

President's Message

By Tamsin Rossiter

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AMT's 2011 Annual General Meeting in Melbourne was a significant milestone in the evolution of the association.

As our first standalone AGM outside NSW, the choice of location reflects AMT's continuing national growth and our commitment to supporting the work of our active regional branches.

Prior to the commencement of the AGM, we had another watershed moment with the first public "outing" of the consultation draft of the AMT Code of Practice. Those present had the opportunity to preview this significant document and provide early feedback. If the lively dialogue that ensued is any indication of the degree of member engagement we can anticipate, then the consultation process we have begun should help to focus, refine and improve the Code into a fitting document to set the tone and standard for the practice of massage therapy in Australia. We urge all members to be active in the feedback process as the Standards in the Code will not only be upheld by the profession at large, but also by all of you as individual practitioners.

Our intention is for the standards to be adopted by RTOs, disciplinary bodies and practitioners. The Code will be also be used in our consultations with Government regarding the development of appropriate regulatory models for unregistered health care practitioners including massage therapists. In fact, we have already made inroads in this direction with our recent submission to the Australian Health Ministers Advisory Council.

The consultation draft of the Code of Practice was included in AMT's submission as a potential foundation for enhanced regulation of the massage therapy profession.

On April 4 Rebecca Barnett, Colin Rossie and I attended one of the AHMAC consultation forums in Sydney, hosted by NSW Health. There was a range of health practices and practitioners represented at the forum and a fairly strong consensus around the need for enhanced regulatory protections for the general public. Merrilyn Walton, Professor of Medical Education (Patient Safety) at the University of Sydney, gave an insightful and impassioned presentation on models of health practitioner regulation, providing us with a sobering reminder that regulation is always motivated by - and aimed at - protection of the public rather than protection, recognition or promotion of the professions that it targets.

We are looking forward to continued dialogue with the Australian Health Ministers Advisory Council in regard to both practitioner and public safety issues arising from the provision of health services by massage therapists.

The launch of the Community Services and Health Industry Skills Council (CSHISC) 2011 Environmental Scan provided another bright spot in the evolution of massage therapy as a mainstream health intervention. The CSHISC e-scan clearly recognises the increased acceptance and use of Remedial Massage. To quote the e-scan findings:



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Office hours:
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Level 1 Suite B,
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Newtown NSW 2042

Postal address:
PO Box 792, Newtown NSW 2042

T: 02 9517 9925
F: 02 9517 9952

massage@amt.org.au
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"Between 2003 and 2008, the number of complementary therapists in Australia grew by 61 percent to 23,400. Many complementary health services are covered by private health insurance, and 693,000 rebates were paid in 2008. This is about one-quarter to one-third the number of rebates paid for mainstream services such as physiotherapy and optical services. Relevant complementary health practitioners see training package qualifications as core to their professional identity, client safety and quality, and client and health fund confidence. Demand for remedial massage therapy is expanding and is often located within allied health practices. The aging of the population is one factor driving this expansion, as it is in other areas, and services are increasingly sought for preventative and rehabilitation purposes rather than for relaxation. The remedial massage therapy sector is exploring the development of a scope of practice to enhance quality and consistency of services."

Colin Rossie and Rebecca Barnett attended the official launch of the e-scan at parliament house in Canberra. Also present was the Minister for Mental Health and Aging, Mark Butler, and three other federal politicians, along with key stakeholders and government departments involved in the community services and health arena. It is both exciting and satisfying to have remedial massage acknowledged amongst such high profile stakeholders in the health and aging sector.

I am looking forward to another twelve months of groundbreaking work with AMT. I would like to thank AMT for providing me with the opportunity to represent the association in the role of president. I have greatly valued holding the position for the past 2 years. It has been a time of transition for both the organisation and the industry, as the professionalisation of massage therapy continues apace.

For me personally it has also been a humbling experience as I thank and acknowledge all the exceptional practitioners out there who advocate massage and work within a strict ethical framework.

You make my job easier as you are the practitioners who set the benchmark for excellence in massage therapy.

I would also like to thank all the volunteers who assist AMT in maintaining its high standards.

- To all the regional representatives who work tirelessly to assist massage therapists within their regions - you do a sensational and invaluable job.
- To the Board of Directors who commit ridiculously large amounts of time and effort assisting with the ethical and transparent running of AMT.
- To Rebecca Barnett, our living legend [oh puh-lease – Ed]. Beck is undoubtedly the most knowledgeable asset to the massage profession nationally. AMT would not be where it is today without her.
- To Linda and Katie, our brilliant office staff, for their continued dedication to AMT, the profession and all members who welcome their helpful advice and support on the other end of the telephone.
- To Alan Ford, our past president and Director who recently stepped down from the AMT Board. Alan has provided AMT with continued support for many years and is a highly respected massage therapist and presenter. We wish Alan all the best as he reclaims some of his recreational time and we look forward to welcoming him back on the Board any time soon!

Finally, I'd like to draw your attention to the program for the AMT Annual Conference in October included with this edition of the journal. We return again to the theme of research and how keeping abreast of the evidence can help you build your client base. Having an understanding of the mechanisms through which massage therapy works and what conditions respond to it is another key building block in the evolution of our industry into a fully-fledged profession. I look forward to sharing this journey with you on 15 and 16 October.

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DEADLINE

**Deadline for the
September 2011
issue of
In Good Hands is:
1st August, 2011**

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or phone: 02 9517 9925

Secretary's Report

by Rebecca Barnett

Hooly dooly. This is at least the third time I have opened a secretary's report with hooly dooly so clearly my opening gambits aren't getting any better in a hurry. But this time I can assure you that it is the hooliest of all conceivable doolies. And if the tone of this piece continues to be unapologetically superlative, it is because the past 3 months have been the busiest and most productive I have experienced during my time as secretary of AMT. Hopefully, as a member of AMT, you have also sensed at least some of this productivity via the various communications you have received throughout this period. Here's a brief overview of what AMT has been up to since we last crossed paths in the journal.

Back from submission city

Since the March issue of *In Good Hands*, AMT has made submissions to the National Quality Council in relation to proposed changes to the national training package; NSW WorkCover in relation to proposed changes to Workers' Compensation legislation that would increase NSW WorkCover's capacity to determine and control the services that patients have access to; and the Australian Health Ministers' Advisory Council in relation to options for the regulation of unregistered health practitioners such as massage therapists. Obviously, the AHMAC submission was the most significant of these since it is likely to have the most far-reaching impacts on the practice of massage therapy across Australia. It was an ideal opportunity for AMT to speak directly to the Health Ministers, make clear recommendations for how we believe massage therapy should be regulated in Australia, and promote the important work we have done to facilitate this process to date.

As Tamsin mentioned in her report, we included a copy of the consultation draft of the recently released AMT Code of Practice with our submission because we believe that it should be the cornerstone of any proposed regulatory scheme for massage therapists.

We encourage you to read these submissions if you have not already done so. They are available for download from the home page of the AMT website www.amt.org.au. It is your future so you owe it to yourself to be informed and stay ahead of any potential changes.

AMT Code of Practice

The AMT Board also released the consultation draft of the AMT Code of Practice in early May. You should now have received a copy by either email or mail.

Drafting the code was an extremely time-consuming process that involved an enormous amount of research, dialogue and synthesis of complex principles. The AMT Board has embarked on a 5-month consultation, seeking feedback on the Code from a wide range of interested parties. Make sure you read and engage with the content, and get involved in the feedback process. We are relying on your comments to ensure that the Code is relevant, practical and comprehensive. More on that later...

The Code of Practice will be officially launched at the AMT Conference in Sydney on October 15. Please see the conference brochure included in this edition of the Journal for more details of the conference program.

Annual General Meeting

AMT's 2011 AGM was small but perfectly formed, with 31 dedicated members converging on Melbourne from across Victoria and interstate.

Special acknowledgement goes to those members whose trip to the meeting involved a plane flight. The AGM was preceded by a hands-on workshop with John Bragg and an hour-long discussion of the draft Code of Practice.

At the close of the meeting we welcomed two new directors to the AMT Board, Annette Cassar and Jodee Shead, and farewelled Alan Ford whose contribution to AMT over the past 5 years is inestimable. The following Directors will serve on the AMT Board in the coming year:

President: Tamsin Rossiter

Vice-President: Colin Rossie

Secretary/Treasurer: Rebecca Barnett

Director: Annette Cassar

Director: Kerry Hage

Director: Dave Moore

Director: Desley Scott

Director: Jodee Shead

Director: Derek Zoritz

Where to now? – evolving into a profession

In the wake of South African apartheid, the newly elected democratic Government of Unity set up the South African Truth and Reconciliation Commission (TRC) to help victims and perpetrators of apartheid deal with its brutal consequences. The conflict that occurred during the apartheid era resulted in violence and human rights abuses from all sides. Nobody was immune from the atrocities.

The TRC was a court-like restorative justice process. Victims of gross human rights violations were invited to give statements about their experiences at the hearings, and perpetrators could also give testimony and request amnesty from both civil and criminal prosecution.

In his book *On Equilibrium*, Canadian academic John Ralston Saul writes about one of the unexpected consequences of the TRC hearings:

"One of the most surprising elements of the hearings was the desire of both the tortured who had survived and their torturers to meet, as if in search of a relationship which would allow them both to regain their virtue...society itself seemed to need these meetings and revelations in order to find a communal starting point. That is, they needed to create a conscious shared memory in order to shape an ethical relationship."

So what does this have to do with the professionalisation of the massage therapy industry in Australia?

Last year, AMT established our own kind of 'hearing' - or perhaps more aptly listening - by extensively surveying the membership. A few distinct themes emerged out of the responses you gave. Overwhelmingly and unsurprisingly, most of you want greater public credibility and recognition within the healthcare system.

You want more referrals from doctors and other allied health professionals. You want third party payers to give higher rebates for massage. And, in the main, you want AMT to achieve all of this on your behalf.

Drafting the AMT Code of Practice is one of the AMT Board's key strategies to meet some of the goals listed above. However, for the Code of Practice to successfully achieve its objectives, it must be our new 'communal starting point', redefining the relationship of each individual member to AMT and the profession at large. To evolve into a profession, every single massage therapist must take responsibility for the standards they set in their own practice and understand how these standards can profoundly influence the public perception of massage therapy, for better or for worse.

The AMT Code of Practice is a way of formalising our ethical and professional standards, and broadcasting them to a much wider public audience. At its best and most valuable, we hope the Code will create a conscious shared memory for all AMT members, to recast the ethical relationship between you and your professional association and to make it abundantly clear that you are the driver of change rather than a passenger. Moreover, we hope this shared memory extends its reach to all massage therapists practising across Australia. If we are all pulling in the same direction, we'll get to our destination a whole lot faster. I am excited by the prospects.

See you at the launch of the final Code of Practice at the annual conference!

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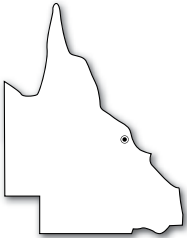
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News from the regions



Mackay by Rod Legge

Our February meeting was well attended with 13 people present, including new member Ricky Fitzgerald. Our guest speaker, Judith Grieve, presented an interesting interactive session on headaches, their causes and treatment using Shiatsu.

Our AGM in November produced no startling results with the same office bearers being returned for 2011. Most members present agreed to an extra meeting on a Saturday involving the use of DVDs with participation and discussions.



Riverina by Jodee Shead

The Riverina region has been very busy, turning out in force for the Natural Health Expo held in Kyabram in April. Riverina members promoted massage therapy as a profession and the AMT as a professional massage therapists' association at this 3-day event.

Three region representatives attended AMT's AGM and members' day in Melbourne in March. They will have a lot to pass on to their fellow therapists at the next branch meeting, with the newly drafted standards of practice firmly on the agenda.

I would like to congratulate Warren Currnick and Erin Lehey who have recently joined AMT after graduating in March. Well done and welcome to the profession!



Sydney South by Kelly Walker

It was great to see many new faces at our meeting on April 6. Our guest speaker was Yee Wha Park who is a Quantum Massage Therapist. Although it is difficult to explain in a few words, quantum massage is an in-depth system that works to restore balance, using targeted massage techniques to areas of the body that need support. Although most of us present at the session are remedial massage therapists, we were still very interested in the new perspective that Yee Wha's presentation gave us.



▲ Yee Wha Park, Quantum Massage Therapist

Our next meeting is Wednesday, June 1 in the Miles Franklin Room, Hurstville Library. The meeting commences at 6.45pm and will feature a presentation by Osteopath Anthony Gould. It will also be our Annual General Meeting so please arrive promptly. For any queries, please contact Kelly Walker on 0404 034 668.



Mid North Coast by Corinne Rose

At our April meeting, senior AMT member Mario Pace gave a presentation on the pros and cons of working overseas. Mario's talk showed how portable and valuable our profession is around the world, with our capacity to use touch to cross the language barrier. However, observing the small courtesies and getting to know the local customs is still important, as Mario's experience of working in France demonstrated.

Mario also talked about the importance of checking the local legalities when working in different countries. In many countries and regions, such as some states in the US where massage therapy is a licensed occupation, Australian qualifications are not considered valid. In France there are no remedial massage therapy qualifications so legally Mario was only able to offer relaxation massage. Your insurance policy states which countries you are insured for so you'll need to check before you book you plan your itinerary!



Blue Mountains by Karin Darwen

Our first meeting of the year was exceptionally well attended. At the end of the meeting we farewelled our Chairperson of five years, Nicole Benaud, who has taken a new direction in her career.



▲ Incoming Blue Mountains chairperson, Karin Darwen (left), thanks outgoing chairperson, Nicole Benaud for her contribution to the region

During the meeting, new AMT members were welcomed and office bearers were elected. The Blue Mountains regional committee now consists of:

Chairperson: Karin Darwen

Secretary: Judi Lambert

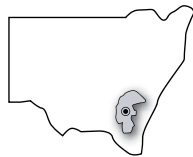
Treasurer: Lynne Rymer

Unfortunately, our speaker for the evening, John Bragg, was unable to attend due to illness but we hope that he will present at our next meeting on Monday 20 June.

With AMT President Tamsin Rossiter in the Chair for the evening, we discussed the possibility of providing mentoring for student AMT members, the development of networks for new therapists, possible educational content for future meetings, and the impending release of the AMT standards of practice.

We also welcomed local member Noreen Davern back from South Africa where she worked as a volunteer for 2 months. Noreen will no doubt have a lot to tell about her experiences of massaging young burn victims, people suffering from HIV/AIDS and other afflictions in settings and conditions that are very different from those we know here.

Our next meeting is sure to be full of information, incentives and fun so we hope to see as many of our local members as possible.



ACT by Karin Cavanagh

Our wet lab excursion in February was a huge success. Many of us hadn't experienced a wet lab before but there were quite a few old hands who could guide us through it. Very informative and enjoyable!

The region's AGM was held in April and the 2010 executive has carried over into 2011:

Chairperson: Karin Cavanagh

Secretary: Maxine O'Callaghan

Treasurer: Hussam Sahib

On Anzac Day, five local therapists massaged the cyclists on the KIDS Foundation Ride. They massaged 22 of the 26 riders, including Suzie O'Neill. Maxine spoke with the cyclists later on and they were all raving about the massages and the therapists. Well done to all who participated. We are planning to volunteer at other events throughout the year.

Our venue for meetings has changed. We will now be holding meetings in the Weston Club - 1 Liardet st Weston. We have also changed our meeting schedule to alternating weeknights for formal meetings and Sundays for meetings with a workshop.

The dates for the coming year are as follows:

Sunday 5 June

Meeting and Ortho-Bionomy Workshop

Monday 1 August

Meeting

Sunday 11 September

Meeting and workshop (Presenter TBC)

Friday - Sunday, 14 -16 October

AMT Annual Conference (Sydney)

Sunday 6 November

Meeting and workshop (Presenter TBC)

Wednesday 14 December

Meeting and Christmas Party

Sunday 12 February 2012

Meeting and workshop (Presenter TBC)

Thursday 5 April 2012

Regional AGM

Our meetings during the week will commence at 7:30pm and our Sunday meetings commence at 10:30am.

See you soon!

AMT NEW MEMBERS

ACT

Daniella Posavec, Inna Roberts

NSW

Shinichi Arakawa, Dempsee Banwell, Sylvia Belotti, Jef Cockrill, Martyna Fedyk, Jeff Forbes, Robert Grant, Wade Hudson, Andrew Kaczorowski, Anna-Maria La Rosa, Hansu Li, Xiaohong Lin, Mairi MacLaren, Benjamin McCullough, Adam Mills, Michael Rand, Sarah Ross, Yvette Salamalikis, Stephan Skerra, Gabriel Telesca, Jie Jing Tu, Cong Wang, Guoping Yang, Cai Ping Zhu

QLD

Beatrice Large, Ci Yu Pan,

TAS

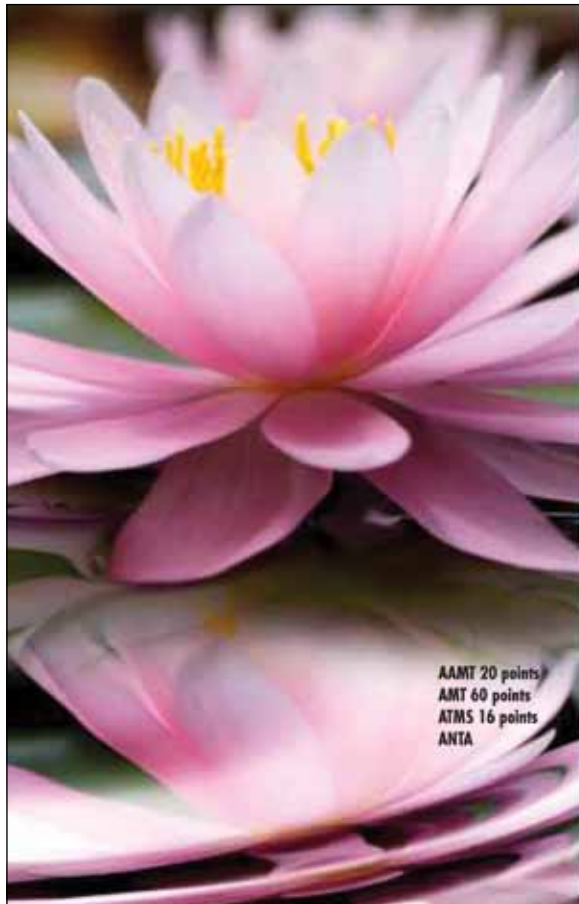
Emma Caldecoat

VIC

Joshua Alvisse, Lachlan Burleigh, Nancye Cowper, Warren Curnick, Erin Levay, Andrew McLauchlan, Jeremy Rowney, Samuel Spicer

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Translating fascia research into techniques you can use (Part II)

by Bethany Ward and Larry Koliha,
Certified Advanced Rolfers

This two-part article explores how fascia research findings are informing and advancing massage and bodywork therapies. In the last issue of *In Good Hands*, we proposed that interventions may be most effective when they:

- 1) focus on areas that place tension on fascia (adhesions, fibroses and scars) since this causes surrounding fascia to remodel
- 2) incorporate a global perspective and approach to the body
- 3) include techniques that 'speak to' relevant neural mechanoreceptors.

We have devoted the last part of the previous article and all of this one to applications for working with mechanoreceptors.

These articles endeavour to combine Robert Schleip's research and theories with techniques from Til Luchau's (Advanced-Trainings.com) *Advanced Myofascial Techniques* series of workshops. We are deeply indebted to both as teachers, friends and fascial pioneers. This exploration exists due to their generous sharing of ideas and materials. We strongly encourage readers to learn more from them directly (see Resources).

Working with mechanoreceptors

Dr Robert Schleip is one of the world's foremost researchers and an authority on how manual therapy can address sensory receptors in order to affect tissue tone, body awareness and deeply-established movement patterns. He proposes that understanding four types of mechanoreceptors (sensors that respond to tension and pressure) can expand the tools available to manual therapists. In the last article, we reviewed the Pacini and Golgi mechanoreceptors and presented techniques for addressing each.

As promised, we are back to continue our discourse, this time focusing on interstitial and Ruffini receptors.

After discussing relevant locations, potential effects and the quality of touch needed, we will demonstrate specific techniques for addressing each mechanoreceptor type. To present this information in a practical way, we have chosen techniques appropriate for working with back pain. When applied together, this series of techniques could provide structure for a session that incorporates:

- 1) *preparation* of the client and the area to be worked
- 2) *differentiation* of restricted tissues and structures
- 3) *integration* of any shifts that have taken place - an optimal progression for enhancing structure and function over the long term.

The Interstitial Receptors

Historically, scientific literature has referred to these structures as interstitial muscle receptors and considered them predominantly nociceptive (pain) sensors. Fascia researchers are finding that this thinking is limited on both counts: these free nerve endings prove to be abundant within fascia as well as muscular tissue, and many are proving to have mechanoreceptive properties, making them responsive to normal mechanical pressure or distortion and not just pain. Often disregarded, interstitial receptors turn out to be everywhere, and may be an important factor in understanding and treating chronic pain.

Before we discuss ways to address chronic pain, a little more background is necessary. A typical motor nerve is composed of three types of fibers:

vasomotor (responsible for blood vessel dilation and constriction), motor and sensory. For whatever reason, the body seems to place greater importance on sensory input than motor output, as there are three times as many sensory (afferent) fibers as those dedicated to motor (efferent) activity. Most of these sensory nerves (80%) are classified as Type III and IV - the interstitial receptors. The remaining 20% of the sensory nerves are composed of Type I and II receptors, which include the Golgi, Pacini and the soon-to-be-discussed Ruffini mechanoreceptors.

How might this help us aid clients experiencing chronic pain? Well, studies suggest that interstitial receptors can develop bad habits. In the presence of extended pain and certain neuropeptides, these receptors become overly sensitive, resulting in stronger and more chronic firing than may actually be appropriate to the stimulus. In this state, the 'hypersensitive' mechanoreceptor may communicate pain information that is not commensurate with the stimulation. This theory provides some insight into chronic back pain and other cases that exist with no measurable mechanical nerve irritation. There appears to be a lot more to learn about chronic back pain than the popular nerve root-compression model can explain.

If we are correct in thinking that overly sensitive interstitial receptors play a significant role in chronic pain, how can we help these sensors reset firing levels to reflect the actual level of stimulation? It is likely that myofascial interventions can 'speak' to these intrafascial mechanoreceptors, which are closely linked to the autonomic nervous system. Based on the current research (Schleip, 2003), it appears that manual stimulation can alter proprioceptive input to the central nervous system, changing the tonus regulation of the tissue.

According to Dr. Schleip:

"In the case of a slow deep pressure, the related mechanoreceptors are most likely the slowly adapting Ruffini endings and some of the interstitial receptors."

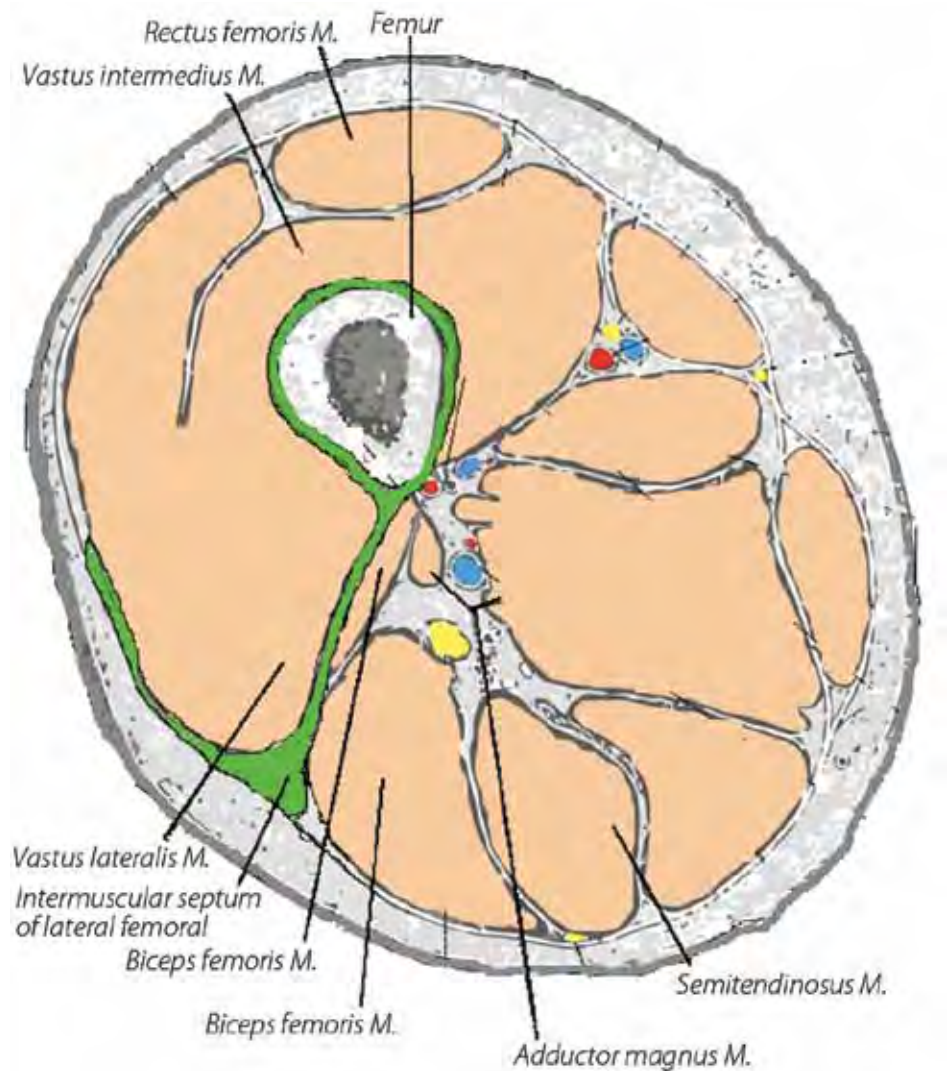
Now that we understand how interstitial receptors may be linked to dysfunctional pain patterns, let's look at a couple of techniques that use this principle.

Interstitial Receptors: Frozen Hose Technique

The Type III and IV receptors are the most abundant of the mechanoreceptors. Found almost everywhere, their densest location is in the periosteum (the fascial membrane that lines the outer surface of bones). Strong stimulation of interstitial receptors has been shown to increase vasodilation (affecting the autonomic nervous system) and extrusion of plasma from blood vessels, affecting changes in the viscosity of the fascia's extracellular matrix. These changes may be what manual practitioners are feeling when they sense a therapeutic shift or softening in tissue.

Our intention is to recalibrate interstitial receptors to reestablish more functional firing patterns. To do this, we need to go where these mechanoreceptors are most abundant - the periosteum, intermuscular septa, interosseous membranes or other fascias connected to bone. There seem to be an equal number of interstitial receptors that respond to low threshold pressure as to high pressure so both rapidly changing and sustained pressure may be effective. We also want to engage the autonomic nervous system (ANS) in a way that is meaningful and integrating. With this intent, we recommend taking a strong, slow, sensitive approach, working deeply with the periosteum while looking for signs of manageable ANS activity.

The following technique works with the periosteum of the femur via the iliotibial band. The iliotibial band makes a good handle for this work because "for much of its length, the iliotibial tract is anchored to the femur by the lateral intermuscular septum" (Hollinshead, 1997).



▲ **Image 1:** This thigh cross-section shows how the fascia of the iliotibial band is continuous with the periosteum of the femur, via the septum between the vastus lateralis and biceps femoris.

A cross-section of the thigh (Image 1) shows how the iliotibial band connects not only with the surface structures of the fascia lata but also goes deep between the vastus lateralis and biceps femoris, wrapping around the periosteum of the femur.

The Technique

In the Frozen Hose Technique, the client is sidelying. Make sure the client's shoulders and hips are stacked vertically (not rolling forward or back), with knees bent. Wrap your hands around the iliotibial band, with your finger pads gently sinking in at the edges (Images 2 & 3). Keep your grasp firm but take care not to pinch the skin. Gently but firmly roll the iliotibial band anteriorly and posteriorly.

If it doesn't want to roll in one direction see if you can free it up by rolling it into this direction and waiting for a release. Once it is less restricted, roll the iliotibial band again but take it in a direction that creates a stretch away from the bone below. Wait for a release in the tissues. Although your grasp is firm, this technique should not be painful. Use a sensing touch and check with your client to make sure the intervention is well within their comfort level.

This technique is an effective way to address even the very tightest iliotibial bands. For many clients this area is so tight that simply rolling the tissue away from the bone provides a deep stretch into the periosteum. If there is enough slack, lift the iliotibial band away from the femur as you roll the tissue.

You can also experiment with 'crimping' the iliotibial band by taking your hands in opposing directions (much as if you were trying to break up ice in a 'frozen hose', hence the imaginative name for this technique). Keep stretching the iliotibial band away from the bone.

Remember that your intention is to provide a deep, steady stimulation that engages the autonomic nervous system at a noticeable but manageable level. Look for signs of your client's heightened proprioceptive presence such as slower, deeper breathing or pupil dilation. It is important that your input is not painful or invasive, overloading the ANS. If you see signs of withdrawal or discomfort, you are not interacting with the tissue in a meaningful way. Remember that our intention is to provide a stimulus that is strong enough to interrupt the habitual response pattern of the interstitial receptors without reinforcing the current dysfunctional firing patterns. If the sensors can respond in a non-habitual way to your input, you are introducing a wider range of response options and you have a better chance to work effectively in this area in the future.

Although many myofascial therapists have been taught to lean a fist or an elbow into the iliotibial band to lengthen the tissue distally from the hip, this approach may not be producing the results they expect. A study using a three-dimensional mathematical model calculated that the force needed to produce deformation of high-density fascia (such as fascia lata) was too strong to be achieved by manual manipulation (Chaudhry et al, 2009). Techniques like the Frozen Hose approach may be a better option because they address Type III and IV receptors and may be able to affect long-term changes in the tissue tonus.

Ruffini Receptors: Seated Back Work with Ball Technique

The Ruffini receptors register mechanical deformation within tissues that regularly experience stretch. Ruffini endings are found in all types of dense connective tissue (muscle fascia, tendons, ligaments, aponeuroses and joint capsules) but are particularly abundant in peripheral joints, outer capsular layers and the dura mater.



▲ **Images 2 and 3:** In the Frozen Hose Technique, gently sink your finger pads around the anterior and posterior edges of the iliotibial band. Firmly roll the iliotibial band to create a deep stretch in the periosteum below. Wait for a release. If there is enough slack, lift the iliotibial band away from the femur or create a "crimp in the hose" by taking your hands in opposing (anterior/posterior) directions. Images courtesy ActionPotential, Inc.

Similar to the interstitial receptors, addressing the Ruffini organs can lower sympathetic tone via the ANS. These sensors are most responsive to techniques that introduce slow, deep pressure (Yahia et al, 1992) and a tangential or oblique stretch. Once you engage the tissue with your knuckles, forearm or hands allow your weight to sink in at an angle that creates a shearing of the tissue layer on the layer below then wait for the tissue to change under your touch. Go slowly. In addition to changes in tissue quality, look for global changes in the client's ANS (warm feet, easier, more expansive breath or perhaps a relaxing of hands or feet).

The Technique

The Seated Back Work with Ball Technique is an excellent approach to changing the tissue tone of the thoracolumbar fascia, which is so often compressed and tight from dysfunctional postural patterns. Position the client so they are seated with hips slightly higher than the knees, and knees slightly posterior to ankles. Have the client bend over a medium-sized Swiss Ball that is not overly inflated and has a little give (Image 4). This position decompresses the lumbar while providing support for the low back.



▲ **Image 4:** In the Seated Back Work with Ball Technique, engage the tissue on either side of the spine, allow your weight to sink in at an angle that takes the tissue inferiorly and slides the tissue layer on the one below it. Your pressure should have a slow, melting quality. Image courtesy ActionPotential, Inc.

Further protect the lumbar by making sure they are positioned anterior to the sacroiliac joints. Lastly, make sure the client's head is turned to the side, with neck and shoulders relaxed.

Take a slight rocker stance, with one foot forward and the other behind you. Contact each side of the client's spine with the dorsal side of each hand. Adjust your angle to create a direction that will allow you to impart a tangential force in the tissue. Gently sink into the tissue until you feel resistance and slide the lumbar fascia towards the sacrum. Your pressure should have a slow, melting quality and should be directed inferiorly, rather than anteriorly. Hook into the tissue layer and only slide at the rate that the tissue allows. Look for systemic changes in breathing, temperature or signs of relaxation. The client may be able to facilitate this differentiation of layers by gently pushing into the legs and feet, which will allow the spine to lengthen superiorly while you coax the outer tissue layer inferiorly.

Conclusion

Fascia science is making it clear that changes in soft tissue cannot always be explained solely by mechanical means (breaking adhesions, elongating tissue etc.). But where one theoretical door closes, another opens. If it is correct that we cannot lengthen iliotibial bands and plantar fascias simply by leaning into them (which, for some of our clients, will come as an enormous relief!), it is likely that there are other effective ways to benefit these areas. Perhaps we just need to speak to the body in a different way. In much the same way as it helps to be fluent in multiple languages when you travel the globe, manual therapists need to have a grasp of different ways of speaking to the body. One language that seems crucial is that of the nervous system.

This two-part article shares just a few insights arising at the forefront of fascia research. Keeping up with the latest scientific findings challenges our assumptions and motivates us to create informal experiments in our practices, often uncovering unexpected connections and expanding our awareness with clients.

If you are interested in learning more, and contributing to the discussion, we highly recommend that you attend the next Fascia Research Congress in Vancouver, British Columbia, March 28-30th, 2012. The Congress is devoted to bringing together scientists and clinicians to inform each other's work. Hope to see you there.

Bethany Ward, MBA and Larry Koliha split their time between teaching and private practice. Faculty members of Advanced-Trainings.com, which offers continuing education seminars internationally, Ward and Koliha also teach at the Rolf Institute® of Structural Integration, Boulder, Colorado. Ward is President of the Ida P. Rolf Research Foundation, a non-profit that supports Structural Integration research and stewards the International Fascia Research Congress. After presenting at AMT's 2011 Conference this October, Bethany and Larry will be teaching Advanced Myofascial Techniques workshops in Sydney, Melbourne and the Gold Coast. For classes and dates, go to www.advanced-trainings.com

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Resources

DVDs (in alphabetical order):

- *Advanced Myofascial Techniques DVD series*
www.advanced-trainings.com
Five volumes of hands-on techniques for bodyworkers and manual therapists, with Til Luchau, Certified Advanced Rolfer and Director, Advanced-Trainings.com Faculty.
- *Integral Anatomy Series, 4 Vol.*
www.gilhedley.com
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- *International Fascia Research Congress DVDs & Proceedings Books (2007 & 2009)*
www.fasciacongress.org
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- *The Nature of Fascia*
www.terrarosa.com.au
Dr. Robert Schleip discusses mechanoreceptors and fascia in depth.
- *Strolling Under the Skin*
www.guimberteau-jc-md.com/en
View some of the most fascinating images of living fascia ever recorded.

Websites

- Access fascia research articles at Dr. Schleip's website:
www.fasciaresearch.com
- Learn more about the International Fascia Research Congress:
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Palpation Assessment

by Joe Muscolino

"NEVER TREAT WITHOUT AN ASSESSMENT"

There is an old adage in the world of medicine - never treat without a diagnosis. A similar principle can be articulated in the world of massage therapy - never treat without an assessment. After all, if a physical assessment has not been made, how do you know what the appropriate or best treatment is for the client; what areas should be worked and for how long; what strokes should be used; how deep should the pressure be; should stretching be done or perhaps joint mobilisation?

If no assessment is made, the likely scenario is that the therapist will perform a cookbook massage, a canned routine that every client receives. Although a cookbook massage can be generally therapeutic, altering local blood circulation, affecting sympathetic/parasympathetic nervous system balance, and providing the warmth of touch, it will probably not be effective in treating a specific musculoskeletal condition. To accomplish this, clinical orthopaedic massage is needed, that is, massage that specifically addresses the musculoskeletal conditions of the client on the table at that moment. And this requires a competent physical assessment.

ASSESSMENT SKILLS

Competent orthopaedic assessment involves both the verbal history that covers the client's past and present status, and the physical assessment of the state of the client's tissues. Although massage therapists learn special assessment tests, such as Phalen's test for carpal tunnel syndrome or Wright's test for thoracic outlet pectoralis minor syndrome, by far the most important assessment skill that a massage therapist possesses is muscle palpation.

MUSCLE PALPATION: ASSESSING MUSCLE TISSUE

Muscle palpation assessment involves using touch to assess the health of a target muscle and its fascial tissues. Is the muscle tight or loose? Is it inflamed or painful to touch? Does it contain adhesions, trigger points, or taut and tender bands? Assessing the muscle to answer these questions can point you towards the most effective treatment for the client.

However, all of this is of limited value if we do not know the target musculature we are assessing. Although it is possible to perform massage stroke manipulation to musculature without knowing what muscles we are working, possessing this knowledge can make our work much more effective – identifying the muscle alerts us to the direction of the fibres which helps determine the preferred direction of our strokes. It also helps us to understand and be aware of precautions and contraindications in the area. Further, it is difficult to know how to effectively stretch a tight muscle if we do not know what it is. But, perhaps most importantly, if we do not know which musculature is unhealthy, it is not possible to determine why the client is experiencing the condition. Given that unhealthy musculature often results from overuse, without identifying the muscle we cannot reason backwards to determine what the client is doing in their daily life to create the problem. This also means we cannot give accurate and helpful postural and movement self-care advice for the client when they are at home, at work and engaged in sports or other hobbies.

MUSCLE PALPATION: LOCATING AND DISCERNING THE TARGET MUSCULATURE

The foundation of muscle palpation literacy lies in being able to accurately locate and discern the target musculature that is being worked. There is a science and an art to this aspect of muscle palpation. Following are the four major guidelines to follow when performing muscle palpation. Critically thinking through the application of these guidelines can greatly improve palpation skills.

Guideline 1 - Know the attachments of the target muscle

Knowing the attachments of the target muscle tells us where to place our palpating fingers. For example, if we know that the deltoid attaches from the clavicle and scapula to the deltoid tuberosity of the humerus, we also know that we need to place our palpating fingers on the proximal arm between those two attachment sites. If our target muscle is superficial and well developed, this may be all that we need to do to initially locate it. However, we still might not be sure of its exact borders. We might be able to locate the centre of the muscle belly but how will we know if we have strayed off the target muscle and onto adjacent musculature? And if the target muscle is deep and difficult to feel, simply placing our fingers between its attachments is clearly not enough. Therefore, we also need Guideline 2.

Guideline 2 - Know the actions of the target muscle

Knowing the actions of the target muscle provides us with the necessary information to ask the client to perform a joint action that will engage and contract that muscle. For example, we know that the deltoid abducts the arm at the glenohumeral joint so we can ask the client to perform this action and feel for the deltoid to palpably harden (Figure 1).



▲ **Figure 1:** Asking the client to abduct the arm at the glenohumeral joint engages and contracts the deltoid. From Muscolino JE: *The Muscle and Bone Palpation Manual, With Trigger Points, Referral Patterns, and Stretching*. St. Louis, 2009, Elsevier. Photo taken by Yanik Chauvin.

Continuing with this logic, we also know that the anterior fibres of the deltoid flex the arm at the glenohumeral joint so we can ask the client to flex the arm instead to locate the anterior deltoid.

Similarly, we can use extension of the arm for the posterior deltoid. If the deltoid hardens and the adjacent muscles and other soft tissues remain soft, then it is easier to discern its borders from adjacent soft tissues.

Guideline 3 - Choose the best action of the target muscle

Assuming that the target muscle has more than one action, it is not good enough to simply choose any of its actions to engage it. We need to choose the best action. This is where many errors in palpation protocols are made. The importance of this can be understood if we keep in mind that our goal is not just to have the target muscle contract but also to ensure that it is the only muscle that contracts. This way, it will be the only palpably hard structure amidst a sea of soft tissues. The goal of an isolated contraction of the target muscle is not always possible but most of the time it can be attained if the right action - the best action - is chosen.

To do this, we need to know the actions of the adjacent muscles so we can isolate an action for the target muscle. In other words, we need to find an action of the target muscle that is distinct from the actions of the adjacent musculature.

Pectoralis minor is a good example of this. The major action of the pectoralis minor is protraction of the scapula at the scapulocostal joint. But if we ask the client to protract the scapula, the overlying pectoralis major will also contract because it also protracts the scapula. So we need to find a distinct action of the pectoralis minor. The best action to isolate pectoralis minor is downward rotation of the scapula. The client can perform this by extending and adducting the arm at the glenohumeral joint (via scapulohumeral rhythm, extension and/or adduction of the arm requires downward rotation of the scapula) (Figure 2). Using this action, the pectoralis major remains relaxed and loose, and the contraction of the pectoralis minor can be felt through it.

Sometimes the best action varies depending on which part of the target muscle we are palpating. A good example of this is the fibularis longus (FL; formerly named the peroneus longus), located in the lateral leg between the extensor digitorum longus (EDL) which is anterior to it and the soleus which is posterior to it (Figure 3). The FL everts and plantarflexes the foot. So which action is best to choose? That depends on which part of the FL we are palpating. If we are palpating the anterior aspect of the FL, then we need to discern it from the adjacent EDL. In this case, if we ask the client to evert the foot, both muscles will engage (the EDL is also an evtor of the foot) and it will be difficult to discern the FL from the EDL. The better action to choose is plantarflexion of the foot. This will engage the FL, but the EDL will remain relaxed. However, if we are palpating the posterior aspect of the FL, adjacent to the soleus, plantarflexion of the foot is not the wise choice because the soleus also does this action. Here, eversion of the foot is the better choice because it will engage the FL but the soleus will remain relaxed and soft (the soleus is an invertor of the foot).

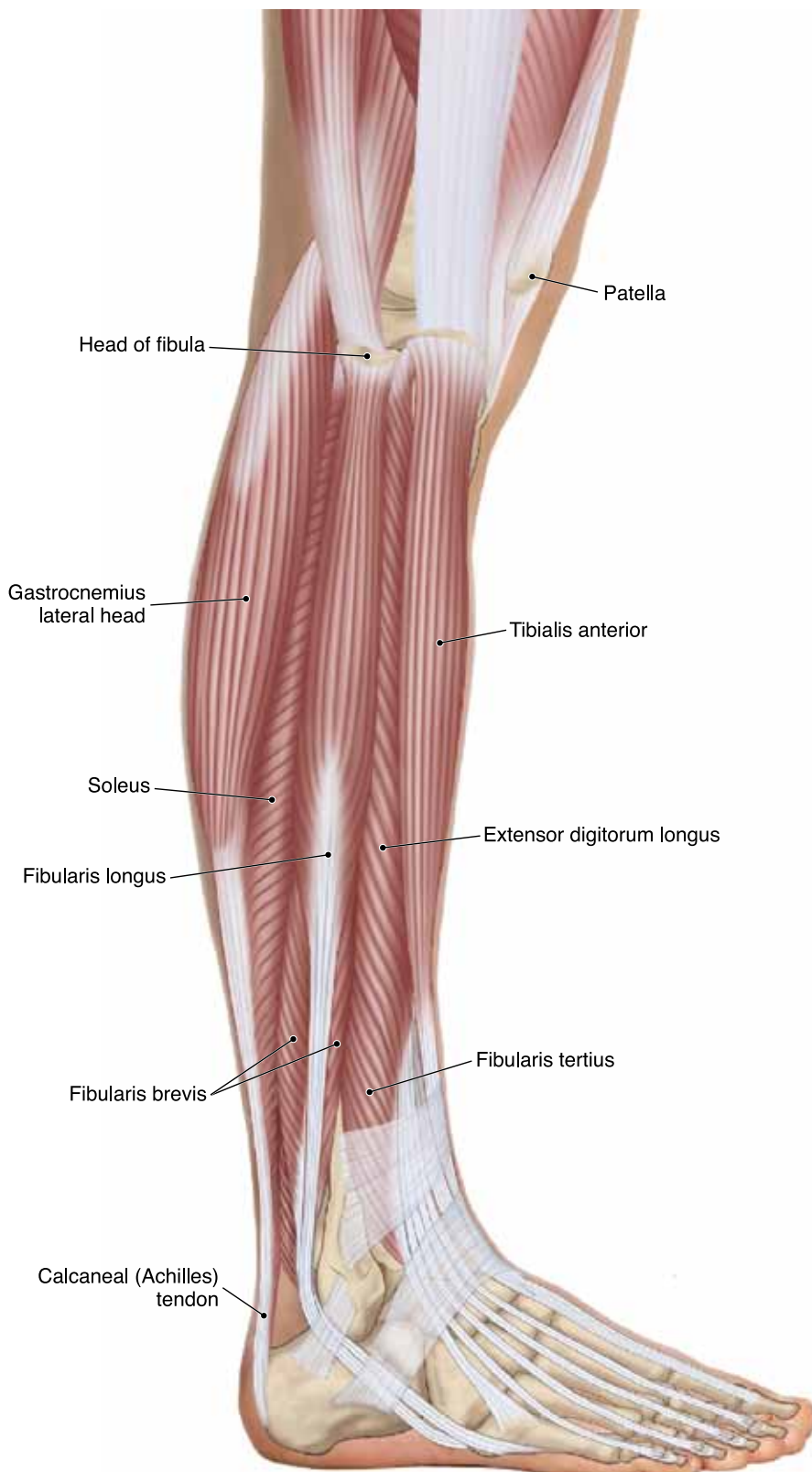


▲ **Figure 2:** Downward rotation of the scapula is the best action to choose to engage and palpate the pectoralis minor. From Muscolino JE: *The Muscle and Bone Palpation Manual, With Trigger Points, Referral Patterns, and Stretching*. St. Louis, 2009, Elsevier. Photo taken by Yanik Chauvin.

Guideline 4 - Add resistance

The point of Guidelines 2 and 3 is to make the target muscle engage and contract so that it hardens. However, if the joint action does not require a sufficiently strong enough contraction, the target muscle might not harden enough to be clearly palpable. This is especially true if the body part being moved is not very heavy or if the direction of motion is not against gravity. For this reason, guideline number 4 is to add resistance to the contraction. In Figure 1, the therapist can be seen adding resistance to the client's distal arm as she attempts to abduct it.

There are two important aspects to be aware of when adding resistance. First is that adding resistance is not a battle between the therapist and client to see who is stronger. The goal is to ask the client to try to move their body part and for the therapist to add just enough resistance to equal the client's contraction so that it is isometric.



▲ **Figure 3:** The fibularis longus is located in the lateral leg between the extensor digitorum longus and the soleus. From Muscolino JE: The Muscle and Bone Palpation Manual, With Trigger Points, Referral Patterns, and Stretching. St. Louis, 2009, Elsevier.

If the resistance is not sufficient to clearly palpate the target muscle, then add more resistance by asking the client to press harder until you can feel its contraction. In some cases, it might be better to ask the client to press more gently. What is most important is that you are creative and try different degrees of resistance until you can clearly feel the contraction of the target muscle.

The second aspect of adding resistance during a palpation protocol is where you contact the client when adding the resistance. This is crucially important and is where more mistakes are made in palpation protocols than anywhere else. The rule to follow when contacting the client to add resistance is to never cross a joint that does not need to be crossed.

In the case of the deltoid, note that the therapist is adding resistance by contacting the client on the distal arm (See Figure 1). He is not crossing the elbow joint to contact the client's forearm or crossing the wrist joint to contact the client's hand.

The reason for this is clear if we keep in mind that the purpose of a palpation protocol is to feel and discern the target muscle from adjacent musculature. If the therapist crosses the elbow joint and contacts the client's forearm, the client will probably engage elbow joint musculature, whose bellies are in the arm next to the distal end of the deltoid (perhaps brachialis or triceps brachii, depending on whether the arm is medially or laterally rotated while abducting). This might cause the therapist's palpating fingers to move off the deltoid onto this other musculature, believing it is still deltoid because it is engaged and palpably hard.

Other examples are the pronator teres and brachioradialis of the forearm. Resistance to pronation of the forearm at the radioulnar joints for the pronator teres should be done by contacting the client's distal forearm, not crossing the wrist joint to contact the client's hand (Figure 4a). If the hand is contacted, the client will contract finger and wrist joint flexor muscles that are located near the pronator teres (flexor carpi radialis is directly adjacent to the pronator teres and the flexors digitorum superficialis and profundus are adjacent and deep to it), making it difficult to discern from these other muscles.



▲ Figure 4a



▲ Figure 4b

The contact point on the client when adding resistance is critically important. Resistance should be added by contacting the client on the distal forearm when palpating the pronator teres (A) and the brachioradialis (B). From Muscolino JE: *The Muscle and Bone Palpation Manual, With Trigger Points, Referral Patterns, and Stretching*. St. Louis, 2009, Elsevier. Photos taken by Yanik Chauvin.

Additional Muscle Palpation Guidelines

There are many other guidelines that make for effective muscle palpation. Following are an additional 10 palpation guidelines that can improve your palpation skills.

1. Look before you palpate. Many muscles are superficial and readily visible. Before placing your hands on the client, perhaps blocking visual observation of the target muscle's contraction, look first and then place your hands.
2. First find the target muscle in the easiest place possible. It is easier to palpate a muscle from attachment to attachment if you first palpate it in the easiest place possible and then continue to palpate it from there.
3. Strum perpendicularly across the target muscle. It is usually easier to feel a muscle by strumming across it than by palpating along its length. The 'strum' should be large enough to start on one side of the muscle, palpate onto its belly and then fall off the other side.
4. Use baby steps to follow the target muscle. To prevent veering off the target muscle, palpate along it in 'baby steps'. Each step should begin directly adjacent to where you last felt the muscle, in other words, where the last baby step ended.
5. Alternately contract and relax the target muscle. It is the change in palpatory hardness of the target muscle (from soft to hard) that is easiest to feel. So, instead of having the client hold an isometric contraction, ask the client to alternately contract and relax the muscle. Contracting and relaxing approximately every 3-5 seconds usually works well.
6. When appropriate, use reciprocal inhibition. When there is a muscle that is superficial or adjacent to the target muscle and that other muscle has the same actions as the target muscle, reciprocal inhibition can be used to inhibit the contraction of the other muscle. For example, when palpating the brachialis deep to the biceps brachii (both flex the elbow joint), have the client's forearm in pronation as it flexes. This will inhibit the biceps brachii from contracting because it is a supinator, so that the brachialis' contraction can be easily felt.
7. Use appropriate pressure. A common palpation error is using pressure that is too light, especially when palpating deeper structures. However, using pressure that is too deep can lessen your sensitivity and be uncomfortable for the client. Appropriate pressure will vary from muscle to muscle - and for the same muscle - from client to client.
8. For deep palpations, sink slowly into the tissue and have the client breathe. Whenever palpating with greater pressure into deeper tissues, always sink in slowly and have the client focus on slow, deep and even breathing.
9. Close your eyes and construct a mental picture of the client's anatomy under the skin as you palpate. If you close your eyes, you can more easily focus on and mentally visualise the structures that you are palpating under the skin. This will help to guide you towards and along the target structures that you are palpating.
10. Use the optimal palpation position. Each muscle palpation usually has an optimal client position. If the client is not in that position and an accurate palpation is needed, have the client move into that position.

Resistance to flexion of the forearm at the elbow joint for the brachioradialis should also be accomplished by contacting the client's distal forearm, not crossing the wrist joint to contact the hand (Figure 4b). If the hand is contacted instead, the client will contract muscles of radial deviation (abduction) of the hand (extensors carpi radialis longus and brevis) that are located next to the target muscle, making it difficult to discern the brachioradialis from these other muscles.

Applying the four palpation guidelines presented in this article creates the fundamental foundation of muscle palpation. This foundation can be augmented with the additional guidelines that are described briefly in the Additional Muscle Palpation Guidelines Box. But the key to palpation literacy is not to simply apply palpation guidelines in a rote fashion. True palpation literacy comes from learning to critically reason through these guidelines and creatively weave them together as you apply them to the client on the table. This is where the art of palpation literacy and assessment lie, and these skills are at the heart of being an effective and successful clinical orthopaedic massage therapist.

Joseph E. Muscolino has been a massage therapy educator for 25 years, and a chiropractor in private practice for 26 years. He is the author of The Muscle and Bone Palpation Manual, With Trigger Points, Referral Patterns, and Stretching; The Muscular System Manual, The Skeletal Muscles of the Human Body, 3ed; and Kinesiology, The Skeletal System and Muscle Function, 2ed; as well as the upcoming Advanced Treatment Techniques for the Manual Therapist: Neck. Joseph's books are translated into seven foreign languages.

Joseph also teaches continuing professional education courses and is visiting Australia this July. He will be presenting intermediate and advanced treatment techniques workshops for the neck and low back in Sydney and Hobart. For more information, please visit his website at www.learnmuscles.com.

Motion palpation

This article, and the field of massage therapy in general, focuses on muscle palpation. However, of equal importance is palpation assessment and treatment of the intrinsic fascial soft tissues of the joint. This is especially true when working the neck.

Intrinsic soft tissues of a cervical spinal joint include the fibrous joint capsule and the deep short ligaments (as well as short intrinsic muscles) that are located between adjacent vertebrae. The assessment technique to determine the flexibility/tautness of these structures is called motion palpation.

Motion palpation is performed in a similar manner to pin and stretch technique but applied very precisely. The therapist stabilises one vertebra while challenging the vertebra directly superior to it to move. Figure 5 demonstrates motion palpation of a lower cervical joint level. The therapist uses the radial side of the proximal phalanx of the index finger to pin the lower vertebra of the joint. He then uses his other hand to move the head and the rest of the cervical spine above the pinned vertebra on it until tension is reached at the end of passive range of motion. Once reached, a gentle motion is added, bringing the joint into the range of motion called joint play. This motion/position is held for less than one second and then released. Healthy intrinsic tissues will exhibit a springy end-feel. If springiness is not felt, in other words motion is decreased and the end-feel is locked, then joint mobilisation is indicated.

Joint mobilisation is essentially performed in the exact same manner as motion palpation but the force of the challenge is increased. Joint play and joint mobilisation are extremely valuable clinical orthopaedic assessment and treatment techniques but are best learned at a hands-on workshop where personal instruction and supervision can be given.

Note: If the client has a space-occupying lesion of the cervical spine, such as a pathologic disc or bone spur, a physician's release to perform motion palpation of the region of the spine should be obtained.



▲ **Figure 5:** Motion palpation of a cervical spinal joint. With permission from Muscolino, J. Advanced Treatment Techniques for the Manual Therapist: Neck. Baltimore, MD: Lippincott Williams & Wilkins (forthcoming). Photo taken by Yanik Chauvin.



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Software Review – Customer Pro-File

by Paul Lindsay

With legal requirements to retain client records for many years, it can become difficult to store these records without having them take over your clinic space. One solution to this quandary is to store records electronically using practice management software. Not only does this reduce the record clutter, it also provides portability for therapists who do mobile or corporate massage.

Prices for practice management software vary from a few dollars for basic shareware programs up to several thousand dollars for high-end programs. The software reviewed here is AUD\$89 and is possibly the most feature rich for the price.

Customer Pro-File is produced by Land Software, a company based in the USA. The program was first released in 1996 and several versions are available. Make sure you request the Australian version for review or purchase as this has the English format dates (with some exceptions – see later in this review). It includes 6 months free telephone support and unlimited email support. It also has extensive help information on the website (<http://www.landsw.com>) and is available as a free trial version for download. It is very easy to use, with screens accessible through buttons, and even computer-phobes should be up and running in an hour or two.

FEATURES

The following is a summary of the features of the software:

General

The initial screen requires password entry to start the program. While use of a password is essential for confidentiality, the password is displayed so you need to ensure that no unauthorised person is watching as you type. The screen also requires you to click on a button rather than hitting <Enter>, which is rather annoying.

Once you are in the program several screens have buttons that enable the program to be displayed in three different sizes to suit high-resolution monitors. The text entered in any screen can have the font, size and colour changed, enabling you to highlight areas for special attention. Both of these are useful features.

Setup

Before entering client information, you enter details of the business, GST percentages, charge rates and service locations. A minor annoyance on the location screen is that the State field only displays two characters, reflecting the program's American ancestry. However, the correct abbreviation is stored so this is unlikely to cause any problem. After entering the business details you then enter details of the therapist(s). An anomaly on this screen is that the birth date heading is "MM/DD/YYYY", where the date is actually entered as "DD/MM/YYYY" (yes, you do have to enter the full year). From the Therapist screen, a button allows you to add Health Fund Companies – be careful though, because the companies are displayed in the order they are entered rather than alphabetical order, forcing you to scroll through all records to check if you have added a company.

Another button on the Therapist screen is confusing as it is titled "Add Therapist Health Fund". This is actually for adding the therapist's Health Fund Provider Number. The description printed on the receipt is "Health Fund No.". Hopefully this is acceptable to the health funds. The Therapist screen also provides a summary of all the clients and payments by year. If there are gaps in the payment record it is likely you have not completed the payments information screen – more about this later.

Client information

After setting up business information, you can then set up client information. As well as standard information for each client, the program records an active/inactive code, two classification codes, a referral name (client or other), a list of any correspondence, and a notes section. A scrolling list on this screen enables you to quickly find any client, while a Print button enables reports, letters, labels and envelopes to be printed, exported or emailed from combinations of data, including birthdays.

From the Client screen you can access the Medical History and Therapies screens. The History screen has 34 medical conditions that can be checked, including 10 that are user definable. I found the 24 conditions that could not be changed did not match my requirements, and I had to add more conditions in the "Other Details" section but this is a personal preference. There is also a "History/Notes" section, however this is freeform and not linked to the Sessions information, so is not automatically linked to any date. The Therapies screen provides details of physical activities, medications and supplements.

Calendar

The calendar enables you to book clients against a particular date, time and therapist. The program does not allow restriction by therapist so, in a multi-therapist clinic, it could start to look cluttered. The standard start and finish times are in half hour blocks, however you can add your own times if you wish, allowing you to schedule an appointment of any length. The calendar allows repeating appointments based on a number of repetitions or an end date (in American date format). I found it useful to use this feature to set up blank appointment times in advance then fill in the details as bookings were made.

New Client Find Show All Med. History Therapies Insurance Setup Print Delete

Title First Name MI Last Name ID 1
Mr. Rick Rowland

Address
6138 Fulton St. NW
City St. Zip
Washington DC 20018

Email
landsw@landsw.com

Phone Area Number Ext. Note Del.
Work 202 237-2733 X
202 237-2733 Emergency X

DOB (MM/DD/YYYY) Gender
1/1/1970 M F

Referral by: (Choose only one: Client or Other)
Client Other Newspaper Ad

Status ☒ Active ☐ Inactive
Occupation
Software Developer

Notes
Plays a lot of sports, gets weekly massage to loosen up muscles

Category 1 Category 2
Weekly DC resident

New Correspondence
12/12/2005 Sent reminder of appt x
1/1/2005 Sent Birthday card x

Clients
Abrams, Jennifer
Bailey, Bob
Cohn, Sandra
Dickinson, Amanda
Obermiller, April
Obermiller, Carl
Rausch, Winnie
Rowland, Rick
Sekar, Ram
Snow, Hillary

Total Clients Entered: 11 Current Found Set: Active Clients: 10 Inactive Clients: 1 Males: 4 Females: 7

Clients Sessions Gift Cert. Calendar Expenses Vendors Therapists Setup Reports

▲ Client screen

Daily Week Month Year Close

Monday, January 9, 2006 Print Today

New Appointment

Start	End	Client	Therapist	Room	Notes	Type
1/9/06 8:00 am	~ 9:00 am	Rowland, Rick		1		Appointment
1/9/06 9:30 am	~ 10:30 am	Bailey, Bob		1		Consultation
1/9/06 1:30 pm	~ 2:30 pm	Snow, Hillary		2	injured back	Appointment

New To Do Print Search

To-Do List For Due Done

January 06

Click on date to go there; Shift-click creates a new Appointment.

▲ Calendar

Colour is automatically added when the booking type is entered, making it very easy to see unfilled spaces. I also found it useful to use the "Room No." field to store the appointment duration, while the appointment blocks reflect turn-around time (e.g. a 15 minute appointment in a 30 minute turnaround).

One 'bug' with the repeating appointments feature is that, when you fill in the details for an appointment and click 'Repeating', the repeat appointments start on the entered date, resulting in a duplicated entry. You then have to delete the original entry. The calendar also includes a 'To Do' list against each date. While the overall calendar is basic, it should provide ample functionality for most users.

Sessions

After a client record has been created a session can be added. The session screen includes the payment screen and also provides access to SOAP notes (Subject, Object, Assessment, Plan), notes printed on the invoice and notes not printed on the invoice.

The invoice allows both products and services to be included, as well as any discount and tip (as if!). The payment section records the payment made against the invoice total as well as the payment made to the therapist. In the vast majority of cases these would be the same (or differ by the GST in some cases), however you must enter the two amounts separately. If you miss entering the payment to the therapist, the invoice will be shown as having a payment (usually in full) but the payment will not be shown in the Therapist screen. This will result in the total takings for the business not matching the amount received by the therapist(s), which should provide some heartburn for your accountant. Another annoying feature is that you must choose the provider number from a list for each session, even though the provider number has already been recorded for each combination of therapist and health fund.

SOAP Records

A SOAP record can be added from any session. A scrolling list from the SOAP screen shows the dates of all of the SOAP records for that client – but the session date and invoice date are both in American date format.

I found the SOAP screen disappointing. It has an anterior and a posterior sketch with buttons whose colour can be changed to correspond to five user-defined problems. This would be a good idea but for the fact that the sketches are too small to provide any real detail – there is only one button covering the entire lumbar and buttock area, for example. This forces you to expand the detail by text, which slows down the recording. There are seven user-defined fields corresponding to horizontal zones in the body, but these fields are only big enough for one or two words. To record a postural assessment you are forced to enter a description in the SOAP fields, as the rest of the information is of limited use (there is no separate postural assessment screen).

SOAP screen

Print Delete - + ++

RICK ROWLAND

Inv. Date: 12/8/2005 Sess. Date: 12/8/2005 Inv. No.: 4

S SOAP Sample

O

A

P

Other Description

Enter the description you want to use for each color ONCE! If you change a description it will change all records so choose carefully! Use Other Description for more information

● tight
● sore
● tender
● Trigger Point
● etc.

Close

SOAP History

Session Date	Inv No.
1/12/2006	5
12/8/2005	4

▲ SOAP screen

Vendors

New Vendor

Company: Acme Massage Supplies

Contact Name: Connie Jones

Address: 1212 Acme Lane

City/State/Zip: Washington DC 20016

Phone:

Fax:

email:

Web address: http://

Add Product

ID	Name	Size	Wt/Pkg	Cost	Price	Taxable	Tot Bought	In Stock	Sold	Reorder	Click	Delete
12	Sapphire Oil	5	Oz	3.25	5.00	<input type="checkbox"/> Tax	5	5		3	Edit	X
bed	Heavenly Scent	14	Oz	1.75	4.00	<input type="checkbox"/> Tax	4	4		2	Edit	X
						<input type="checkbox"/> Tax						X

Yearly Summary View

Clients Sessions Gift Cert. Calendar Expenses Vendors Therapists Setup Reports

▲ Vendors screen

Owing to the time taken to complete this screen I have resorted to using a paper form during the session, then completing the SOAP screen outside of the session time. Obviously, this somewhat negates the benefit of using computerised recording.

Expenses

The software has a basic expenses screen that allows you to enter expenses against different suppliers. The screen also provides some simple reports. While this is not intended to replace an accounting package, in conjunction with the therapist's income, it does provide a quick cash flow analysis.

Vendors

If you sell items from your clinic you can record the items in the vendors screen. A separate screen accessed from the invoice screen allows you to detail the items sold. An alert will appear if your stock level falls below the re-order point. While this is essentially a manual stock system, it would be useful for anyone selling items as part of their business.

Reports

There is a report screen that allows a combination of parameters to provide reports on clients, therapists, referrals and products.

While I have not tested all combinations of the reports, one that appeared to be incorrect is the Client Referrals report – it shows the Referred By person (only) and the sessions they have had – but it should show the Client(s) and their sessions so you can see how many sessions resulted from the referring client. This also applies to the Referrals Summary Report. No obvious errors were found in the other reports I tested.

Summary

There is no doubt that this software represents excellent value for money. It has all the facilities that you would normally expect in a package costing many times the price. It is very easy to use and most information is accessible in one or two clicks. Some of the date fields are still in American format, the state fields are too small and there are a few annoying features in some screens that need some attention but these are minor complaints. The biggest disappointment for me was the restricted SOAP screen and the lack of a postural assessment screen. However, the SOAP screen is capable of recording what you do – it just takes longer than I would like.

A trial version of the software can be requested from the web site mentioned previously. All of the criticisms have been reported to the developer and may be addressed in future upgrades (which are free). If you are considering using electronic records for your business, I would recommend this software as providing great facilities for minimum outlay. As with any electronic records, it is essential that you regularly back up the data and preferably store the back-ups at a remote location.

Paul Lindsay is a Senior Level One member of AMT and Secretary of the Hunter branch. He does corporate seated massage at Hunter New England Health's Wallsend campus and private massage from a clinic at his home.

Screen shots courtesy of www.landsw.com/lsw/Welcome.html

Health Fund Status

HEALTH FUNDS AND SOCIETIES

CRITERIA

CBHS Health Fund Ltd

This fund recognises all AMT practitioner levels.

ACA 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.

Australian Unity
GU Health

These funds recognise members with HLT40302/07 and all Senior Level One and Two members.

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.

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) 2151VIC/21920VIC Advanced Diploma in Remedial Therapy (Myotherapy). Existing HCF providers remain eligible. Manchester Unity will recognise HLT50202/07 Diploma of Shiatsu.

ANZ Health Insurance (HBA)
Cardmember Health Insurance Plan (HBA)
CSR Health Plan (HBA)
HBA (formerly AXA)
HealthCover Direct (HBA)
MBF
Mutual Community (HBA)
NRMA
Overseas Student Health Cover (HBA)
SGIC (MBF Alliances)
SGIO (MBF Alliances)
St George Protect (HBA)
VSP Health Scheme (HBA)

BUPA recognises members with HLT50302/07 Diploma of Remedial Massage, HLT50102/07 Diploma of Chinese Medicine Remedial Massage, HLT50202/07 Diploma of Shiatsu and Oriental Therapies, 21920VIC or 2151VIC Advanced Diploma of Remedial Massage (Myotherapy).

Australian Health Management Group
Medibank Private

These funds recognise Senior Level One & Two members.

HBF

HBF recognises Senior Level 2 members.

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 X's 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 2011		CEUs
1	South Sydney Branch Meeting. Hurstville. Ph: 0411 039 819	15
4-5	Myofascial Cupping. Presented by David Sheehan. Adelaide. Ph: 03 9481 6724	70
5	ACT Branch Meeting. Weston. Ph: 0408 238 274	15
6-10	Somatic CST 1. Presented by Patricia Farnsworth. Melbourne. Ph: 1800 101 105	160
11-12	Functional Fascial Taping Upper and Lower Body. Presented by Ron Alexander. Melbourne. Ph: 03 9481 6724	90
16-20	Advanced Certificate in Integrated Cupping Therapy. Presented by Bruce Bentley and Shirley Gabriel. Townsville. Ph: 03 9576 1787	175
18	Mid-North Coast Branch Meeting. Port Macquarie. Ph: Ianthe Paterson 0438 813 994	15
18-19	Functional Fascial Taping Upper and Lower Body. Presented by Ron Alexander. Brisbane. Ph: 03 9481 6724	90
18	Knee and Leg Pain. Presented by John Bragg. Randwick. Ph: 0410 434 092	35
19	Sciatica, Piriformis Syndrome and Hip Pain. Presented by John Bragg. Randwick. Ph: 0410 434 092	35
24-26	Infant Massage Training. Presented by IMIS. Melbourne. Ph: 1300 558 608	120
25-28	Akupunkt Massage According to Penzel Course A. Presented by Rene Goschnik. Sydney. Ph: 02 9547 0158	200
26	AMT WA Branch Meeting and Workshop. South Perth. Ph: 0402 230 961 or 08 6161 7140	25
28	Illawarra Branch Meeting. Formal. Corrimal. Ph: 0417 671 007	15
July 2011		CEUs
1-3	Infant Massage Training. Presented by IMIS. Perth. Ph: 1300 558 608	120
2-3	Advanced Stretching, Joint Mobilization & Deep Tissue Techniques for the Neck. Presented by Joseph E. Muscolino. Sydney. Ph: 0402 059 570 or terrarosa@gmail.com	80
4-8	Somatic CST 1. Presented by Patricia Farnsworth. Sydney. Ph: 1800 101 105	160
4-5	Advanced Stretching, Joint Mobilization & Deep Tissue Techniques for the Low Back & Pelvis. Presented by Joseph E. Muscolino. Sydney. Ph: 0402 059 570 or terrarosa@gmail.com	80
9-10	Advanced Stretching, Joint Mobilization & Deep Tissue Techniques for the Neck. Presented by Joseph E. Muscolino. Hobart. Ph: 03 6267 4241	80
10	AMT Illawarra Members' Day. Presented by Colin Rossie. Corrimal. Ph: 02 9517 9925	40
11-15	Somatic CST 3. Presented by Patricia Farnsworth. Sydney. Ph: 1800 101 105	175
12-13	Advanced Stretching, Joint Mobilization & Deep Tissue Techniques for the Neck. Presented by Joseph E. Muscolino. Brisbane. Ph: 0402 059 570 or terrarosa@gmail.com	80
15-19	Neurostructural Integration Technique Basic. Presented by Ron Phelan. Black Rock. Ph: 03 5255 5229	175
17-8	Dorn Spinal Therapy. Presented by Barbara Simon. Perth. Ph: 0407 946 294	95
17	Hunter Branch AGM/Workshop. Adamstown. Ph: 02 4953 2252	50
23-24	Remedial Cupping. Presented by Bruce Bentley and Shirley Gabriel. Melbourne. Ph: 03 9576 1787	80
23	Curly Customers: Muscles that Confound. Presented by John Bragg. Randwick. Ph: 0410 434 092	35
24	Muscles and Pelvic Alignment. Presented by John Bragg. Randwick. Ph: 0410 434 092	35
26	Illawarra Branch Meeting. Presentation. Corrimal. Ph: 0417 671 007	15
29-31	Infant Massage Training. Presented by IMIS. Sydney. Ph: 1300 558 608	120
30-31	Certificate of Pregnancy Massage. Presented by Catherine McInerney. Sydney. Ph: 03 9532 8144	60
31	Melbourne Branch Meeting. Sylvan. Ph: Kerry Hage 0401 256 015	15
August 2011		CEUs
1	ACT Branch Meeting. Weston. Ph: 0408 238 274	15
3	South Sydney Branch Meeting. Hurstville. Ph: 0411 039 819	15
6-8	Master Class in Traditional East-West Cupping. Presented by Bruce Bentley and Shirley Gabriel. Sydney. Ph: 03 9576 1787	105
6-7	Neurostructural Integration Technique Introduction. Presented by Marianne Grainger. Perth. Ph: 08 9490 3906	70
12-14	Structural Assessments and Corrections of the Thoracolumbar, Sacral & Pelvic Regions (Onsen Vol.1). Presented by Jeff Murray. Ashfield. Ph: 07 5599 2514	105
13-14	Somatic CST 1. Presented by Patricia Farnsworth. Adelaide. Ph: 1800 101 105 Part of a 4 day programme, completion date 21/08/11	140
14	Gua Sha Day. Presented by Bruce Bentley. Melbourne. Ph: 03 9576 1787	40
15-19	Somatic CST 4. Presented by Patricia Farnsworth. Adelaide. Ph: 1800 101 105	210
19-23	Advanced Certificate in Integrated Cupping Therapy. Presented by Bruce Bentley and Shirley Gabriel. Brisbane. Ph: 03 9576 1787	175
20-21	Somatic CST 1. Presented by Patricia Farnsworth. Adelaide. Ph: 1800 101 105 Part of a 4 day programme, commencement date 13/08/11	140
20-21	Chinese Cupping Therapy. Presented by Master Zhang Hao. Strathfield. Ph: 02 9629 1688	75
20	Mid-North Coast Branch Meeting. Port Macquarie. Ph: Ianthe Paterson 0438 813 994	15
20-21	Ortho-Bionomy Fundamentals (Phase 4). Presented by Anthony Swan. Canberra. Ph: 0412 286 385	70
21-22	Dorn Spinal Therapy. Presented by Barbara Simon. Perth. Ph: 0407 946 294	95
21	Massage for Breathing Pattern Disorders. Presented by John Bragg. Katoomba. Ph: 0410 434 092	35
22-26	Somatic CST 1. Presented by Patricia Farnsworth. Adelaide. Ph: 1800 101 105	140
26-28	Infant Massage Training. Presented by IMIS. Brisbane. Ph: 1300 558 608	120
30	Illawarra Branch Meeting. Formal. Corrimal. Ph: 0417 671 007	15

Please view the Calendar of Events on the AMT website for the complete 2011 listing: www.amt.org.au

- Follow step by step guidelines
- Improve your skills
- Increase client satisfaction
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the buck starts here: research makes sense

association of massage therapists

The focus of this year's conference is exploring how research can enrich our clinical practice both literally and figuratively.

22nd national conference 2011

NOVOTEL, BRIGHTON-LE-SANDS
Cnr Grand Parade & Princess Street, Brighton-Le-Sands
14 – 16 OCTOBER, 2011

PROUDLY SPONSORED BY:



► FRIDAY 14 OCTOBER

9.30AM – 4.30PM

PRE-CONFERENCE WORKSHOPS

- Kinesiotaping
- Advanced Myofascial Techniques for the foot and leg
- National Massage Therapy Educators' Forum

4.30PM

Earlybird Conference registration

► SATURDAY 15 OCTOBER

7.00AM – 8.00AM

Movement session – “Can’t stand up for falling down?”

7.30AM – 8.45AM

Registration

9.00AM – 9.05AM

Housekeeping – The unknown housewife

9.05AM – 9.20AM

President’s welcome – Tamsin Rossiter

9.20AM – 10.00AM

The effects of massage therapy on people with spinal cord injury- psychological and immunological outcomes – Dr Judy Lovas

10.00AM – 10.40AM

Fascia research:
Implications and inspiration for Manual Therapists - Bethany Ward

10.40AM – 11.10AM

Morning tea and trade exhibit

11.10AM – 11.50AM

Examining the patient journey, communication and decision-making: a national study of women with back pain and their use of health care providers - Professor Jon Adams

11.50AM – 12.15PM

Working with Duchenes Muscular Dystrophy:
A four-year Case Study – Linda McClure

12.15PM – 12.30PM

Launch of the AMT Code of Practice

12.30PM – 1.30PM

Lunch and trade exhibit

BREAKOUT WORKSHOPS

1.30PM – 3.00PM

- From evidence to practice:
Advanced Myofascial Techniques grounded in science
- Ergonomics
- Balancing the spine
- To leap or not to leap - working with lymphoedema

3.00PM – 3.30PM

Afternoon Tea and Trade Exhibit

3.30PM – 5.00PM

Breakout sessions continued

6.30PM

Gala Dinner – Mad Science

► SUNDAY 16 OCTOBER

8.00AM – 8.45AM

Registration

9.00AM – 10.30AM

- From evidence to practice:
Advanced Myofascial Techniques grounded in science
- Ergonomics
- Balancing the spine
- To leap or not to leap - working with lymphoedema

10.30AM – 11.00AM

Morning Tea and Trade Exhibit

11.00AM – 12.30PM

Breakout sessions continued

12.30PM – 1.30PM

Lunch and Trade Exhibit

1.30PM – 2.00PM

Lies, Damn Lies and Statistics Research – Thuy Bridges

2.00PM – 2.45PM

Research is fully sick – Panel discussion with conference presenters

2.45PM – 3.30PM

Standing on the shoulders of giants:
contextualising the AMT Code of Practice - Rebecca Barnett

3.30PM – 4.00PM

Afternoon Tea and Close



► DR JUDY LOVAS

Plenary address: The effects of massage therapy on people with spinal cord injury

Judy has practised, taught or researched massage therapy since 1985. She investigated the effects of massage therapy on the immune response as a Masters of Science degree before completing her PhD in 2009. Judy believes that research is pivotal in the promotion of the benefits of massage therapy to both clients and other health professionals.



► BETHANY WARD

Plenary address: Fascia research: Implications and inspiration for Manual Therapists

Pre-conference workshop:

Advanced Myofascial Techniques for the foot and leg

Breakout workshop: From evidence to practice: Advanced Myofascial Techniques

Bethany is on the faculty of the Rolf Institute® of Structural Integration, a lead instructor for Advanced-Trainings.com, and president of the Ida P. Rolf Research Foundation. Her articles have been published in the SI Journal, the International Association of SI Yearbook, and Massage Magazine, among others. Adept at making complex ideas understandable, relevant and accessible, Bethany teaches internationally and has a full-time practice.



► LARRY KOLIHA

Pre-conference workshop:

Advanced Myofascial Techniques for the foot and leg

Breakout workshop: From evidence to practice: Advanced Myofascial Techniques

Larry Koliha is a Certified Advanced Rolfer™, an instructor at the Rolf Institute® of Structural Integration, and a lead instructor for Advanced-Trainings.com's Advanced Myofascial Techniques series. His extremely clear, knowledgeable and good-natured teaching style consistently delights students.



► JON ADAMS

Plenary address:

Examining the patient journey

Jon is Professor of Public Health in the Faculty of Nursing, Midwifery and Health at the University of Technology, Sydney and currently holds an NHMRC Career Development Fellowship. He is Executive Director of NORPHCAM, an international network dedicated to promoting and conducting rigorous public health and health services research and research capacity building in CAM, traditional medicine and integrative health care.



► LINDA McCLURE

Plenary address: Working with Duchenes Muscular Dystrophy

Breakout workshop: Balancing the spine

Linda McClure completed her training in Structural Integration in 1989 and has been a trainer and teacher at the Australian School of Applied Structural Integration and Somatic Studies since 2002. She presents at conferences and workshops both in Australia and internationally, and maintains a private practice where she also works as a counselor and rehabilitation therapist. For the past 4 years she has run a clinic for children affected by Muscular Dystrophy and Cerebral Palsy. She recently completed a Masters of Counselling which has encouraged her to do further research into the efficacy of targeted manual therapy for those with disabilities.



► THUY BRIDGES

Plenary address: Lies, Damn Lies and Statistics Research

Pre-conference workshop: Kinesiotaping

Breakout workshop: Ergonomics

Back by popular demand after rave reviews for her AMT conference presentations last year, Thuy is a physiotherapist and director of physioWISE. She teaches a wide range of advanced techniques including MET, Dry Needling, Yoga, and Craniosacral. Her ability to relate theory to practical, real world situations makes her a sought after presenter.



► ELSEBETH PERRY-PETERSEN

Breakout workshop:

To leap or not to leap: working with lymphoedema

Elsebeth Perry-Petersen has taught continuously for 30 years in infants, primary, secondary and adult education. In 1993 she attended her first class in lymphatic drainage and spent the next 17 years ordering her studies to "change her teaching subject". In 2005, she received her award as an accredited teacher of the Casley-Smith method and is currently the sole provider of nationally recognised Casley-Smith courses. She has private clinical practices in Moss Vale and Canberra.

► PRE-CONFERENCE WORKSHOPS

KINESIOTAPING

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, all under the watchful eye of an internationally accredited Kinesio Taping instructor! The applications will cover functional taping, rehabilitative/relaxation taping and strengthening taping.

► CONFERENCE WORKSHOPS

All conference workshops run over 3 hours with a tea break in the middle

FROM EVIDENCE TO PRACTICE:

ADVANCED MYOFASCIAL TECHNIQUES GROUNDED IN SCIENCE

Presented by Bethany Ward and Larry Koliha

This hands-on workshop will show you ways to affect tissue tone by targeting fascial mechanoreceptors. You will gain a practical understanding of several types of mechanoreceptors, their common locations and the types of interventions most likely to stimulate them. The majority of the class will be experiential with participants practising a variety of techniques designed to speak to each of the receptor types.

ERGONOMICS

Presented by Thuy Bridges

A workplace ergonomic assessment is more than just a review of someone's posture whilst they sit at their workstation and a recommendation that the company purchase an adjustable desk and chair for their employee. A thorough review takes into consideration body type, habits, physical fitness, history, movement capacity etc and should identify "real-world" solutions for management of existing and potential issues.

This workshop will provide you with tools to extend your massage therapy practice into the corporate world of ergonomic assessments. In addition to practical assessment techniques, it will include the theory behind the assessments, how to set up and use pro formas to save time (and avoid missing something) and how to make practical recommendations that ensure the bean counters ask you back again!

ADVANCED MYOFASCIAL TECHNIQUES FOR THE FOOT AND LEG

Presented by Bethany Ward and Larry Koliha

Dramatically improve your ability to work with leg and ankle injuries, hammertoes, heel spurs, plantar fasciitis and more. This workshop will give you powerful techniques that can easily be incorporated into your current practice. The day will include lecture and audiovisual presentations on anatomy and theory, demonstrations of techniques, and extensive supervised practice time. Participants also receive a detailed course manual/note organiser with photos of techniques covered.

TO LEAP OR NOT TO LEAP:

WORKING WITH LYMPHOEDEMA

Presented by Elsebeth Perry-Petersen

This workshop will challenge you to examine your readiness to work with lymphoedema patients. By participating in hypothetical cases, your levels of understanding will be revealed and you will discover the critical differences between training in manual lymphatic drainage and training in lymphoedema management.

BALANCING THE SPINE

Presented by Linda McClure

The spine is our support. It also delivers neurological signals to and from the rest of our body. When this major segment of our anatomy is out of balance it affects everything from our systemic functioning to the way we move and enjoy life. In this workshop, we will review the fascial anatomy of the spine and learn some simple myofascial release techniques to create balance in the spine and allow greater freedom in movement. We will examine ways to work with the soft tissue structures of the spine that can be applied to a range of clients' needs.

PARKING

Car parking is available at the Hotel for a fee of \$25.00 per night. Day delegates can park for \$10.00 a day.

ACCOMMODATION

AMT has negotiated a special room rate with the Novotel that includes a complimentary breakfast. To book your accommodation here, please call 02 9556 5111 and quote the code AMT131011.



the buck starts here: research makes sense

association of massage therapists ► 22nd national conference 2011

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 Wednesday 17 August.

► 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 17		Student Rate	
Friday	<input type="radio"/>	\$220.00	<input type="radio"/>	\$240.00	<input type="radio"/>	\$140.00	<input type="radio"/>
Saturday	<input type="radio"/>	\$220.00	<input type="radio"/>	\$240.00	<input type="radio"/>	\$140.00	<input type="radio"/>
Sunday	<input type="radio"/>	\$220.00	<input type="radio"/>	\$240.00	<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 17		Student Rate	
Friday & Saturday	<input type="radio"/>	\$420.00	<input type="radio"/>	\$470.00	<input type="radio"/>	\$280.00	<input type="radio"/>
Saturday & Sunday	<input type="radio"/>	\$420.00	<input type="radio"/>	\$470.00	<input type="radio"/>	\$280.00	<input type="radio"/>
Friday & Sunday	<input type="radio"/>	\$420.00	<input type="radio"/>	\$470.00	<input type="radio"/>	\$280.00	<input type="radio"/>

THREE-DAY REGISTRATION

Attending:		Earlybird rate		After August 17		Student Rate	
All 3 days		\$585.00	<input type="radio"/>	\$645.00	<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 ☐
Lactose Intolerant ☐
Gluten free ☐

► WORKSHOP PREFERENCES

PRE-CONFERENCE WORKSHOPS (FRIDAY 14 OCTOBER)

Choose from one of the following: Kinesio Taping ☐
Advanced Myofascial Techniques for the foot and leg ☐

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)

- ___ From evidence to practice: Advanced Myofascial Techniques grounded in science
___ Ergonomics
___ Balancing the spine
___ To leap or not to leap: Working with Lymphoedema

Break out Session 2 (Sunday morning)

- ___ From evidence to practice: Advanced Myofascial Techniques grounded in science
___ Ergonomics
___ Balancing the spine
___ To leap or not to leap: Working with Lymphoedema

► 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 CLOSING THURSDAY 6 OCTOBER 2011

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

OFFICE USE ONLY

Date received _____ Receipt no. issued _____

Please return to:
AMT

PO Box 792 Newtown NSW 2042
or fax 02 9517 9952



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 29, 2011.



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 29, 2011.