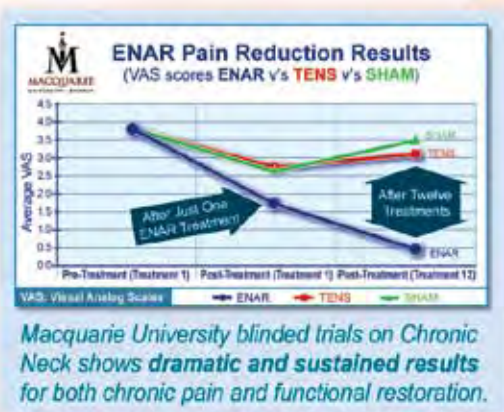
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NOMINATION FORM

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

NOMINATIONS CLOSE ON MONDAY SEPTEMBER 1, 2008.



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: _____

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: _____

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)

NOMINATIONS CLOSE ON MONDAY SEPTEMBER 1, 2008.

ASSOCIATION OF MASSAGE THERAPISTS 19TH NATIONAL CONFERENCE 2008

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THERAPY PROFESSION.

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FRIDAY 24 OCTOBER

9.30AM – 4.30PM

PRE-CONFERENCE WORKSHOPS

Tricks of the Trade
 Massage Cancer and More
 Body Reading Beyond the Plumbline: Ways of Seeing Ways of Being

4.30PM

Earlybird registration

5.00PM

Conference Welcome with Balls

SATURDAY 25 OCTOBER

7.30AM – 8.45AM

Registration

7.30AM – 8.30AM

Rolf Movement Session

9.00AM – 11.00AM

WELCOME - Alan Ford

Mission Possible:

Policy, Advocacy and Leadership in the Massage Therapy Industry – Rebecca Barnett

11.00AM – 11.30AM

Morning Tea and Trade Exhibit

11.30AM – 1.00PM

Diabetes Exercise Initiative – Gordon Waddington
 FFT® Research Presentation - Ron Alexander

1.00PM – 2.00PM

Lunch and Trade Exhibit

2.00PM – 3.30PM

BREAKOUT SESSION 1

Secrets of the Sacrum
 Self Care
 Pre and Post Natal Client Care
 Massage for Asthma and Breathing Problems

3.30PM – 4.00PM

Afternoon Tea and Trade Exhibit

4.00PM – 5.30PM

Breakout Session 1 continued

7.00PM till late

Gala Dinner in *The Backlot*
 Join as we set the music to 'shake your booty' relentlessly!

SUNDAY 26 OCTOBER

7.15AM – 8.15AM

Swiss Ball or Zen Imagery Exercise

8.00AM – 8.45AM

Registration

9.00AM – 10.30AM

BREAKOUT SESSION 2

Secrets of the Sacrum
 Dealing with Diabetes, Arthritis and Osteoporosis
 20/10 Ethics Summit
 Massage for Asthma and Breathing Problems

10.30AM – 11.00AM

Morning Tea and Trade Exhibit

11.00AM – 12.30PM

Breakout Session 2 continued

12.30PM – 1.30PM

Lunch, Trade Exhibit and Movies in *The Backlot*

1.30PM – 3.30PM

BREAKOUT SESSION 3

Myofascial and Structural Considerations in Cervicogenic Pain
 20/10 Research Summit
 Practice Management
 Dealing with Diabetes, Arthritis and Osteoporosis
 (continued from Breakout Session 2)

3.30PM – 4.00PM

Afternoon Tea and Trade Exhibit

4.00PM – 4.30PM

Closing address - Alan Ford

leading the way
 20/10

REBECCA BARNETT

Keynote address: Mission Possible
20/10 Ethics Summit

Rebecca Barnett has been involved in the industry for over 10 years as a therapist, educator and advocate. She is passionate and committed to the advancement of our profession and would like to see all therapists engaged in working towards a common goal of credibility and excellence in professional practice.

RHONDA ANDREWS

Keynote address: Processing the Change and Changing the Process

Rhonda Andrews is Managing Director and Organisational Psychologist of Barrington Centre, a company that specialises in working with organisations to enhance alignment between business objectives and people objectives. Her keynote address will pick up on the central conference theme of leadership and advocacy, specifically focusing on managing change and transition. Rhonda's approach is tangible, practical and solution-focused. Her philosophy focuses on measurable outcomes to any change process.

GORDON WADDINGTON

Plenary Presentation: Diabetes Exercise Initiative

Dr Gordon Waddington is an Associate Professor at the University of Canberra where he is head of Physiotherapy and Exercise Science. He continues to practice as a clinician and holds registration both as a clinical Exercise Physiologist and as a Physiotherapist. He received his PhD from the University of Sydney in 2000 in the area of movement control in the lower limb and its importance in injury prevention.

CICI EDWARDS-JENSEN

Pre-conference workshop: Massage, Cancer and More

CiCi began her career as a Massage Therapist in 1996, quickly moving into oncology massage as part of a multi-disciplinary team at a number of Melbourne hospitals. She also designed, co-ordinated and delivered a wellbeing program at the Royal Women's Hospital to help support patients with ovarian cancer actively receiving treatment and post treatment.

JEFF MURRAY

Pre-conference workshop: Tricks of the Trade
Workshop: Secrets of the Sacrum

Jeff originally studied Massage Therapy at Hunter College of Massage in 1990. After many years of post-graduate study, he is now the only Onsen Therapy instructor in Australia. In 1998 he was appointed the Director of Sports Massage for the Sydney 2000 Olympic and Paralympic Games. He has a busy practice in Tweed Heads and lectures at Kingscliff TAFE.

COLIN ROSSIE

Pre-conference workshop: Body Reading Beyond the Plumblines
Workshop: Myofascial and Structural Considerations in Cervicogenic Pain
20/10 Ethics Summit

Colin has over 20 years experience as a bodyworker, originally as a Shiatsu practitioner and later a Remedial and Sports Massage Therapist, before becoming a Certified Rolfer® and Rolf® Movement practitioner. His work is firmly grounded in a sound knowledge of anatomy and physiology and western science, and an awareness of and exploratory approach to kinaesthetics.

RON ALEXANDER

Plenary Presentation: FFT® Research Presentation
20/10 Research Summit

Ron Alexander is the founder of the Functional Fascial Taping® (FFT) method and presents FFT® workshops in Australia and overseas. He is co-investigator of a randomised controlled trial of FFT® for lower back pain at Deakin University. Ron refined this method over several years while working as the principal Soft Tissue Therapist for the Australian Ballet.

PAUL HERMANN

Extended Workshop: Dealing with arthritis, osteoporosis and diabetes

Paul is an Osteopath, Personal Trainer and one of Australia's leading experts in Swiss Ball Training and Exercise Rehabilitation. He has been in the Health and Fitness industry for over 14 years and is author of "Effective Swiss Ball Training". He has also been exercise adviser to the International Diabetes Institute.

MICHELLE YAFFE

Workshop: Self-care for the Massage Therapist
20/10 Research Summit

Michelle owns and operates her own clinic and teaches at Victoria and Swinburne Universities. She specialises in Manual Lymphatic Drainage and also tutors private students at her clinic.

KAREN LUCAS

20/10 Research Summit

Karen practices as a Myotherapist in Melbourne. Her main interest is myofascial pain and dysfunction and its relationship to movement performance and general wellbeing. She completed her PhD in 2007, investigating the effects of latent myofascial trigger points on muscle recruitment patterns in shoulder girdle muscles and has presented this work in Australia and internationally. Karen is also passionate about research in complementary therapies and the benefits clinicians can obtain from understanding research processes and outcomes.

MIA BROWN

Pre and Post-Natal Client Care

Mia studied Osteopathy at Victoria University, where she also completed a Masters project in conjunction with Berlei Australia. Mia's specialty is in the treatment of women, children and pregnancy-related issues. Additionally, Mia has worked with many elite level junior athletes, including some of Australia's top junior gymnasts and divers. Mia also teaches Anatomy, Physiology and Clinical Neurology at Victoria University.

LINDA HUNTER

Practice Management: The Next Phase

Linda has over 20 years experience as a Practice Manager in the health care industry. She works as a part-time consultant in the field, as well as giving advice and assistance on practice issues to AMT members in her capacity as Executive Officer. She has a Diploma in Practice Management, workplace training and assessment qualifications, and extensive training in OH&S.

JOHN BRAGG

Massage for Asthma and Breathing Problems

John Bragg has been a Massage Therapist for over 20 years. He runs a massage clinic in Katoomba, and teaches massage at TAFE. He worked with the Australian Ballet at the Sydney Opera House during their Sydney seasons for many years.

leading the way
20/10

PRE-CONFERENCE

MASSAGE, CANCER AND MORE

Presented by Cici Edwards-Jensen

In this theory and hands-on workshop, CiCi will address the common myths surrounding oncology and soft tissue therapies. She will discuss skin contact, lotions and hypersensitivities due to treatments for cancer. Practical content will cover draping and other comfort considerations. She will round off the day with a discussion of mortality and the journey towards peace and acceptance of the condition.

TRICKS OF THE TRADE

Presented by Jeff Murray

Tricks of the Trade is the culmination of 18 years of post-graduate studies and practical learning. It is a spectacular grab-bag of quick and simple tricks that Jeff has learnt from some of the best sports medicine doctors, physios, soft tissue therapists and somatic educators. The focus is on breaking the pain cycle and will cover the ankle, shin splints, knee, SIJ, wrist, elbow, shoulder and thoracic pain.

BODY READING BEYOND THE PLUMBLINE – WAYS OF SEEING WAYS OF BEING

Presented by Colin Rossie

In this theory and practical session, we will explore ways of viewing the body beyond the normally considered biomechanical, plumbline model. Drawing on perspectives influenced by Rolfing, Bioenergetics, Anatomy Trains, Tensegrity and the exciting new discoveries of fascia research, participants will enhance their observation skills and learn ways to integrate these insights into their clinical practice.

CONFERENCE

20/10 RESEARCH SUMMIT (2 HOURS)

This session will incorporate 3 perspectives on the research task and will include an interactive panel session. Michelle Yaffe will talk about research literacy and why it is crucial to the mainstream recognition of Massage Therapy. Karen Lucas will discuss her experience of completing a PhD and how research insights can be integrated into clinical practice. Ron Alexander will round off the discussion with a talk on how to get involved in research.

20/10 ETHICS SUMMIT (3 HOURS)

The establishment of a National Code of Conduct for Massage Therapists is a cornerstone of AMT's strategic advocacy plan. This interactive workshop is designed to challenge assumptions about personal and professional ethics via a series of thought-provoking scenarios drawn from real clinical experience. By examining received notions of what constitutes ethical clinical behaviour, we can work towards a more sustainable set of practices that both acknowledge and encompass the inevitable shades of grey. If you are completely convinced that your professional ethics are unimpeachable, this workshop is a must.

SECRETS OF THE SACRUM (3 HOURS)

Most Massage Therapists know very little about the structural complexities of the sacrum and the pelvic girdle. In this practical workshop we will cover the ten axes of rotation of the sacrum and how these produce very specific dysfunctions within the sacral complex, sacroiliac, joints and associated structures.

We will learn how to identify each of the sacral dysfunctions, which muscles could be contributing to the dysfunction and, most importantly, how to correct the dysfunction.

DEALING WITH ARTHRITIS, OSTEOPOROSIS AND DIABETES (5 HOURS)

In this interactive workshop, Paul Hermann will present a Swiss Ball rehabilitation program for arthritis, osteoporosis and diabetes. He will discuss how these conditions affect the human body and how these affects can alter people's ability to exercise. He will also outline the main focuses when prescribing programs for clients who have these conditions and how to prescribe safe but effective progressions.

SELF CARE FOR THE MASSAGE THERAPIST (3 HOURS)

Recent studies place the working life expectancy for Massage Therapists to between two and five years. This workshop is designed to help you avoid becoming one of those statistics. Our jobs are extremely physical so we need to be equipped with the knowledge to protect ourselves from the rigours of our chosen field.

MASSAGE FOR ASTHMA AND BREATHING PROBLEMS (3 HOURS)

This hands-on workshop will look at the dynamic process of breathing and muscular responses that can occur when difficulties arise. A variety of massage techniques will be employed, as well as Muscle Energy Technique and Positional Release, to address problems of respiration.

MYOFASCIAL AND STRUCTURAL CONSIDERATIONS IN CERVICOGENIC PAIN (2 HOURS)

Cervicogenic pain can be experienced either locally, in the head, or in the arm. Referred pain can manifest as tension headache, pain around the clavicle and scapula or in the arm from the shoulder through to the fingers. In this workshop we will look at myofascial dysfunctions that can affect structure and learn a variety of techniques to address trigger points and restricted fascia in the cervical region.

PRACTICE MANAGEMENT: THE NEXT PHASE (2 HOURS)

You've set up your clinic and you are seeing clients. What is the next phase? In this workshop, we will discuss promoting and expanding your clinic; procedures involved in employing staff and renting rooms, record-keeping (financial and employment information); maintaining client records and goal-setting. We will also cover how to put together policies and procedures for your practice.

PRE AND POST-NATAL CLIENT CARE (3 HOURS)

In this practical workshop, we will cover a variety of issues relating to the treatment of pregnant women including exercise (what you can and can't do); pelvic floor training and retraining; natural birth versus Caesarian versus emergency Caesarian; abdominal muscle separation (diastasis recti): self massage and infant massage.

ASSOCIATION OF MASSAGE THERAPISTS

19TH NATIONAL CONFERENCE 2008 *leading the way* 20/10

REGISTRATION FORM

Name _____

Company name _____

Address _____

Email _____

Contact number _____

AMT membership number _____

If you are not a member of AMT please indicate if you belong to one of the following associations:

AAMT ☐

ATMS ☐

ARM ☐

If you are registering as a student, what is the name of the college you are enrolled at? _____

CEUs

You will be rewarded with 50 CEUs for each day of the conference you attend. ARM and AAMT members will receive CPEs for attendance.

Registration fees

Your registration fee includes morning and afternoon teas and lunch. Prices include GST. The Conference Gala Dinner is included in all 2 and 3 day registrations. Delegates registering for one day will need to purchase their dinner ticket separately. Please note that you can choose to attend any single day or two days of the conference, or you can attend all three days including the pre-conference Friday. Take advantage of our earlybird savings by completing your booking **before Friday 12 September**.

ONE-DAY REGISTRATION (please indicate which day you would like to attend)

Attending on:		Earlybird rate		After September 12		Student Rate	
Friday	<input type="radio"/>	\$190.00	<input type="radio"/>	\$200.00	<input type="radio"/>	\$130.00	<input type="radio"/>
Saturday	<input type="radio"/>	\$190.00	<input type="radio"/>	\$200.00	<input type="radio"/>	\$130.00	<input type="radio"/>
Sunday	<input type="radio"/>	\$190.00	<input type="radio"/>	\$200.00	<input type="radio"/>	\$130.00	<input type="radio"/>

TWO-DAY REGISTRATION (please indicate which days you would like to attend)

Attending on:		Earlybird rate		After September 12		Student Rate	
Friday & Saturday	<input type="radio"/>	\$380.00	<input type="radio"/>	\$420.00	<input type="radio"/>	\$260.00	<input type="radio"/>
Saturday & Sunday	<input type="radio"/>	\$380.00	<input type="radio"/>	\$420.00	<input type="radio"/>	\$260.00	<input type="radio"/>
Friday & Sunday	<input type="radio"/>	\$380.00	<input type="radio"/>	\$420.00	<input type="radio"/>	\$260.00	<input type="radio"/>

THREE-DAY REGISTRATION

Attending		Earlybird rate		After September 12		Student Rate	
All 3 days		\$540.00	<input type="radio"/>	\$580.00	<input type="radio"/>	\$390.00	<input type="radio"/>

Conference dinner ticket \$70.00 ☐

Extra dinner ticket \$70.00 ☐

TOTAL: \$

Dietary requirements (please advise of any special dietary requirements and we will attempt to address these)

Vegetarian ☐

Lactose Intolerant ☐

Gluten free ☐

WORKSHOP PREFERENCES

PRE-CONFERENCE WORKSHOPS (FRIDAY 24 OCTOBER)

Choose from one of the following:

Massage, Cancer and More ☐ Tricks of the Trade ☐ Body Reading Beyond the Plumbline ☐

CONFERENCE BREAKOUT WORKSHOPS

Please number your choice for each session in order of preference, beginning with 1 as your first choice.

Breakout Session 1 (Saturday afternoon)

- _____ Secrets of the Sacrum
- _____ Self care for the Massage Therapist
- _____ Massage for Asthma and Breathing Problems
- _____ Pre and Post-Natal Client Care

Break out Session 2 (Sunday morning)

- _____ Secrets of the Sacrum
- _____ 20/10 Ethics Summit
- _____ Dealing with Diabetes, Arthritis & Osteoporosis
- _____ Massage for Asthma and Breathing Problems

Breakout Session 3 (Sunday afternoon)

- _____ Myofascial and Structural Considerations
in Cervicogenic Pain
- _____ 20/10 Research Summit
- _____ Practice Management
- _____ Dealing with Diabetes, Arthritis & Osteoporosis

WORKSHOP ALLOCATION

Workshops are allocated on a first-come, first served basis. All attempts will be made to satisfy your request for preferences. If your first choice of workshop is not available would you like AMT to:

Choose your next available preference for you? ☐

Cancel your registration and refund your fee? ☐

REGISTRATION CLOSES FRIDAY 17 OCTOBER 2008

I have enclosed my cheque or money order (made out to AMT) OR please debit my Visa/Mastercard (for banking purposes circle correct one)

Cardholder's Name: _____

Cardholder's Signature: _____

Card Number:

Expiry Date: _____ / _____

CANCELLATION POLICY

- Cancellation up to four weeks prior to close of registration – full refund
- Cancellation less than four weeks but more than two weeks prior to close of registration – less 15%
- Cancellation less than two weeks but more than one week prior to close of registration – less 25%
- Cancellation less than one week prior to close of registration – less 50%
- No refund will be given after the event

EFT PAYMENT DETAILS

PLEASE USE YOUR NAME UNDER THE TRANSACTION DESCRIPTION SO WE CAN IDENTIFY THE PAYMENT AND SEND THIS FORM BACK TO AMT

Account Name: Association of Massage Therapists Ltd

BSB: 062-212

Account Number: 1034-0221

Please return to:
AMT

PO Box 792 Newtown NSW 2042
or fax 02 9517 9952

OFFICE USE ONLY Date received _____ Receipt no. issued _____

We will be keeping a register of people interested in twin share accommodation at the conference venue (The Rydges). If you would like us to assist you to set up share arrangements with a fellow delegate, please call Head Office on 02 9517 9925.

We advise all delegates to book their accommodation as early as possible. The conference coincides with Spring Carnival in Melbourne so rooms book out quickly.

THE RYDGES

186 Exhibition Street

AMT has negotiated a special conference rate with The Rydges. Deluxe Queen/Twin rooms are \$195.00 per night or Executive King Rooms are \$235.00 per night.

To book your accommodation here, call 03 9662 0511 and ask for the AMT Conference Rate or book via the online portal at www.rydges.com/cwp/amtconference

MANTRA

100 Exhibition Street

The Mantra is only a few minutes walk from the Conference venue and has a selection of one and two bedroom serviced apartments.

Prices are around \$175.00 per night for a one-bedroom apartment (sleeps two in a queen size bed) and \$275.00 per night for a two-bedroom apartment (sleeps 4 in 2 queen size beds). Best rates are normally available by booking through www.wotif.com or you can call the hotel directly on 03 9631 4444.

TRANSPORT

Skybus departs from Tullamarine Airport every 10 – 15 minutes and will deliver you to Southern Cross Station or to the door of your accommodation. One way fare is \$16.00 or the return fare is \$26.00. Purchase tickets at the airport or online <http://www.skybus.com.au>

CITY EDGE APARTMENTS

Five locations in East Melbourne

City Edge has a selection of Studio, One and Two-Bedroom apartments that range in price from \$99.00 per night through to \$199.00 per night. Cheapest rates are available by booking through their online portal <http://www.cityedge.net/availabilitySummary.jsp> or you can call them on 1300 248 933.

INTERNET RATES FOR OTHER HOTELS

Tariffs are generally cheaper if you book your accommodation via one of the bulk accommodation websites.

<http://www.wotif.com.au/Melbourne>

<http://www.melbourne.com.au/hotelspecialsmelbourne.htm>

<http://www.needtoescape.com/melbourne/melbourne-hotels-accommodation.html>