



President's Report

By Tamsin Rossiter

President's Report	1
Secretary's Report	2
News from the Regions	4
Hands Off the Hands On <i>by Thomas Myers</i>	8
Book Review <i>by Robert Gibbon</i>	12
Treating the Knee and Lower Extremities <i>by Art Riggs</i>	14
Why volunteer? <i>by Paul Lindsay</i>	18
Reviewing Scoliosis: A Three Dimensional Approach - Part A <i>by Linda McClure</i>	20

Our recent AGM was an ideal time to reflect on my first year as President of AMT. I was pleased to see so many old and new faces at the meeting, and sincerely thank the 70 or so members who attended for sacrificing a Sunday. It is always extremely gratifying to witness first hand just how engaged our membership is with the activities of the association.

I have been blessed to take on the presidency at a time of significant growth and stability within the organisation. Due to the enormous hard work and commitment of past presidents and current directors, administrative staff, regional executives and the membership, I have felt extremely well supported.

The AMT Board is still focused on the significant undertaking of developing our standards and scope of practice. This process is vital in the establishment of national standards and the future government recognition of the massage therapy profession.

AMT Board members have also continued to participate in meetings of the newly convened inter-association regulation forum. I attended the most recent of these meetings in Melbourne on March 5 with fellow Directors Colin Rossie, Kerry Hage and Rebecca Barnett.

The primary goal of these meetings is to attempt to nationally unite complementary therapists to work together on a regulatory model to present to government. This is a great concept in theory, but not so straightforward in real terms. There has been lengthy debate on the type of regulatory model favoured (i.e. self-regulation, co-regulation or statutory registration). A diverse range of professional associations has been represented at the meetings to date, from Naturopathy, Herbalist and Homeopathy through to Bowen Therapy, Reflexology and Massage Therapy associations. Unfortunately, dialogue has been conflicting and, at times, quite heated.

One of the major conflicting issues we face with our involvement in this forum is the desire of many of those present to unite all complementary therapies as one profession. We see this as a difficult process and one that may conflict with the interests of our membership due to our unique scope of practice. For example, I am aware of much debate still raging within the massage therapy profession as to whether we align ourselves more to the biomedical model of healthcare or the CAM paradigm.

We will continue to give regular reports on forum activity via the AMT journal. The AMT Board welcomes ongoing feedback from all members on our participation in the inter-association forum. Please be aware that this forum is just a loose affiliation of various representative groups. Amalgamation between groups is not on the agenda.

I am excited to announce we are currently in the process of establishing our first Melbourne sub-branch of AMT. Colin Rossie, Rebecca Barnett and I recently met with a group of members from Melbourne and surrounds to gauge interest in establishing a sub-branch. I valued the opportunity of meeting our southern members and hearing their goals and aspirations for AMT in Victoria. Our very own director, Kerry Hage, is keen to support our current Victorian members and see our Victorian membership grow.

Lastly but certainly not leastly, I'd like to bid a fond farewell to Jeff Murray, who has stepped down as a Director after two years of diligent service on the AMT Board. Happily, you'll be able to see Jeff at the Annual Conference in Canberra where he'll be presenting a full-day preconference workshop on a favourite topic - Pelvic Instability.

I hope you are as excited by the enclosed 2010 conference brochure as me. I look forward to catching up with as many of you as possible in our nation's capital on the last weekend in October!



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Secretary's Report

by Rebecca Barnett

Registrations for the 2010 Annual Conference are now officially open. This year's event will be hosted in our national capital and rather aptly themed "This Sporting Life". I'm excited to report that the keynote address will be delivered by Australian sporting legend Dick Telford. Dick will be ably supported by Dr Rob Reid, President of the ACT branch of Sports Medicine Australia, and Ann Thomson, Director of the ACT RSI and Overuse Injury Association. Breakout workshops will feature our international guest presenter Art Riggs and Australia's only provider of certified Kinesio Taping training, physiotherapist Thuy Bridges. The sometimes controversial but always entertaining local lad, Brad Hiskins, will present a session on Neural Tension Testing.

If that is not enough to whet your appetite, turn to the conference brochure enclosed in this edition of the Journal for more information.

Conference Registration

Online registration is available again this year in addition to the traditional hard copy rego forms included with the brochure. If you register online, you receive instant confirmation of your breakout choices. Just follow the online registration link from the AMT home page www.amt.org.au.

Please be aware that popular breakouts are likely to book out. Why not take advantage of our earlybird discount and make sure you get your first choice of workshops by registering as soon as possible? Don't forget - your conference fees are fully tax deductible.

AGM and Election of Office Bearers

It was pleasing to see such a terrific turnout for our 2010 workshop and Annual General Meeting.

Engagement during the meeting was at an all-time high, with lively and lengthy dialogue centred on AMT's participation in the inter-association forum and the best way forward for higher-level advocacy of the massage therapy profession. The AMT Board welcomed the opportunity to receive input from AMT members and will continue to represent your interests as our primary goal.

The following office bearers were nominated unopposed and duly elected at the close of the 2010 AGM:

President: Tamsin Rossiter

Vice-President: Colin Rossie

Secretary: Rebecca Barnett

Director: Alan Ford

Director: Dave Moore

Director: Derek Zorzit

Director: Kerry Hage.

2009 Annual Report

The 2009 Annual Report is available for download from the AMT website. Members who do not have internet access can request a hard copy from AMT Head Office. Please call Katie or Linda on 02 9517 9925.

Health Funds

Some of the private health funds are still tinkering around in the margins with their data reporting requirements. However, none of this should have impacted on AMT members.

Although the transition to the new accreditation rules was clunky, challenging and time-consuming, we are pleased to report that AMT members have been extremely well represented throughout the past 12 months. Head Office has received an unprecedented number of calls and inquiries from members of other associations seeking clarification on health fund issues. It is apparent that the Rule 10 provisions disenfranchised an enormous number of practising therapists - many had their provider status withdrawn by some funds, such as Medibank and NIB.

AMT members were protected from this mostly due to our best practice CEU system which enables us to fully document and, therefore, demonstrate our members' currency at all times. In the case of long-term AMT members, we have an uninterrupted CEU record that spans 16 years! As you are aware, AMT invests an enormous amount of resource and time into monitoring and internally auditing our members' continuing education activity. This habit has been repaid handsomely with a relatively seamless transition to the health fund accreditation rules. So, next time you put together your annual renewal paperwork, just remember that the reporting we require you to do will continue to stand us in good stead for our future professional advocacy work!

Industry Profiling

Over the next 6 months, we will be rolling out two surveys to AMT's membership. The purpose of these is to establish some baseline industry data, which we will use as part of our broader government advocacy agenda.

In the first phase of data gathering, we are aiming to collect both qualitative and quantitative data from AMT members. The first survey is an incredibly succinct scan focusing on member satisfaction. We are asking you to answer 3 simple questions:

1. What do you like about AMT?
2. What do you not like about AMT?
3. What changes would you like to see in AMT?

These 3 simple questions are pivotal to the development of our 2010 – 2016 strategic plan. Your response will greatly assist the AMT Board to set priorities for the future management and direction of your association.

Please assist us by putting aside a few minutes of your time to complete the survey and record your perceptions and experience of being an AMT member.

The survey is included with this edition of In Good Hands. You can return it via reply paid mail or fax. Not only will you receive 5 CEUs for your participation, you will also be providing crucial information to help AMT better deliver services to you.

The survey will also be sent out via email to members with a current email address. This electronic version can be saved and returned to AMT Head Office via email.

Our second survey will be rolled out via telephone over the next 6 months. It is a quantitative scan that will capture the critical data we need to form a profile of the industry to take to government. Given the enduring and increasing popularity of massage therapy as a mainstream health intervention, it is astounding how little we actually know about the way therapists are working and the environments they are working in.

If AMT Head Office telephones and asks you to participate in our telephone survey, I warmly encourage you to set aside 10 minutes to contribute to this cornerstone of our grand advocacy project. Again, you will receive 5 CEUs for your time and the warm glow that only comes from knowing that you have contributed something positive and valuable to your profession and your peers.

I look forward to giving a preliminary report on the results of our survey at the Annual Conference in October.

Invasion of the Structural Integrators

You could be forgiven for thinking that AMT has recently become a front for the international structural integration community. This edition of In Good Hands features contributions from no less than 3 renowned structural integrators, including Australia's own Linda McClure. Tom Myers' piece provides food for thought on the proliferation of online and distance learning options for continuing education, and the potential impact of this on our much-loved industry. Art Riggs' article on rehabilitation of the knee should ignite some interest in his conference workshop and Linda gives us the first part of a two-part article on scoliosis.

At present, structural integrators are showing great leadership in the evolution of the bodywork profession. They're a reflective and intellectual bunch. As a community, they appear to be the most switched on and engaged with the frontline issues of evidence-based practice and mainstream acceptance of bodywork. The SI community has taken the initiative by establishing the International Fascia Research Congress as a biennial event. Much of the research presented in this context is already beginning to filter out into clinical practice. An example of this influence close to home is John Bragg's presentation on the lower limb at our recent AGM workshop, much of which was influenced by Robert Schleip's fascia research.

Perhaps this leadership stems from the fact that structural integrators are living up to the promise of their name in more than just the clinical context. They seem to be doing the best job at building a bridge between science and art; of integrating the apparent chasm between the complementary health paradigm and the medical model of treatment; of locating the science in holism and the art(ifice) in scientific dualism.

The massage therapy community would do well to heed the approach of the structural integrators. We have struggled to define ourselves in the modern era and have frequently made the mistake of slavishly adopting the medical model of treatment in an attempt to advance our credibility. I believe our purpose and value in the healthcare setting lies in the best of all marriages between science and art. It is in this truly integrated, middle ground that our clinical work has its greatest power.

■amt

The e-Journal^{club}

Congratulations to:

PAUL GARTLAN

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Paul's prize was proudly sponsored by AMT.

Need CEUs?

Journal question -
June edition

How many years has Port Macquarie hosted the Ironman?

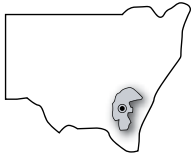
Please write your answer in the space provided on your CEU record sheet and retain it until you submit the form with your annual renewal. Blank CEU forms can be downloaded from:
http://www.amt.org.au/index.php?Page=Members_CEU_1.php

DEADLINE

**Deadline for the September 2010 issue of In Good Hands is:
1st August, 2010**

Please email contributions to:
journal@amt.org.au
or phone: 02 9517 9925

News from the regions



ACT by Karin Cavanagh

At our most recent workshop in February, we were treated to a presentation from Vince Costini, a Soft Tissue Therapist from the AIS. He discussed many aspects of sports massage - not just the physical but also the mental. It's one thing to warm and get a muscle ready for the sporting arena but it's another thing entirely to say "that muscle's a bit tight" when the athlete is prepared to go out and give everything they've got! Lots of cupping, rolling and rubbing left a couple of us who are not used to it a little breathless but it was a lot of fun. Vince also discussed the not-so-glamorous life of a sports therapist for elite athletes. For example, being at the Olympics doesn't necessarily mean you get to see any of the events live. You're usually couped up in a room, treating athlete after athlete. The hours can be quite exhausting and the duties may well be far removed from just being Soft Tissue Therapist - you could be packing lunches, preparing drink bottles, administering first aid, being a general gopher, attending briefings and debriefings, and possibly even doing a spot of motivational speaking. Sounds remarkably similar to the glamorous life of a parent actually ...

We'd like to sincerely thank Vince for taking time out of his busy schedule to present to us. We thoroughly enjoyed the afternoon.

We would also like to thank the wonderful duo from HQ, Tasmin and Rebecca, for their brief but informative visit to the ACT. They facilitated the ACT Annual General Meeting at the end of March. Office bearers for the region are:

Chairperson: Karin Cavanagh

Secretary: Maxine O'Callaghan

Treasurer: Hussam Sahib

At the AGM, it was decided that we will be holding our meetings on Sundays on a quarterly basis with a workshop each time.

Keep any eye out in the AMT Calendar of Events for dates and workshop details.

Thanks to Hussam, the local region has established a DVD Library with assorted titles to choose from such as:

- Active Isolated Stretching
- Deep Tissue and Neuro Muscular Technique
- Nerve Mobilisation
- Positional Release
- Mastering Pregnancy Massage
- Lymphatic Drainage Massage
- Advanced Myofascial Release

Please contact Hussam (ph: 0416 543 166) if you are in the Canberra region and interested in borrowing one of these DVDs. As the AMT Annual Conference is only 4 months away, things are starting to heat up for the region. As this year's hosts, we are all quite excited and involved with preparations for the event. It should prove to be an enjoyable and informative 3 days. Hope to see you all there!



Riverina by Jodee Shead

Attendance at our February meeting was low. This was disappointing as our guest speaker, Osteopath Paul Nevill, gave us an enlightening insight into the world of Osteopathy. Dr Nevill was an informative and interesting speaker, and warmly received our barrage of questions.

The Riverina has been approached to host more workshops in country Victoria by AMT members outside the region. We have tried to fulfil this request by scheduling two hands on seminars in Echuca - a dry needling workshop and a Swiss ball/core stability workshop. Sadly, both these workshops had to be cancelled due to lack of interest. At the time of going to print, an upcoming Onsen workshop is also looking uncertain due to lack of numbers.

We are hoping to survey local members in the coming months to ascertain the kind of content members are interested in attending. This will help us to better serve the continuing education and networking needs of members in and around the Riverina.



Hunter by Paul Lindsay

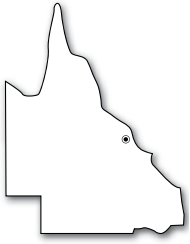
Our January meeting featured a video, 'The Essential Guide to Massage'. Topics viewed were on Self Massage, Indian Head Massage and Acupressure. This session gave members a chance to revise some familiar techniques while adding a few more to their box of tools.

At our March meeting, Nola Ward gave a presentation on Oncology Massage. Nola is a teacher at the School of Integrated Body Therapy and author of their Oncology Massage course. She shared some personal experience of clients who had greatly improved their quality of life as a result of receiving this type of massage. The techniques employed were gentle for both the client and therapist, and could be performed in clothing. Interest in the talk was high and a workshop may be organised later in the year.

On Saturday 6 March, two local therapists attended a Camp Quality Mother & Daughter Camp to provide massages for mothers whose daughters have cancer. Fourteen back and neck massages were performed on some very grateful mums.

Our next workshop will be on July 18, when John Bragg will conduct a one-day workshop on "Shoulder pain & Scapula stability" at the conclusion of our region AGM.

Our September meeting will feature a demonstration of Kinesio Taping by Kathee Kovacevic.



Mackay by Rod Legge

Our first meeting for the year was held on 25 February and was well attended given the storm whipping around the district at the same time! This was the first meeting for the newly constituted local executive and featured a fairly esoteric presentation on geopathic energy by John Sweet. The theory behind geopathic stress is that it is a natural phenomenon that affects certain places and can be damaging to our health. It relates to irregularities in the earth's magnetic field that can be aggravated by a variety of features - obviously all substantially outside the scope of practice for massage therapy!

At our next meeting we hope to have Chiropractor John Delahunty as our guest speaker.



Sydney South by Kelly Walker

We had another good turnout for our second meeting of the year with our guest speaker, chiropractor Keiran Shanahan. It was refreshing to hear from another health professional with an appreciation for Massage Therapists. Keiran's message - that we are all in the business of making people feel better - was well received. His professional and entertaining talk led to a lot of discussion and questions. In fact, our questions consumed most of the allocated time!

Our next meeting will also be our AGM. This will be held on Wednesday 2 June 2010, at the Miles Franklin Room, Hurstville Library, Hurstville. Our guest speaker will be nutritionist, Liz Hare, who will be speaking on 'Supplements in the Diet'. Please join us for what will be an informative evening.

For more information, please call Kelly Walker on 0404 034 668.



Mid North Coast by Jan Crombie

Our February meeting was well attended. Jane Flood from St John's Ambulance took us through a defibrillator training session. After her presentation, all therapists were given a chance to role play. A big thank you to Jane for giving up so much of her time.



▲ Mario Pace saving the patient!

Our April meeting was also well attended. I gave a talk on the effects of cholesterol, with an emphasis on the importance of encouraging clients to undergo regular checks with their doctor. This ties in with the theme of our next meeting, which is stroke awareness.

On March 28, we celebrated the 25th running of the Australian Ironman. Port Macquarie has hosted the event for the past 5 years and will have it for the next 3 years. Thanks to all the TAFE students from Port Macquarie, Loftus, Randwick, Kingscliff, Shellharbor and our local therapists for their wonderful effort throughout the event. There were 1500 competitors and we completed over 800 massages. Quite a spectacular effort!

Thanks also to Firm-N-Fold who again donated a table. The lucky winner was Justin D'Ambra from Loftus TAFE.

Tiger Balm and **Melrose Health** supplied products for the therapists' welcome pack, which were very much appreciated by the volunteers. The local organising committee of the Ironman would like to thank these companies for their ongoing support.



▲ Jan presents lucky prizewinner, Justin, with the table from Firm-N-Fold

The Mid North Coast meets bi monthly on the 3rd Saturday of the month. Meeting dates for the rest of the year are 18 June, 20 August, 16 October and December 20. We meet at the Senior Citizens' Centre, Munster St, Port Macquarie. Visitors are most welcome. For more information phone 02 6584 6661.





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David Sheehan has a Bachelor of Applied Science (Human Movement), Diploma of Health Science (Remedial Massage) and Diploma of Education. His career highlights include working as a lead sports trainer with various football clubs, which included the use of vacuum cupping for both prevention of and treatment for injuries.

Over time, David has developed these skills and now teaches his own energy efficient and effective cupping techniques to massage therapists and physiotherapists in Australia, New Zealand and Canada.

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Dear David

I would not be surprised to learn that your cupping technique may have similar or even more profound effects than acupuncture, Gua Sha, or Adcocks suction experiments (Adcock D, et al, Plastic Reconstruction Surgery 2001).

Keep me updated, maybe we can include it in the 3rd Fascia Congress (planned for Oct/Nov 2012, in Vancouver).

Fascinatedly yours,

Robert

Robert Schleip PhD MA
Fascia Research Project
Applied Physiology, Ulm University, Germany



WORKSHOP DETAILS

70 Continuing Ed. Points apply for AMT members

Adelaide – June 5 & 6 – 9.30am-4.30pm – \$380

Melbourne – June 19 & 20 – 9.30am-4.30pm – \$380

Coolangatta (Gold Coast) – July 17 & 18 – 9.30am-4.30pm – \$380

Christchurch (New Zealand) –
August 14 & 15 – 9.30am-4.30pm – \$395

Melbourne – August 28 & 29 – 9.30am-4.30pm – \$380

Sydney – October 9 & 10 – 9.30am-4.30pm – \$380

Vancouver, Canada –
October 19-20 – 9.30am-4.30pm – CAD\$550

Edmonton, Canada –
October 22-23 – 9.30am-4.30pm – CAD\$550

Calgary, Canada – October 25-26 – 9.30am-4.30pm – CAD\$550

Coolangatta (Gold Coast) –
November 20 & 21 – 9.30am-4.30pm – \$380

Melbourne – December 4 & 5 – 9.30am-4.30pm – \$380

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Hands Off the Hands-On

by Thomas Myers

Recently, I had occasion to break bread with a few of the top continuing education teachers in our field of therapeutic bodywork. These people have risked their personal fortunes and dedicated their professional lives to developing and broadcasting new methods of hands-on healing for the working manual therapist.

We agreed that a student learns about 10 percent of what he or she needs to know during initial training. The other 90 percent comes from on-the-job training in practice and continuing education (CE). Informal surveys in my courses confirm this arbitrary and approximate figure.

Let me hasten to say that I don't mean to denigrate the fine programs that serve to set massage therapists in motion. Though a few late arrivals to the scene show signs of a thrown-together, take-the-money-and-run educational approach—giving students contact with only a few instructors of dubious teaching background—most schools clearly go for quality education from dedicated healers enthusiastically sharing their passion. My own experience with approved programs of at least five hundred hours is that they by and large do an excellent job given their financial and regulatory constraints.

But you simply cannot learn it all in school. You can learn to be competent, you can learn not to be dangerous, and you can be presented with a variety of options for ethical treatment. But there is simply no substitute for the growth of knowledge and depth of connection that comes from day-to-day contact with real clients in real life situations, with all their complications—physiological, personal, social and cultural.

I am not sure that adding more hours to basic certifying education will automatically result in better-prepared practitioners.

With all respect to our Canadian peers, most provinces require 2200 hours of training to register their therapists. The result is indeed a better-trained therapist on average at graduation but, in spite of the extra schooling, they are not arguably three to four times better than their American or Australian counterparts.

Figures compiled and reported in *Massage & Bodywork* show that many beginning practitioners do not survive more than four years in practice. These folks who drop away are largely those who could not get a handle on the other 90 percent you cannot learn in school. Given that, let us look at the five-year practitioner—someone most likely to make a long career out of touching people to heal. By this time, he or she has established a practice, had experience with a variety of folks and settled down into a modus operandi that probably involves a blend with one or two principal modalities predominating.

For most therapists at this five-year mark, their work has gone one of two ways. Either they have found a niche that they enjoy and their practices are full or, more commonly I think, they feel like they are butting up against the ceiling of what they learned in school. They are frustrated at not being able to provide help to some of their clients with complex conditions and they are ready to take on a significant amount of new education in some part of this field that intrigues them.

So, you learn a tremendous amount from your initial training and your clients and their unique situations but there comes a time when, in order to grow, you need a leg up to the next level of your art. The best ways of providing this next step is what my colleagues and I were talking about over our meal.

Our Emerging Field

It is the responsibility of any profession to provide meaningful continuing ed for its members—doctors, dentists, nurses, physiotherapists, chiropractors and most others all find it necessary to hold their membership to a requirement for continual updating on new developments.

New professions need this updating even more, and ours is a rapidly expanding and emerging field. The interested seeker can explore a bewildering variety of approaches, including craniosacral therapy, myofascial release, trigger-point therapy, orthopaedic massage, Alexander, Feldenkrais, yoga therapy, any of a number of Rolf-evolved methods, body-centred psychotherapeutics, a full spectrum of Asian-based approaches, neuromuscular training methods such as Pilates and its ilk, and an increasing realm of energetic healing. You can roll on the balls with Yamuna, get actively stretched with Aaron, explore the openness of your facets with Erik, drain your lymph with Bruno, or lift your liver with Jean Pierre. Not to mention the significant pioneering efforts made over the years by Benny, Leon and many others.¹

Each of these is worth at least another five hundred hours to master the modality in such a way to make it work in daily practice. For most, it is not the work itself that requires the time but the ability to see, feel and enter into the body in a different way. While some practitioners may only have access to short courses and add some of what they learned to their existing practice, all of the disciplines named above need substantial time and layering to be fully absorbed in the richness they offer to practitioner and client alike.

This brought my friends and I to the new and disturbing trend of offering CE credits on paper or over the internet. Now, as CE providers, we clearly have a vested interest here so I am open to hear the counter-arguments from those in the profession who favour these hands-off ways of getting CE credit hours for our hands-on job.

Some will say that home study has a long history. True, but home study in these electronic days can involve DVDs and internet interaction, and is generally way more sophisticated in both application and assessment than what I have seen offered recently: read an article, answer a few multiple-choice questions and collect your credits.

Someone is doing this with my book, *Anatomy Trains*. You pay this person \$US245 and you get my book (retail \$US55) and a few photocopied pages of pretty dumb questions. Answer them and you get what is called *25 CE contact hours*. Now, what she is doing is not illegal but give me twenty-five of your real contact hours for not much more money and I will guarantee four times the educational and in-your-practice, hands-on value of this so-called course.

Some will say home study is essential for the geographically isolated and undoubtedly it can be helpful. But those who choose the joys of being far away from the more maddening aspects of the twenty-first century (and I number among them) also need to take responsibility for salting some money away to fund their return into the maelstrom every once in a while to partake of the camaraderie and the new developments in our field.

There are those with small children, aging parents or the like who need to be exempted from their CE requirements for a period of time and most CE programs make allowance for these higher priorities. I was involved at the inception of both the NCBTMB and the Rolf Institute's CE requirements and each had a hardship provision.

In any case, the danger here is not that the few practitioners who are burdened with isolation or life's essential duties will fail to get some educational help.

The vastly greater danger is that far too many of the rest of us will use this easy avenue to escape the discipline of checking our ideas and practices against the newly arising or long-established standards of our wonderful and promising work.

Nothing will destroy our promise and dull its cutting edge faster or more effectively than choking off the growth of innovative continuing ed. If it is just that easy to get credits and you can avoid the hassle of taking off work, travelling out of town and all that money, there is a subtle but pervasive seduction away from the original intention of establishing CE in the first place.

Now, again, I have an axe to grind here since offering CE is how I earn my keep these days. God knows, I appreciate that every one of the students in my short courses and longer certifications has sacrificed to be there, and I try to make the courses worthy of the costs- both overt and hidden - that people have taken on to show up. And God also knows that if the price of jet fuel or the prevalence of online CE credits puts people like me out of this business, I have a lot of other projects and clients waiting for my attention so it'll be okay by me.

But not for manual therapy in general. What do we lose if these people don't show up but merely read the book and answer some questions about it? You are reading this journal so that shows you are involved in moving yourself along in your profession. It's a process of recharging your batteries (isn't it?) and cleaning the points and plugs so that new neurons spark into life when you are presented with a novel situation or the same old situation that needs to be approached in a new way. But it is not the same as going face-to-face, tête-à-tête and, most importantly, mano a mano in a real hands-on workshop.

Simply put, those who go down this road of getting all or most of their CE credits by mail or e-mail will continue to do the same thing over and over and sooner or later their batteries run out and they either quit or settle into a practice where they do the same old thing to the same old people (we cannot all be the Energizer bunny forever without renewal).

This may be fine for them as individuals but it's death to their professional development and ultimately death to the profession.

Enabling Future MTs

We have a fine future in front of us. The world of massage and therapeutic bodywork has already shown it can add to our experience of sports and performance, pain and stress reduction, and trauma recovery. If it lives up to its promise, it will have applications in such aspects of healthcare as surgical recovery, rehabilitation, special education and, I believe, in many of the conditions we see popping up nowadays such as depression, ADHD, warp-speed-itis, and all the other manifestations of somatic alienation.

My meal-mates and I agreed: we are hobbling that future if we allow continuing education to be dumbed down to where it is a joke. At best, it may shake the tree and eliminate some of the poorer CE offerings. At worst, it could put the Yamunas and Aarons and Eriks out of business. This would be a sad and slow-moving disaster, an impoverishment from which bodywork could take decades to recover. Of this I am convinced.

Note

1. For the unfamiliar, I'm referring to Yamuna Zake, Aaron Mattes, Erik Dalton, Bruno Chikly, Jean Pierre Barral, Benny Vaughn, and Leon Chaitow.

Thomas Myers has practised integrative bodywork for nearly thirty years. He teaches workshops internationally on anatomy, movement, and soft-tissue work. His book, Anatomy Trains: Elsevier in 2001, its second edition in 2008, first published Myofascial Meridians for Manual and Movement Therapists. He lives, writes and sails on the coast of Maine.

This article was originally published in Massage and Bodywork magazine, August-September 2006.

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Day 1 - Saturday 26th June

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8.55am: Welcome
9.00am: **Dr Andrew Chapman:** Neuromuscular fatigue
10.30am: Morning Tea (catered)
11am-12pm: **Laurance Sidari:**
Orthoses, lower limb mechanics & the effect on pelvic tilt
12pm-1pm: **Brad Hiskins:**
The thoracic spine and postural considerations
1-2pm: Lunch (self directed) or Bistro at Harbord Diggers
2pm-3pm: **Carly Hiskins:**
An osteopathic approach to the thoracic spine
3pm-4pm: **Karen Sellman:**
Feldenkrais and Pilates in the rehabilitative setting
4pm: Afternoon Tea (catered)
Close of 1st day

Conference Time Table

Day 2 - Sunday 27th June

9am-10am: **Dr Peter Hatton:**
Stem cell therapy and cartilage regeneration
10am-11pm: **Sara Dukic:**
The latest on Fascia and it's implication on posture
11pm: Morning Tea
11.30pm: **Andrew Curry:** Breathing workshop
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Book Review

by Robert Gibbon

SAVE YOUR HANDS! 2ND EDITION

(The Complete Guide to Injury Prevention and Ergonomics for Manual Therapists)



Lauriann Greene and
Richard W. Goggins with
contributions by Janet M. Peterson

Published by: Body of Works Books, 2008

Source: Body of Works Books

Format: Softcover, 333pp

Price: \$39.95 USD from publisher

ISBN: 978-0-9679549-1-2

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This book is so good it actually reviews itself ...

“If this book does not help you prevent injuries as a manual therapist, nothing will.”

... so says Steve Capellini, author and educator, who neatly sums up the merits of Save Your Hands in a single statement.

There is a time and place for reading this book. Obviously, you want to read it before you get injured, while your habits as a massage therapist are still being formed.

Ideally, you want to read it as a student contemplating a long and healthy career ahead.

More likely, however, you will first open this book after incurring a work-related injury or in the middle to advanced stage of your career as a manual therapist. The authors themselves fall into the latter category and write from experience, offering 20/20 hindsight. They relate the stuff that they wish they had learned much earlier. Both suffered injuries during their training. Goggins was able to sidestep an ailment that ended his hands-on career while Greene was not.

If you read this book before commencing studies in massage, you might conclude that the profession is much too dangerous and opt to become a demolitions expert or heavy equipment operator. But then your extra-curricular activities (blacksmithing, rock climbing, needlework) may similarly tax your beloved CMC joints – your joints don't distinguish between leisure and work! Non-work related activities may incur stress and strain and, as far as your body is concerned, the effect is cumulative.

If you are made of strong enough stuff and the joys of working as a manual therapist outweigh the occupational hazards, this book will give you the support you need to remain injury-free. And should rehabilitation from a musculoskeletal disorder (MSD) of the lower back, neck, upper back, shoulders, hands, wrists or thumbs be your prime objective, the third and final section of the book is devoted to what you can do when the first two sections come to your attention too late.

The weak links of the body are the ones manual therapists must pay particular attention to. Impressively, the investigation into the risk factors associated with work-related injuries is so comprehensive that this book could be used in any field, not solely manual therapy.

A number of useful text boxes throughout the book provide quick reference guidelines.

For example, 'Trigger Points: Work Smarter, Not Harder' (pre-warm the area with moist heat to increase circulation, choose the trigger points to work on judiciously, limit the number treated per session to avoid over-working the client-and yourself, and use a hand tool where appropriate

to save your thumb) and 'Tips for Finding Your Neutral Posture' (visualise your own posture with a mirror or a photograph, and how to line up the middle of your ear with the tip of your shoulder and the middle of your hip with your knee and ankle).

The section on ergonomics links specific symptoms with aspects of your work space that may be at fault (table height), pros and cons of different table types (width, weight and adjustability), choice of floor covering (hardness, traction etc.) and space requirements, plus an analysis of when best to treat in the sitting or standing position.

Some of the material covered may seem overly obvious but Goggins and Greene provide the hard evidence and research to back their claims. It is abundantly clear that they have spared no effort to spell out every aspect of injury prevention relevant to the manual therapist in precise detail.

Body mechanics are up front and centre, so to speak, starting with the breath and posture then introducing movement. Reassuringly, we are not expected to maintain perfect posture all the time - this equates to static loading, an undesirable condition that should be avoided at all costs. Rather, the authors recommend that we strive to be in a state of movement from one 'near-neutral' posture to the next.

The book also includes everything you need to know about deadly Ulnar Deviation and the dreaded Pinch Grip, both menacing to the wrist and thumb. Alternative grips, backs of hands and forearms are trusted allies that serve to prolong our careers when used appropriately. We also learn exactly when and how often you can safely use each alternative. Reaching and bending motions receive equal scrutiny and 'Modifying Your Techniques' is a section you will likely refer to again and again.

Individual factors such as body dimension, degree of fitness and flexibility plus gender all factor into the biomechanical equation. The goal is to use the least effort in every task, using a safe percentage of our strength (and including adequate recovery time) to avoid undue strain on the weak links of our bodies.

Would you like dietary and exercise advice specific to the prevention of MSDs and inflammation? Here it is. Kindly, the authors tell us that it is OK to have emotions. They teach us to recognise that stress at work can be due to concerns for pleasing our employer, the client and meeting our own standards. (The solution? Breathe!) It is also reassuring to know that under work can be just as much of a strain to the system as over work.

There is some inspiring 'big picture' career advice too. Why settle for a brief, meteoric career in hands-on work when you can do so much more? You can teach, write, research and help others along the path to excellence in the massage profession. Save your hands!

This book gets high marks for sheer comprehensiveness. You are bound to find a pearl of wisdom to suit your particular needs. Just be patient with it.

At a glance:

- Covers risk factors and causes of injuries to manual therapists
- Raises awareness of ergonomics, good body mechanics and best-practice of manual techniques for prevention of injury
- Provides sound advice for recovery and rehabilitation from musculoskeletal disorders affecting manual therapists

- Treats the therapist as a "whole" person and gives advice to span the entire career of the therapist
- Includes specific checklists and plans for assessing risk, improving ergonomics and fitness
- Aimed at therapists as well as their educators and employers
- More illustrations to match the text would be helpful

Overall Rating

★★★★★

Robert Gibbon is a Senior Level One member of AMT and a recent graduate from Blue Mountains College of TAFE in NSW. He also holds a BSc in Biology from Eastern Oregon University (USA). He has worked with disabled and elderly clients in institutional and community settings in Australia and overseas. He remains actively involved in community work and is a team member of Mountains Massage in Falconbridge, based at the Blue Mountains Wellness Centre.

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Treating the Knee and Lower Extremities

by Art Riggs

As a veteran of seven knee surgeries resulting from my extremely bowlegged peasant ancestry and excessive athletic overindulgence, I have a virtual PhD of personal research in acute and chronic injuries to the legs and recovery from surgeries. Through my own experience and the treatment of fellow sufferers, I've learned that the best treatment should include a wide range of approaches from soft-tissue muscular and fascial work, joint mobilisation, stretching, strengthening, and neuromuscular re-education.

Injury to any joint of the leg will necessarily impact the joints above and below. In addition to offering specific treatment strategies for the knee, this article will also discuss the complex interplay and feedback loops between muscles and all major joints in the legs and how to work with compensatory limping patterns that occur after injury. With current health insurance restrictions, many patients rarely see their doctors for follow up or for more than perfunctory physical therapy after acute knee injuries or after the scars from surgery have healed.

After my third knee arthroscopy and in spite of extensive conventional physical therapy treatment of strengthening, stretching, ultrasound, electrical stimulation, and various anti-inflammatory modalities, I still experienced considerable pain and limping patterns. I had essentially started to believe that my surgeries just didn't work well and that I must accept my fate when a friend twisted my arm to see a physical therapist who eschewed many of the conventional physical therapy modalities and concentrated upon soft tissue manual therapy.

I had never before experienced bodywork but after one treatment of manual work to free restrictions in the muscles and fascia around the knee and some attention to compensatory holding in my hip and ankle, I felt that I had a new knee. So I suppose that I was actually lucky to have experienced my knee problems because my astonishment at the effectiveness is what led me into the bodywork field.

The benefits I continue to receive from hands-on treatment are not the proprietary domain of sophisticated physical therapy. With good manual skills and an understanding of the complex interplay of the joints from the foot to the hip, any massage therapist can really assist clients recovering from injury. Unfortunately, many massage therapists are hesitant to work with injuries because they are given little instruction on dealing with post-injury or surgery cases except for caveats that instil trepidation. We will focus on the knees, but since injuries to the foot, ankle, and hip often present the same compensatory movement patterns as knees, the strategies in this article will be just as helpful for treating these injuries to return normal gait in a holistic manner.

These techniques are not magic bullets to be arbitrarily followed. Clients must be treated as unique individuals based upon their particular injury or surgery, their experience of pain or dysfunction, and their adaptive compensations in gait. As tempting as it is to move into specific techniques, it is essential to develop an understanding of the complex relationship between all the joints of the leg and how they influence recovery from injury so that therapists can have a logical plan for treatment, rather than just trying to work where it hurts or using some technique that looked good in a class or book.

Neurological Factors

When manual therapy and conventional western medical methods prove to be less than satisfactory, the success of Pilates and somatic therapies such as Feldenkrais demonstrates the importance of treating more than the specific injury site. The benefits of movement therapies are due to their understanding of how the functional anatomy and neurological patterns of limping become established and hamper healing. You will short-change your client if you focus your attention on just the muscular issues at the injury site without considering joint compensations above and below the site of dysfunction and working to mobilise them.

The movement of the knee through extension and flexion is a sophisticated combination of spinal cord reflexes and conscious higher order brain function. To greatly simplify: when the quadriceps (the agonists in this case) contract, they extend the knee (the rectus femoris, along with the psoas, can also flex the hip, and will need to be addressed to return normal hip function in the later stages of recovery). To facilitate knee extension, the hamstrings (antagonists) must relax so the two muscle groups aren't competing with each other. Conversely, in knee flexion the hamstrings contract to flex the knee (or extend the hip if the knee is fixated) while at the same time, the quadriceps must relax. This process of contraction/relaxation of opposing muscles is called reciprocal inhibition and occurs at an unconscious reflex level in all parts of the body.

If there is pain or soft tissue restriction in the knee joint, a complex series of protective reflexes occurs that overrides the smooth function of reciprocal inhibition to compensate for the restriction or prevent the joint from moving into painful positions.

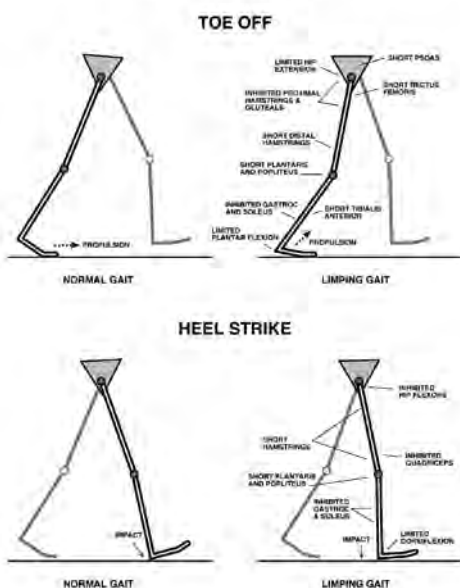
This reaction may be useful in the early stage of recovery to prevent pain or protect the joint but, if the joint does not quickly return to normal pain free movement, there is a likelihood of limping patterns being established that disrupt function above and below the knee. These global feedback loops tend to exacerbate and fixate the original injury. Understanding how the foot, ankle, and hip at first respond to and later continue to affect the knee is often the key to rehabilitation, not only of acute problems but long-standing chronic ones.

Although there are many different patterns for compensation in walking, limited knee extension demonstrates the most common limping patterns for knee pain.

Limited Knee Extension

In varying degrees, limited knee extension will have the following results in gait, including a short stride. If you can return normal extension to the knee (the primary restriction), then most of the secondary compensations in the foot and hip will improve with minimal intervention. Muscles that are inhibited will need to be strengthened (and any good sports medicine book will have suggestions). These images confine themselves to the pelvis and below, but notice how pelvic tilt is also affected and will have effects up the spine and beyond.

GAIT ANALYSIS



If you consider how a tight psoas on the affected side will present side-bending and rotational strain on the lower back, it becomes clear how the effects of injury radiate globally.

TREATMENT STRATEGIES FOR THE KNEE

Even ideal techniques or soft tissue strategies may prove less than effective or possibly counterproductive if performed without considering clients' progress in their healing process. We all walk a fine line between providing effective work or occasionally working too hard or too early, thereby increasing inflammation. Never attempt to force inflamed tissue to release. The real skill in rehabilitation is gained through experience of determining what is constructive pain versus aggressive intent.

It is understandable that both therapists and clients are anxious to progress as quickly as possible with recovery but I feel that too early or aggressive intervention may disrupt the amazing ability of the human body to direct its own healing. Often, clients are hoping to be fixed quickly by outside intervention or magic bullets. I prefer to look at my work as returning balance, thereby opening the door for their bodies to heal themselves. Giving clients confidence and trust in their body's recuperative powers is another gift that you can provide, in addition to your work.

After surgery, most orthopaedists and physical therapists feel that, if the incision is healing properly, it is safe to perform superficial work to reduce swelling, prevent adhesions from forming and improve mobility after approximately 7 days. To play it safe, I recommend waiting for at least 10 days and proceed only with authorisation from the surgeon. The tissue will most likely be very warm from natural inflammation processes so it is strongly recommended that, whenever working on injuries, you apply ice packs for 10 minutes after the session and have your client apply ice later in the day. Hot or very red, irritated tissue, especially if the client has a fever, is a serious problem after surgery and the client should immediately contact their surgeon to rule out an infection in the joint.

That said, what do you do when you first see a client after surgery or an acute knee problem?

Although clients may be concerned with their lack of knee flexion, the primary culprit in limping is a lack of knee extension, even if it is just a matter of a few degrees. Certainly you should work to improve flexion but in most normal, relatively level walking and running conditions, it is possible to navigate without limping even with restricted flexion. Once you understand how the ankle, knee and hip are related, you can begin to work with a rational strategy to return normal movement to the whole leg.

TREATMENT 1: Freeing the Superficial Sleeve

This is really quite easy and gratifying work once you have a feeling for it but it is quite different from typical kneading, effleurage or deep muscular work of conventional massage. This work will facilitate improvement in both flexion and extension, and the feeling of tightness surrounding the knee. The superficial tissue around an injured or surgically repaired knee will usually lack the resilience and mobility of normal tissue and feel leathery. This is a different quality from softer puffiness of deeper joint swelling which may also be present but will give more easily because of the additional fluid in the joint capsule. It is almost as if a tight sleeve has been wrapped around the joint. This is the body's attempt to stabilise after trauma - either surgical or accidental - and should be the first issue addressed. The client will probably have some residual pain and fear so it is crucial to move slowly and within the pain threshold.

With your fingers softly curved, take hold of as broad an area of tissue as you can with the soft pads of your fingers and the palms of your hands.

Your intention should be very superficial, no more than a half inch deep, as you visualise very slowly beginning to first soften tissue and then unwind and separate this outer sleeve from deeper tissue and the joint. If performed properly, the client usually comments that it feels quite enjoyable and freeing. The softening of tissue might feel like you are slowly letting your fingers test the ripeness of an apple while being careful not to bruise it. Gently grabbing the incision, lifting it and slowly moving back and forth (in a motion similar to skin rolling) is very helpful. Again, the doctor's permission is needed for treatment soon after surgery. After softening the tissue, visualise that you are sliding this superficial layer around the joint in whatever direction it wants to stretch, unwind and release (almost like very slowly wringing out a wet towel) being careful that you are grabbing and stretching tissue rather than sliding over it. There is little or no need for lubrication, which makes the skin slippery and requires more pressure to grab the sensitive tissue.

Sleeve Work

The release happens at the end range of restricted motion and at a very oblique angle (not from jostling tissue back and forth or working on deeper tissue). It is almost as if you are trying to free the lid from a jar, slowly applying steady pressure and waiting (hoping) that it will eventually release and move.



You want that leathery superficial tissue to slide over the joint in all directions so it does not disrupt joint function. An effective technique is to rotate the outer sleeve of tissue as far as it will go and then ask your client to very slowly flex and extend the knee so that the joint moves under the sleeve that you are stabilising.

TREATMENT 2: Improving Flexion

As mentioned earlier, flexion is rarely a lasting problem. Returning full extension should be a higher priority. However, most clients seem quite concerned with flexion and it is relatively easy to improve. Your goal is to increase joint range of motion and mobility at the end range restriction of tissue.

Working in the neutral position is of minimal benefit. If superficial tissue has sufficiently healed and is not inflamed, take the joint to the end range of comfortable flexion and work to extend that end range either passively or by having your client actively flex the knee while you work on any soft tissue areas that are resisting. Your client can tell you where the tissue is tight and resisting movement.

Prone Knee Flexion Technique

To ensure that you are not stressing the knee capsule, be sure to have your client inform you if the restriction feels like it is deep in the joint rather than in the soft tissue you are addressing. Also make sure that the patella is not compressed against the table.



Slowly flex the knee with your other hand and address any areas distal to the knee that are restricting movement. The fist, fingers or even the forearm are effective tools. In addition to freeing localised tissue where you are working, this will also stretch the quadriceps. This is the perfect time to offer your client suggestions about a home stretching program for rehabilitation.

Supine Knee Flexion

Address any soft tissue restrictions around the joint. This approach affords more contact with the anterior knee and patella as well as the quadriceps. Stretch the knee into flexion and ask where any restrictions are felt.

You can use anchor and stretch strokes applying pressure proximally as you flex the knee against adhesions, or you can work in the direction of lengthening by grabbing tissue and pulling it in that direction.



To allow both hands to work, you may instruct the client to flex her knee by using her hands to pull the knee toward her chest, or use your own body to apply flexion pressure to the lower leg.

Seated Quadriceps Work

Good old-fashioned softening of the quadriceps with the forearm is always helpful. Of course working with your client in a supine position is also acceptable, but does not stretch the tissue or joint.



Having the client sitting and actively flexing the knee as you apply force in a distal direction to expedite lengthening is more efficient for biomechanical use of your weight and also assists with joint tracking and other neurological movement patterns. Anchor and stretch strokes applying force proximally while stretching the tissue by increasing flexion are also very effective for freeing more superficial adhesions around the knee joint.

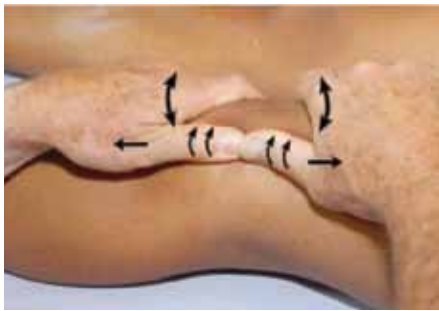
TREATMENT 3: Freeing the Patella

Even with deep joint injury or surgery, the patella often becomes restricted and can cause tendinitis and secondary

pain. It is unfortunate that many early massage trainings instil fear of working in this important area. Be careful not to compress the patella against the femur when working but do work for more ease in proximal/distal and lateral/medial movement. Tight tissue and tension in the ITB and vastus lateralis most often will cause the patella to deviate laterally so, although not shown in this example, any work to lengthen and soften the IT band is very helpful. Don't try to accomplish too much in one session. A little work each time will be helpful.

Patella Mobilisation

The patella will only glide freely when the knee is fully extended (another reason to return full extension to the knee joint as soon as possible).



Palpate the difference on yourself by attempting to slide your patella back and forth with the knee just slightly bent, as it would be if supported by a bolster in supine position. Now let your knee rest in full extension (without contracting the quadriceps) and notice how much more easily the patella moves. To mobilise the patella, the knee should be extended as straight as is comfortable without a bolster.

With the soft, flat border of your thumb, gently lift the patella and slowly mobilise in all directions, waiting at end range of restriction for a softening of resistance. In this case, I am actually lifting and tilting the patella with my thumbs slightly below the anterior surface so it is not compressed against the femur. You can even rotate the patella clockwise and counter-clockwise.

Soft-Tissue Patella Work

In addition to mobilising the patella by working directly with the bone as a lever, it is very important to soften tissue around the perimeter of the patella that can interfere with tracking.



Work slowly in all directions with fingers or knuckles and wait for the melt of tissue.

TREATMENT 4: Freeing the Iliotibial Band

With virtually every knee injury, the IT band will become tight and hard. This is not only uncomfortable or painful for the client but the tightness causes strain on the knee, pulls the patella laterally, and prevents smooth flexion and extension. The biggest complaint that some clients express for work in this area is that the therapist moves too fast and exerts pressure directly into the femur rather than obliquely. Although not shown here, work to release the tensor fascia latae and all of the gluteals is always helpful (remember that the gluteus maximus attaches directly to the IT band).

Working with the Iliotibial Band in Side-Lying Position

Just softening the tissue will be of substantial benefit but putting the IT band on as much stretch as possible by having the leg extended in the side-lying position will add to the benefit of this work.



In addition to stretching in a distal direction with the soft underside of your forearm, grabbing the IT band and rotating it around the leg to free it from deeper adhesions is also very helpful.

Compartment Separation

With immobility after injury or surgery, adhesions may form along the anterior or posterior border of the IT band.



Precise work along either border with fingers is very effective to allow the band to stretch in a straight line and also to allow the patella to track correctly instead of being pulled too far laterally.

Art Riggs has a meandering academic background in psychology, graduate work in literature and later, exercise physiology, at UC Berkeley. Fortunately, he escaped academia relatively intact, became enthralled with bodywork and was certified by the Rolf Institute in 1987. He teaches deep tissue massage, myofascial release and Rolf workshops in the US and abroad. He also maintains a private bodywork practice in Oakland.

Art is the author of the textbook, Deep Tissue Massage: a Visual Guide to Techniques and the acclaimed seven volume DVD series, Deep Tissue Massage and Myofascial Release: A Video Guide to Techniques. You can visit his website at www.deeptissuemassage.com.

Art is visiting Australia this summer. He is a featured presenter at the AMT Annual Conference in Canberra and he will also be presenting a series of workshops in Sydney in November.

This article originally appeared in Massage and Bodywork magazine, November - December 2008.

Photos and illustration courtesy of Art Riggs with thanks to model Joanne King.

Why volunteer?

by Paul Lindsay

Most of AMT's regional branches coordinate some voluntary massage activities with their local members. These activities range from major sporting events with large numbers of therapists, to massage sessions for a local charity with just one or two therapists.

The reasons people do voluntary massage are broad ranging. Many therapists are motivated to give their time out of compassion for people who are in difficult circumstances or to assist those who are fundraising for charity. While these are admirable reasons, I firmly believe that we also need to cast a critical business eye over voluntary massage events and ask "What's in it for us"?

Although this approach may sound mercenary, it is essentially no different from any other business that supports charities: businesses expect a return on their outlay (such as free publicity, raised public profile and enhanced image).

I have outlined below my proposed criteria to assess whether a voluntary massage event is worthwhile.

1. What's in it for AMT?

Voluntary massage events can be a great opportunity to market AMT - the bigger, the better. If you have an AMT banner, display it. Have "What is massage therapy" brochures and massage therapy awareness week flyers available. Make use of local newspapers, television or radio that may be covering the event to increase your exposure. The ultimate aim is to have anyone that thinks 'massage' also think 'AMT'.

2. What's in it for the massage profession?

Volunteer massages are a great way to introduce potential clients to massage - a 'try before you buy' approach. They can also be used to provide care for disadvantaged people who cannot afford a massage.

But what if the client is already familiar with massage and can readily afford a treatment?

For example, some therapists provide voluntary massage at top sporting events to gain sports massage experience. The elite athletes in these events often have massive sponsorships and/or salaries. Offering free massages to people in this position - those who can well afford to pay - not only undervalues the therapist's skills but also potentially undermines the value of the treatment. Additionally, it may deny other therapists the opportunity for a professional consultation, thus reducing their income. By all means let's support the local, amateur sporting teams but let's not support or promote the idea that 'no cost' equates to 'no value'.

3. What's in it for my business?

This is an opportunity to showcase your skills. Many of the people being massaged at these sorts of volunteer events have never experienced massage before. If you create a favourable impression, they may become a client. Ensure you have your business cards and practice information available. If the client does not live close, you could give them a list of AMT therapists in the area (with the permission of the therapists). Voluntary work undertaken close to your practice will maximise the opportunity to increase your client base while you serve your community.

4. What's in it for my skills?

This is especially important for novice therapists. It can take quite a while for a massage practice to build after you graduate. In the meantime, skills that you seldom use will fade from memory. Voluntary massage can help to preserve those skills - the greater the variety of clients treated and massage techniques used, the more your skill base will be reinforced.

5. What's in it for my CEUs?

If you've almost got enough CEUs for the year, you can use voluntary massage to top up the remainder. You will receive 1 CEU per hour of voluntary massage. This does not include travel or preparation time, so an event that is close to home and involves the least amount of linen is the most desirable. However, doing voluntary massage just for the CEUs is not an effective use of your time. Attending your local branch meetings will gain more CEUs for less time, and will be more beneficial.

So, based on the above criteria, how did the Hunter region perform in 2009?

Volunteer massages were conducted with CANTEEN, Camp Quality, and at a Staff Health and Wellbeing day at the Newcastle Community Health Centre.

In the case of the first two organisations, only a small number of people were massaged and most of these had never previously received a massage treatment. Some of the teenagers at CANTEEN were initially reluctant, but were encouraged by their peers to give it a try. Everyone reported in their camp reviews that they enjoyed the experience.

The sites were not central, so they involved travel for the therapists. Many of the clients were not local either which meant that follow-up massages for the therapists were unlikely. Thus, as business-building opportunities, these events rated poorly. However, the big winner was AMT's local profile: both organisations now contact Hunter AMT whenever an event is planned and we will continue working with them in the future.

As for the Health Centre, this appears to be in contravention of my second criteria, since most of the clients were health professionals. However, Hunter branch was invited to attend and the intent of the day was to educate health professionals to look after their own bodies, Massage was seen as one method of doing that - surely a worthwhile aim.

Most of the other criteria were satisfied: large number of massages, local clients, no linen (seated massages), maximum possibility of follow-up massages for therapists, even the possibility of corporate massage at a later date. This site was a good investment for AMT. (Incidentally, market research indicates that an event has to be repeated around four times before significant 'brand awareness' can be expected).

In summary, I suggest that any volunteer event should preferably produce some benefits to AMT, its members and the profession as a whole. Please note that these are my personal thoughts and not necessarily those of the AMT Hunter committee.

Paul Lindsay is a Senior Level One member of AMT. He is the Secretary of AMT's Hunter branch and a former treasurer. He has been involved in voluntary massage since joining the Association in 2006 and believes it is an important means to raise awareness of the benefits of massage therapy and AMT.

The AMT Ethics Committee is currently working in earnest to complete National Standards of Practice for Massage Therapists. A clear policy on voluntary massage will be incorporated into the Standards of Practice. If you are interested in giving input or making comment, please visit www.amt.org.au/wiki

■ amt

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Reviewing Scoliosis: A Three Dimensional Approach - Part A

by **Linda McClure Structural Integrationist, MA Couns.**

Probably one of the most memorable sufferers of scoliosis is Quasimodo. Victor Hugo popularised the character in his novel 'The Hunchback of Notre Dame', first published in 1831. The story goes that Quasimodo is born with facial deformities and a severely hunched back. His horrified parents abandon him on the steps of the Notre Dame Cathedral on Quasimodo Sunday, the first Sunday after Easter. He is found by the Archdeacon, Claude Frollo, who adopts the baby and names him after the day he was found, raising him to be the bell-ringer of the cathedral. Despite Quasimodo's kind heart, people cannot get past his physical deformities and he is tragically shunned and feared by the general populace of Paris.

What is scoliosis then? We understand it medically as abnormal curvature of the spine that can be complicated by not only lateral curves but also a kyphotic curvature, all organising around a helical like spiral. In these more severe cases it is called kyphoscoliosis, which is what Quasimodo suffered. Most scoliosis we get to see is likely idiopathic scoliosis, which accounts for approximately 80% of cases. Idiopathic refers to a disease that has no known cause, yet the medical profession widely accepts that heredity or genetic factors account for the development of idiopathic scoliosis ... which seems to be a contradiction in terms. The medical fraternity assumes this because studies have documented greater prevalence of scoliosis within families than amongst the general population (Lowe et al 2000:1157). To date, however, there has been no gene found that is responsible for scoliosis so the jury is still out on exactly what factors are responsible for its occurrence.



Figure 1: Kyphoscoliosis

Figure 1 shows a patient with lateral and sagittal curvatures uniting to create the most severe of scoliotic diagnosis, kyphoscoliosis. You can see the degree of compression and torsion that goes along with this condition. However we do not see the patient's face or the possible psychological distress the condition brings.

Currently, bracing and surgery are considered to be the only scientifically proven treatment methods for scoliosis. However, many other complementary methods lay claim to improving the lot of those with scoliosis: Osteopathy, Massage Therapy, Muscle Energy Technique, Chiropractic, Structural Integration, Feldenkrais and the emerging field of Somatic Psychology to name a few.

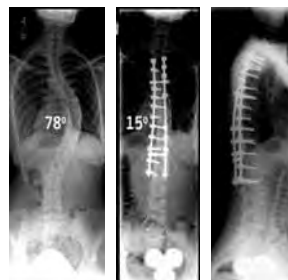


Figure 2: Spinal Fixing Copyright © 1996 - 2005, eSpine.com, Inc. All rights reserved

Figure 2 shows the hardware involved in spinal fixing for scoliosis. Be aware that now more than two thirds of this person's spine does not move. There is a law of physics that states where stillness meets motion we get breakdown so, over time, this person would have issues in their lumbar and cervical spine.

An Alternative Research Project

In the Journal of Psychosomatic Medicine, 2001, Dr M Hawes published a case study of an adult patient whose own chronic, rigid scoliosis suddenly started to change during a period of psychological decompensation from post-traumatic stress syndrome. The patient she is describing turns out to be herself!

In December 1991, in response to excruciating back pain, Hawes was prescribed an exercise program that included stretching, traction, massage therapy, cranial sacral therapy, myofascial release and trigger point therapy.

Hawes had also taken part in individual and group psychotherapy sessions during that time resulting in a personal emotional catharsis. This was in response to recalling repressed childhood memories springing out of her familial history of physical and emotional abuse, and multigenerational family mental illness. From February through to April 1992 her thoracic curvature spontaneously improved from 47% to 28% and her lumbar curvature from 26% to 13%, with a chest expansion increase of 7.5cm, and a 2cm gain in height. According to Hawes, this change occurred as a result of the emotional release and subsequent integration of her past traumas.



Figure 3: Radiographs showing changes in Hawes' scoliosis (Brooks et al 2009:6)

In her research, Hawes found studies that demonstrated that idiopathic scoliosis is correlated with psychological issues including a positive relationship between the degree of curvature and the degree of psychological disturbance, and increased suicidal thoughts amongst scoliotic adolescents compared with the control group (Hawes & Brooks 2001:994). It seems reasonable to conclude that there is merit in looking at scoliosis not just as a physical concern but also a psychological one.

Part of the success of Dr Hawes' project was to confirm that physical and manual therapies (i.e. non-surgical/multimodal interventions) played a part in opening up her structure and setting the stage for the successful psychological catharsis that began to shift her scoliosis.

Measuring Scoliosis



Figure 4: Forward Bend Test

The Forward Bend Test detects the gibbus (rib hump) that indicates the presence of scoliosis. Further measurements from X-rays will show more specifically the degree of scoliosis. We can calculate this by identifying the transitional vertebra, or the vertebra most superior and inferior to the curve that are the least displaced and rotated and have the maximally tilted end plate. A line is taken across these vertebrae and a right angle is drawn from the superior and inferior positions until they intersect. A compass is placed at the point of intersection to describe an arch. This measurement is the degree of scoliosis or **Cobb's Angle** (as shown in Figure 5). However, because Cobb's angle reflects the curvatures only in a single plane it neglects to account for vertebral rotation so therefore does not show the severity of three-dimensional spinal deformities.

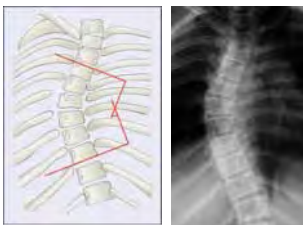


Figure 5: Cobb's Angle

A little bit of History

Katharina Schroth was one of the earliest pioneers to identify scoliosis as a three-dimensional pathological development. She was far ahead of her time when she published her first booklet in 1924 detailing the importance of breathing exercises for scoliosis patients. She had scoliosis herself and developed her **rotational breathing and exercise program** after traditional treatment methods failed her. She meticulously detailed the three-dimensional nature of scoliosis and noted that, where there was a flat area on the front of the ribcage, there was a corresponding rib hump on the back. By breathing into the flat area at the front, she observed that the rib hump at the back decreased in size: by correcting the front she could simultaneously correct the back. Later, she developed exercises that fixed the pelvis in an actively correct position and then had the patient performing trunk-

elongating exercises that de-rotated the ribcage and straightened the spine, also having a positive secondary effect on the breathing (Lehnert-Schroth 2007).

When we view scoliosis as a three-dimensional issue, we are then bound to observe this confounding condition as a whole body problem, not only expressed in the superficial tissue but also in the deep core myofascia.

Because the body is an integrated system, misalignment in one area always produces a corresponding compensation elsewhere as the body negotiates verticality, locomotion, forward vision and gravity.

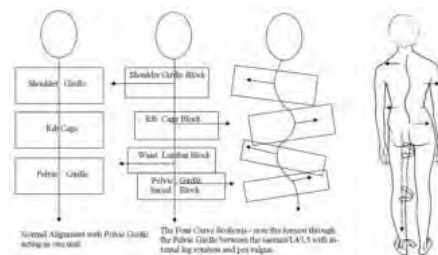


Figure 6: the Four Curve Scoliosis Edited and redrawn by L.McClure from Lenerth-Schroth 2007

According to the Schroth Institute, the Four Curve Scoliosis illustrated in Figure 6 has become more prevalent since the 1970s (Lenerth-Schroth 2007:65). The fourth curve presents in the L4/L5/Sacral block and is referred to as the scoliotic pelvis by Lenerth-Schroth (2007:69), with waist, rib and shoulder blocks above.

There are also single curve thoracic or lumbar scolioses, various double curve forms and three curve scolioses.

Understanding the Territory

Current X-rays can give us a visual description of a scoliosis, clearly showing where the curvatures are. Assessing the curvatures from a forward bend test should also be part of your comprehensive visual assessment. It is important to note leg length differences, rotations, weight bearing vectors and compressions. If possible, structural photographs against a wall grid are recommended to detail progress. This is useful for both practitioner and client.

To simplify our understanding of these curvatures - in a normal structure we have three functional physiological curves: the lumbar lordosis, thoracic kyphosis and cervical lordosis. These form three segments or blocks of the trunk:

1. lumbar spine and pelvis
2. thoracic spine and rib cage
3. cervical spine and shoulder girdle (as detailed in figure 6).

We see the dysfunction of these curves as wedge shaped in the saggital plane, causing malpostures such as hyperlordosis or hyperkyphosis, which manifests as the classic collapsed stand that often includes hyperextended knees (pictured in Figure 7).



Figure 7: Classic collapsed stance © Quantum Health

In scoliosis, we not only get the saggital displacement (front to back) but lateral shifting creates wedge-like segments or blocks in both the lateral and saggital planes, thereby creating at least three torsions of the trunk around a vertical axis. In response to these torsions, we generally also find one leg internally rotating and functionally shortening with the gluteals having high tonus and pes valgus (collapsed arch) on the foot of same leg (see figure 6). There is also an outflare of the ilium on the opposite, more prominent hip and, in general, that whole side is weaker and less supported than the other.

In part 2 of this article we will look at some general treatment options from a Structural Integration approach.

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Health Fund Status

HEALTH FUNDS AND SOCIETIES	CRITERIA
Commonwealth Bank Health Society	This fund recognises all AMT practitioner levels.
A.C.A Health Benefits Fund Cessnock District Health Benefits Fund CUA Health Limited Defence Health GMF Health GMHBA Heath Care Insurance Limited Health Partners HIF WA Latrobe Health Services (Federation Health) Mildura District Hospital Fund Navy Health Fund Onemedifund Peoplecare Health Insurance Phoenix Health Fund Police Health Fund Queensland Country Health Ltd Railway & Transport Health Fund Ltd St. Luke's Health Teachers Federation Health Teachers Union Health Transport Health Westfund	ARHG recognises all AMT practitioner levels. They require you to use their provider number. This number is AW0XXXXM, where the X's are your 4-digit AMT membership number.
NIB	This fund will recognise members with HLT50302/07 Diploma of Remedial Massage; HLT50102/07 Diploma of Chinese Remedial Massage; HLT50202/07 Diploma of Shiatsu and Oriental Therapies; Advanced Diploma of Remedial Massage (Myotherapy)
Victorian WorkCover Authority	This fund recognises Senior Level 1 and 2 members.
Australian Unity GU Health	These funds recognise members with HLT40302/07 and all Senior Level One and Two members.
HCF Manchester Unity	These funds recognise members with HLT50302/ HLT50307 Diploma of Remedial Massage Advanced Diploma of Applied Science (Massage) Diploma of Health Science (Massage Therapy) 21511VIC/21920VIC Advanced Diploma in Remedial Therapy (Myotherapy). Existing HCF providers remain eligible. Manchester Unity will recognise HLT50202/07 Diploma of Shiatsu.
MBF NRMA SGIC (MBF Alliances) SGIO (MBF Alliances)	These funds recognise members with the HLT 50302/07 Diploma of Remedial Massage. You must send a signed consent form to AMT. Existing Senior Level One and Two providers remain eligible.
Australian Health Management Group Medibank Private	These funds recognise Senior Level One & Two members.
HBF	HBF recognises Senior Level 2 members.
ANZ Health Insurance (HBA) Cardmember Health Insurance Plan (HBA) CSR Health Plan (HBA) HBA (formerly AXA) HealthCover Direct (HBA) Mutual Community (HBA) Overseas Student Health Cover (HBA) St George Protect (HBA) VSP Health Scheme (HBA)	These funds recognise members with HLT 50302/7 Diploma of Remedial Massage and HLT 50102/07 Diploma of Chinese Medicine Remedial Massage. Existing providers remain eligible.
The Doctor's Health Fund	Doctors' Fund recognises members with HLT 50302/07 Diploma of Remedial Massage, Advanced Diploma of Applied Science (Remedial Massage), Advanced Diploma of Soft Tissue Therapies, Advanced Diploma of Remedial Massage (Myotherapy) and Bachelor of Health Science (Musculoskeletal Therapy). All Senior Level One and Two members remain eligible. They require you to use their provider number. This number is AMXXXX, where the Xs are your 4-digit AMT membership number.

AMT has negotiated provider status on behalf of members with the Health Funds listed. All funds require a minimum of \$1 million insurance, first aid and CEUs.

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

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

Please check the AMT website for further information on specific Health Fund requirements:

www.amt.org.au

Calendar of Events

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

June 2010		CEUs
5-9	Neurostructural Integration. Presented by Ron Phelan. Port Headland. Ph: 0419 380 443	175
5-6	Marketing Your Holistic Therapies Business. Presented by Melanie Surplice. Melbourne. Ph: 0416 925 405	60
5	Outcomes Training for Remedial Massage Therapists. Presented by WorkCover NSW. Newcastle. Ph: 1800 201 905	20
10-14	Somatic CST III. Presented by Patricia Farnsworth. Sydney. Ph: 1800 101 105	175
12-13	Pregnancy Massage. Presented by Catherine McInerney. Perth. Ph: 03 9532 8144	60
15-18	Neurostructural Integration Advanced. Presented by Ron Phelan. Bali. Ph: 0419 380 443	175
19-20	Traditional Cupping - Western Tradition. Presented by Bruce Bentley. Sydney. Ph: 03 9576 1787	80
19-20	Myofascial Cupping. Presented by David Sheehan. Melbourne. Ph: 03 9481 6724	70
19-22	Akupunkt - Massage according to Penzel (Course A). Presented by Rene Goschnik. Sydney. Ph: 02 9547 0158	200
22	ACT Branch Meeting. Venue TBA. Ph: 0408 238 274	15
25-27	Infant Massage Training. Presented by IMIS. Sydney. Ph: 1300 137 551	120
25-27	Functional Assessments and Corrections of the Lower Body (Onsen Vol.2). Presented by Jeff Murray. Sydney. Ph: 07 5599 2514	105
26-27	Contemporary Cupping. Presented by Bruce Bentley and Shirley Gabriel. Melbourne. Ph: 03 9576 1787	80
26-27	Marketing Your Holistic Therapies Business. Presented by Melanie Surplice. Brisbane. Ph: 0416 925 405	60
27	Leg and Knee Pain. Presented by John Bragg. Katoomba. Ph: 0410 434 092	35
29	Illawarra Branch Meeting. Corrimal. Ph: 0417 671 007	15

July 2010		CEUs
1-7	Somatic CST IV. Presented by Patricia Farnsworth. Sydney. Ph: 1800 101 105	210
3-4	Traditional Cupping - Eastern Tradition. Presented by Bruce Bentley. Brisbane. Ph: 03 9576 1787	80
10-11	Traditional Cupping - Western Tradition. Presented by Bruce Bentley. Sydney. Ph: 03 9576 1787	80
12-16	Somatic CST I. Presented by Patricia Farnsworth. Sydney. Ph: 1800 101 105	160
16-20	Neurostructural Integration. Presented by Ron Phelan. Melbourne. Ph: 0419 380 443	175
17-18	Myofascial Cupping. Presented by David Sheehan. Coolangatta (Gold Coast). Ph: 03 9481 6724	70
18	Hunter Branch AGM/Workshop. Presented by John Bragg. Adamstown. Ph: 02 4953 2252	50
24-25	Contemporary Cupping. Presented by Bruce Bentley and Shirley Gabriel. Melbourne. Ph: 03 9576 1787	80
24-30	Somatic CST IV. Presented by Patricia Farnsworth. Adelaide. Ph: 1800 101 105	210
24-25	Working with Scoliosis A Structural Integration Approach. Presented by Linda McClure. Heidelberg, VIC. Ph: 07 5527 0333	70
27	Illawarra Branch Meeting. Corrimal. Ph: 0417 671 007	15
30-1	Infant Massage Training. Presented by IMIS. Gold Coast. Ph: 1300 137 551	120
31-1	Ortho-Bionomy Fundamentals (Phase 4). Presented by Anthony Swan. Canberra. Ph: 0412 286 385	70

August 2010		CEUs
1	ACT Branch Meeting. Venue TBA. Ph: 0408 238 274	15
4	South Sydney Branch Meeting. Hurstville. Ph: 0411 039 819	15
6-8	Infant Massage Training. Presented by IMIS. Townsville. Ph: 1300 137 551	120
7-8	Contemporary Cupping. Presented by Bruce Bentley and Shirley Gabriel. Sydney. Ph: 03 9576 1787	80
9-10	Contemporary Cupping. Presented by Bruce Bentley and Shirley Gabriel. Sydney. Ph: 03 9576 1787	80
15	Sciatica, Piriformis Syndrome and Hip Pain. Presented by John Bragg. Katoomba. Ph: 0410 434 092	35
19	Mackay Branch Meeting. Mt Pleasant. Ph: 07 4955 2553	15
21-22	Somatic CST I. Presented by Patricia Farnsworth. Adelaide. Ph: 1800 101 105	70
23-26	Somatic CST I. Presented by Patricia Farnsworth. Adelaide. Ph: 1800 101 105	140
27-29	Infant Massage Training. Presented by IMIS. Melbourne. Ph: 1300 137 551	120
27-29	Structural Assessments and Corrections for Cervical and Thoracic region (Onsen Vol.3). Presented by Jeff Murray. Sydney. Ph: 07 5599 2514	105
28-29	Pregnancy Massage. Presented by Catherine McInerney. Sydney. Ph: 03 9532 8144	60
28-29	Cupping Therapy. Presented by Zhang Hao. Strathfield. Ph: 02 9629 1688	75
28-29	Traditional Cupping - Eastern Tradition. Presented by Bruce Bentley. Sydney. Ph: 03 9576 1787	80
28-29	Myofascial Cupping. Presented by David Sheehan. Melbourne. Ph: 03 9481 6724	70
30	Gua Sha Day. Presented by Bruce Bentley. Sydney. Ph: 03 9576 1787	40
31	Illawarra Branch Meeting. Corrimal. Ph: 0417 671 007	15

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Conference Programme

THIS SPORTING LIFE

FRIDAY 29 OCTOBER

9.30AM – 4.30PM

PRE-CONFERENCE WORKSHOPS

The Shoulder
Pelvic Instability: Athlete's Pain, Therapist's Dilemma

4.30PM

Earlybird Conference registration

5.00PM

Welcome to country - Traditional Owners
of the Land

SATURDAY 30 OCTOBER

7.00AM – 8.00AM

Battle camp / Pilates

7.30AM – 8.45AM

Registration

9.00 – 9.05AM

Housekeeping - Godwin Grech

9.05 – 9.20AM

President's welcome – Tamsin Rossiter

9.20 – 10.15

The influence of Soft tissue Treatment on Athletic Performance
– Professor Dick Telford

10.15 - 10.45

Morning tea and trade exhibit

10.45 - 11.30

Massage Therapy and the Athlete - Treatment and Recovery – Rob Reid

11.30 – 12.15

Work-Related Overuse Injuries: An Overview –
Ann Thomson

12.15 - 12.30

Launch AMT Strategic Plan 2010 - 2016

12.30 - 1.30

Lunch and trade exhibit

1.30PM – 3.00PM

THIS SPORTING BREAKOUT

Balancing the knee
Kinesio Taping
Ortho-Bionomy®
Neural Tension Testing

3.00PM – 3.30PM

Afternoon Tea and Trade Exhibit

3.30PM – 5.00PM

This Sporting Breakout continued

6.30PM

Gala Dinner – Black and white

SUNDAY 31 OCTOBER

7.00AM – 8.00AM

Tai Chi / Yoga

8.00AM – 8.45AM

Registration

9.00AM – 10.30AM

CHANGING ENDS

Balancing the knee
Kinesio Taping
Ortho-Bionomy®
Neural Tension Testing

10.30AM – 11.00AM

Morning Tea and Trade Exhibit

11.00AM – 12.30PM

Changing Ends Breakout continued

12.30PM – 1.30PM

Lunch and Trade Exhibit

1.30PM – 3.30PM

BREAKOUT ROULETTE – WHAT ABOUT ME?

Pelvic Thrust
Grooving with the Oov
Out! Out! Overuse
Front to back – Rebalancing the torso and shoulders

3.30PM – 4.00PM

Afternoon Tea and Close

PROFESSOR RICHARD TELFORD

KEYNOTE ADDRESS: The Influence of Soft Tissue Treatment on Athletic Performance

Dick Telford is Australia's first full time sports scientist and a Foundation Fellow of the Australian Sports Medicine Federation. He is one of Australia's top coaches, a fine athlete, an A grade footballer, cricketer, marathon runner and national titleholder in the Veterans' 800, 1,500 and 5,000 events. Dick is the former head of the Department of Physiology/Applied Nutrition and the principal research scientist at the Australian Institute of Sport in Canberra. He is currently the High Performance Coach in Long Distance Running for Athletics Australia, together with an adjunct professional post at Griffith University. A fellow of both the Australian Sports Medicine Federation and the American College of Sports Medicine, in 1992 Dick was made an Officer of the Order of Australia for services to sport and sport science.

DR ROB REID

PLENARY ADDRESS: Massage Therapy and the Athlete - Treatment and Recovery

After graduating from Monash University, Rob spent a year in Switzerland as a ski instructor, carpenter, painter, plumber, hotel manager and tour guide, and then as a GP in West Germany with the Canadian Armed Forces. He completed a Diploma in Sports Medicine in London and, returning to Australia, spent two years as a Sports Physician at the Australian Institute of Sport. He now works in private practice. Rob is one of the inaugural Fellows of the Australian College of Sports Physicians and has worked with athletes across a spectrum of sports. He is President of Sports Medicine Australia – ACT Branch, is a Fellow of SMA (ASMF), and is on the Policy Review Committee and National Board of SMA.

ANN THOMSON

PLENARY ADDRESS: Work-Related Overuse Injuries

Ann has been Director of the RSI and Overuse Injury Association of the ACT since 2001. She taught English in Australia and overseas for many years before she was injured by intensive keyboard work. Since being injured, she has completed a Masters in Health and Community Services at the University of Canberra. Ann was a guest speaker at the UK and Dutch RSI Associations' annual conferences in 2008, and has written and spoken widely about RSI prevention and treatment. She is a passionate advocate for people with RSI/OOS.

ART RIGGS

PRECONFERENCE WORKSHOP: The Shoulder
CONFERENCE WORKSHOP: Balancing the knee

International guest presenter Art Riggs became enthralled with bodywork after a meandering career in academia. He was certified by the Rolf Institute in 1987 and teaches deep tissue massage, myofascial release and Rolf workshops in the US and abroad. He also maintains a private bodywork practice in Oakland. Art is the author of the textbook, Deep Tissue Massage: a Visual Guide to Techniques, and the acclaimed seven volume DVD series, Deep Tissue Massage and Myofascial Release: A Video Guide to Techniques.

JEFF MURRAY

PRECONFERENCE WORKSHOP: Pelvic Instability

Jeff originally studied massage at Hunter College of Massage in 1990. After many years of post-graduate study, he is currently the only Onsen Therapy instructor in Australia and the southern hemisphere. In 1998, he was appointed 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.

THUY BRIDGES

CONFERENCE WORKSHOP: Kinesio Taping

Physiotherapist Thuy Bridges is the director of PhysioWISE, with two Sydney physiotherapy and pilates clinics. She has been using and developing Kinesio Taping since its introduction to Australia in 2004. As well as being a certified Kinesio Taping instructor, Thuy is a Pilates and Yoga Instructor and has trained in Osteopathic techniques and acupuncture. She also provides consulting services to a number of businesses and community groups in Australia and is a clinical educator for Sydney University.

ANTHONY SWAN

CONFERENCE WORKSHOP: Ortho-Bionomy®

Anthony Swan is a registered Ortho-Bionomy® instructor and advanced practitioner with the Society of Ortho-Bionomy International. He has been involved in the development of Ortho-Bionomy® in Australia since 1996, both as a founding Australian Board member and in establishing the practitioner training programs.

BRAD HISKINS

CONFERENCE WORKSHOP: Neural Tension Testing

Brad is a veteran of the Sports Soft Tissue Industry with 11 years at the Australian Institute of Sport, four Olympic Games (two as Head Soft Tissue Therapist), two Commonwealth Games (both as head STT) and 19 world championships with varying teams. He currently operates Clinic 88 and also treats at in8 health clinics in Canberra and the East Coast while teaching nerve assessment and treatment at Canberra Institute of Technology.

THE MUSKATEERS

BREAKOUT ROULETTE - What about me?

Athos, Porthos, Aramis and d'Artagnon are industry veterans with well-established successful practices. They live the credo "One for all and all for one" by continuously upholding the highest professional and clinical standards. Between them, they have countless published articles to their name and have cemented their reputation in the field of sports therapy at the highest national and international level. They may not all be blokes.

PRE-CONFERENCE WORKSHOPS

THE SHOULDER

Presented by Art Riggs

With its bewildering array of criss-crossing muscles and tendons, the shoulder joint can be intimidating to work. With a therapeutic emphasis on improving function or removing pain, this 'survey' workshop will offer a deeper understanding of the anatomy and movement of the shoulder joint and scapula to give you specific strategies for a logical approach to treatment. There will be time for you to work with techniques, so you can return to your practice with new and effective tools to use and refine.

PELVIC INSTABILITY: ATHLETE'S PAIN/ THERAPIST'S DILEMMA

Presented by Jeff Murray

This workshop encompasses 20 years of clinical insight that Jeff has gained from trying to make sense of the intricacies of pelvic stability. Jeff will take you through structural assessments of the pelvic region, including the sacrum and SIJ, to unravel the mysteries associated with the relevant functional problems. You will address and unravel the mysteries of sensory motor amnesia, anterior and posterior fascial slings, pyramidal firing patterns, force closure of the sacroiliac joint, the recalcitrant gait and Trendelenburg's Sign. Hopefully, this workshop will make you question your current philosophy on releasing tight muscles and lead you to consider the effects of instability.

CONFERENCE WORKSHOPS

BALANCING THE KNEE

Presented by Art Riggs

The knee is widely regarded as the most complicated joint in the body. In this workshop we will clarify the anatomy and complex movements of the joint itself to give an understanding of how to work with the major soft tissue components to create better balance and function and resolve many of the issues that your clients present. You will learn techniques to improve tracking of the patella, balance lateral/medial strain patterns involving the I.T. band and adductors, create balance between the quadriceps and the hamstring compartments, and safe joint mobilisation techniques to free deep joint restrictions.

KINESIO TAPING

Presented by Thuy Bridges

This practical workshop will provide an introduction to the Kinesio Taping method, including principles, precautions and applications. Kinesio Taping requires appropriate assessment of the relevant structures to determine what to tape and how to tape. With this in mind, you will be instructed to find anatomical landmarks, do appropriate muscle and length testing and then apply Kinesio Tape to commonly presenting problems.

ORTHO-BIONOMY®

Presented by Anthony Swan

Ortho-Bionomy® is a gentle, non-invasive therapy which is highly effective in working with chronic stress, injuries and pains or problems associated with postural and structural imbalances. In this 3-hour introductory workshop, you will be given a brief overview of the history, philosophy and principles of Ortho-Bionomy®. Guided hands-on practice will include easy 'take-away' practical tools that you will be able to use immediately in your practice. If you are interested in incorporating structural assessment and gentle, non-force techniques into your practice, this is the workshop for you.

NEURAL TENSION TESTING

Presented by Brad Hiskins

Nerves not only transmit stimuli that register as pain but can also be the source of pain themselves. The sporting community puts itself at considerable risk of nerve damage. The peculiar actions that sports demand often render the nervous system vulnerable to injury. Typical sporting injuries that result in scar formation can, in turn, tether nerves and limit their ability to move freely. In this workshop we will discuss how the nervous system can be damaged, learn how to assess this subjectively and learn what objective tests to perform to isolate particular nerves.

BREAKOUT ROULETTE - WHAT ABOUT ME?

Presented by The Muskateers

In this wildcard workshop, you will be treated to a panoply of self-care related presentations for the whole body. The Roulette wheel of topics includes Pelvic Thrust, Grooving with the Oov, Out! Out! Overuse, and Front to Back. Your Muskateers will be ably supported by their servants Blanchet, Grimaud, Mousqueton and Bazin under the watchful eye of our feted croupier Alexander Dumas. This is an all-in session so you are guaranteed a seat ... or a stool ... or a table ... or an Oov (not to be confused with an Ood).

ACCOMMODATION

AMT has negotiated a special conference rate with Hotel Realm. The Realm Room is available for \$225 per night and the Realm one-bedroom suite is available for \$255 per night. To book your accommodation here please call 02 6163 1888 and quote the code 2910MT.

There is an enormous range of accommodation options within walking distance of the venue. For a full list of options, please visit the conference section of the AMT website or call the AMT office on 02 9517 9925.

Members wishing to share a two or three bedroom apartment with other delegates should register their interest with Head Office. We will endeavour to coordinate share arrangements on request.

PARKING

Parking is available at Hotel Realm. The conference delegate rate is \$10.00 per day. Parking is complimentary for the first 90 minutes, after 6pm and on weekends.

ASSOCIATION OF MASSAGE THERAPISTS

21ST NATIONAL CONFERENCE 2010

THIS SPORTING LIFE

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. 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 August 27.**

Conference Gala Dinner

A Gala Dinner ticket is included in all 2 and 3 day registrations. Single day delegates who wish to attend the dinner will need to purchase a ticket and delegates who wish to purchase extra dinner tickets will need to do so through AMT Head Office.

ONE-DAY REGISTRATION (please indicate which day you would like to attend)				
Attending on:		Earlybird rate	After August 27	Student Rate
Friday	<input type="radio"/>	\$210.00 <input type="radio"/>	\$230.00 <input type="radio"/>	\$140.00 <input type="radio"/>
Saturday	<input type="radio"/>	\$210.00 <input type="radio"/>	\$230.00 <input type="radio"/>	\$140.00 <input type="radio"/>
Sunday	<input type="radio"/>	\$210.00 <input type="radio"/>	\$230.00 <input type="radio"/>	\$140.00 <input type="radio"/>

TWO-DAY REGISTRATION (please indicate which days you would like to attend)				
Attending on:		Earlybird rate	After August 27	Student Rate
Friday & Saturday	<input type="radio"/>	\$400.00 <input type="radio"/>	\$450.00 <input type="radio"/>	\$280.00 <input type="radio"/>
Saturday & Sunday	<input type="radio"/>	\$400.00 <input type="radio"/>	\$450.00 <input type="radio"/>	\$280.00 <input type="radio"/>
Friday & Sunday	<input type="radio"/>	\$400.00 <input type="radio"/>	\$450.00 <input type="radio"/>	\$280.00 <input type="radio"/>

THREE-DAY REGISTRATION				
Attending		Earlybird rate	After August 27	Student Rate
All 3 days		\$570.00 <input type="radio"/>	\$630.00 <input type="radio"/>	\$420.00 <input type="radio"/>

TOTAL: \$ _____

Dietary requirements (please advise of any special dietary requirements and we will attempt to address these)	
Vegetarian	<input type="radio"/>
Lactose Intolerant	<input type="radio"/>
Gluten free	<input type="radio"/>

WORKSHOP PREFERENCES

PRE-CONFERENCE WORKSHOPS (FRIDAY 29 OCTOBER)

Choose from one of the following: The Shoulder
 Pelvic Instability

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)

- ____ Balancing the Knee
____ Ortho-bionomy[®]
____ Neural Tension Testing
____ Kinesio Taping

Break out Session 2 (Sunday morning)

- ____ Balancing the Knee
____ Ortho-bionomy[®]
____ Neural Tension Testing
____ Kinesio Taping

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 CLOSSES WEDNESDAY 20 OCTOBER 2010

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 _____



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 AUGUST 30, 2010.



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 AUGUST 30, 2010.



AMT Membership Survey

ABN 32 001 859 285

Member number:

(you will receive 5 CEUs for participating)

What do you like about AMT?

What do you not like about AMT?

What would you change about AMT?

Please complete and return to AMT:

via fax
02 9517 9952

via mail
Reply Paid 792
Newtown NSW 2042

electronically
message@amt.org.au

Thank you for your time.

