

## President's Message

by Annette Cassar

President's Message	1
Secretary's Report	3
How to Write a Case Study by Dana Scully	6
How to Market in a Small Place by Debbie Mayo-Smith	12
How to Build a Client Base: Tips from AMT's 2014 AGM	14
Psoas Major Function A Biomechanical Examination of the Psoas Major by Joseph E. Muscolino	16
Letter to the Editor	23
Practitioner Profile – Bronwyn Davies	24
Research Summary	26
Software Review by Tyraus Farrelly	28

Success, in its many forms, was celebrated at our 2014 AGM.

Four AMT members – Jenny Richardson, Corrine Farnes, Amanda Fincham, and Andrew Schwartz – opened the day by sharing their industry success stories, offering attendees practical tips on 'How to build a client base'. (You can read more about this on page 14 of this edition of *In Good Hands*).

Jon Wardle from the University of Technology, Sydney spoke about how AMT's partnership with UTS and the Australian Centre for Research in Complimentary and Integrated Medicine (ARCCIM) has recently borne fruit, with the commencement of a research project investigating client experiences, expectations and use of massage therapy. The first arm of the study, a Workforce Survey, recently went live to AMT members. Don't forget your role in helping to shape the massage research landscape by participating in this study. Simply follow the online survey link (<https://www.surveymonkey.com/s/AMT-Massage-Workforce-Survey>) and answer the 17 questions. It takes less than ten minutes to complete.

Special guest presenter from the Health Care Complaints Commission (HCCC), Damien Anderson, explained the role of the organisation in regulating public health and safety in NSW. Damien's presentation underscored the importance of AMT's very own Code of Practice in terms of protecting both practitioners and health consumers.

The AMT Code of Practice, released to members in January 2013, has proven to be a valuable document as a point of reference for AMT members, massage therapists in general, massage therapy educators, the general public and health complaint entities. It informs and underpins all of AMT's ethics and disciplinary investigations.

The AGM also provides the AMT Board with a unique opportunity to reflect on AMT's achievements over the past financial year.

In January 2013, AMT lodged its submission to the Chief Medical Officer and the Natural Therapies Review Committee. Then in early May, AMT presented to the committee at a meeting held in Canberra. AMT's submission, presented by AMT member Dana Scully, met with resounding applause.

The Private Health Insurance Review is ongoing and we look forward to the government's findings when released.

Over the past year, AMT has continued to be represented on the Subject Matter Expert Groups for the revision of massage therapy qualifications within the Health Training Package. This review is a great opportunity to address some of the quality assurance issues that have been leveled at the industry by third parties such as Medibank. The new qualifications should be rolled out at the beginning of 2015.

AMT spent the last half of 2013 in dialogue with Medibank Private regarding its proposed new provider criteria.



in good hands

ABN 32 001 859 285

## Association of Massage Therapists Ltd

Office hours:  
Monday-Friday 9.30am - 4.00pm

Suite 3.02  
22-36 Mountain Street  
Ultimo NSW 2007

Postal address:  
PO Box 826  
Broadway NSW 2007

T: 02 9211 2441  
F: 02 9211 2281

info@amt.org.au  
www.amt.org.au

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

Since Medibank served AMT with new terms in late December last year, AMT has been in negotiation with Medibank to address some key issues. You can read more about these negotiations in the Secretary's Report on page 3. I applaud the efforts of AMT staff who have worked tirelessly to broker the best outcome for members and to ensure that existing provider privileges are preserved and protected. We will continue to put our members' interests foremost in these negotiations.

The 24th Annual Conference held in Penrith was a highlight of the year. The conference attracted record crowds, with its line-up of celebrated national and international presenters, including Ulm University's Robert Schleip.

AMT has gone from strength to strength over the past 12 months and it was an honour to celebrate the success of our organisation at the 2014 AGM. We certainly have a lot to be proud of.

## Need CEUs?

Journal question -  
June edition

**Name one thing that  
you must obtain  
before commencing a  
case study.**

Please write your answer  
in the space provided on your CEU  
record sheet and retain it until you  
submit the form with your annual  
renewal. Blank CEU forms can be  
downloaded from:  
[www.amt.org.au/members/all-  
about-CEUs.html](http://www.amt.org.au/members/all-about-CEUs.html)

## DEADLINE

**Deadline for the  
September 2014  
issue of  
In Good Hands is:  
1st August, 2014**

Please email  
contributions to:  
[journal@amt.org.au](mailto:journal@amt.org.au)  
or phone: 02 9517 9925

## AMT Preferred Business Directory

**Go to [www.amt.org.au/members/preferred-business.html](http://www.amt.org.au/members/preferred-business.html)  
for further information on discounts and specials from the following businesses.**



**PLEASE QUOTE YOUR AMT MEMBERSHIP NUMBER WHEN PURCHASING ONE OF THESE SPECIAL OFFERS**

## Secretary's Report

by Rebecca Barnett

It was gratifying to see more than 100 members present at the AGM in April. Over the past eight years, it has been a genuine privilege to watch AMT evolve from a small organisation struggling for survival and relevance to a thriving, 2200-strong tour de force, happily punching above its weight in industry advocacy and leading the way in professionalisation of massage therapy.

We are fortunate to be welcoming two new directors to the AMT Board this year - Jo Griffiths and Kat Boehringer. Many of you may already recognize Kat's name, as the newly minted editor of the AMT journal. Kat officially took over the journal duties with the September 2013 edition of *In Good Hands* and has effortlessly succeeded in making each subsequent issue more readable than the last. The AMT Board and members can only benefit from Kat's extensive experience in print journalism. We look forward to working with her to build a greater public profile for AMT and to generate some sustained positive press for the massage therapy profession.

Jo Griffiths brings her extensive experience as an educator to the AMT Board role, along with a work ethic that has us all on notice! It certainly looks like we're well placed for a productive and positive year ahead.

Office bearers for the coming year are:

**President:** Annette Cassar  
**Treasurer:** Dave Moore  
**Director:** Joanne Griffiths  
**Director:** Kerry Hage  
**Director:** Michelle MacKerron  
**Director:** Kat Boehringer  
**Director:** Derek Zorzit

Members who attended the AGM or one of the regional meetings and webinars I presented over the past few months will now have a greater insight into the complexities of AMT's ongoing negotiations with Medibank. The situation continues to pose unique challenges to AMT, and indeed the industry at large, and I would again like to acknowledge the support and patience of members whose livelihoods have been impacted. We do not take the latitude you have given us for granted.

To the best of my knowledge, AMT is now the only referring association that has not entered into the new agreement with Medibank. Given that all other associations appear to have signed off on Medibank's new terms, you are perfectly entitled to wonder what AMT is up to and why we haven't rushed into signing.

There are a couple of key issues that AMT is seeking to address in Medibank's terms to ensure that current AMT providers are appropriately grandfathered, and that recent and future graduates are not unfairly or unreasonably denied access to Medibank provider status. As it currently stands, the Medibank contract does not protect existing providers. Additionally, the educational requirements that Medibank seeks to impose via the agreement do not reflect the realities of VET sector delivery and assessment or qualification levels as articulated through the Australian Qualifications Framework or the regulatory framework in which Registered Training Organisations operate. To put this in some context, the majority of TAFE Remedial Massage Diplomas delivered nationally do not meet the educational requirements Medibank has set for provider recognition.

In fact, as far as we can ascertain from our scoping, only a very small percentage of RTOs genuinely meet the current Medibank criteria. Houston, we have a problem ...

In essence, the Medibank addendum would require AMT to 'monitor' RTO delivery to ensure that graduates meet its conditions for duration of training, including specific components of face-to-face training as a percentage of total course attendance, and particular provisions around granting Recognition of Prior Learning (RPL). One of the major sticking points with the stipulated educational requirements is that Medibank continues to refuse to include Certificate IV competencies in its 12-month course duration definition. While Medibank is aware that Certificate IV is a prerequisite of the Diploma course, the drafting of the amendments fails to recognise that the Cert IV competencies often form part of a 12-month Diploma course.

Obviously, AMT cannot speak for how other associations are implementing and managing the provisions of the Medibank agreement, particularly in connection with grandfathering existing providers. However, we do know that associations and RTOs are struggling to interpret the requirements. Not only is there a great deal of confusion in the marketplace but also a complete lack of coherence in the way the requirements are being interpreted and applied. Sadly, in the scramble to meet the course duration requirements imposed by Medibank, some RTOs are modifying their delivery models to incorporate longer holiday breaks.

This is an understandable market response but speaks to the deep inadequacy of the mechanism that Medibank has proposed as a way of ensuring quality assured remedial massage services (according to its stated agenda).

It is important to acknowledge that AMT does not deny that there are issues that need to be addressed in connection with the regulation of VET sector training and training providers. This is, in fact, why AMT invests substantial resources in working with the appropriate regulatory authorities and government agencies to foster and promote system-wide reform. For example, AMT is an active stakeholder in training package reviews, providing expert input into the development of nationally recognised health training package qualifications. AMT has also worked closely with the VET sector regulatory body, the Australian Skills Quality Authority (ASQA), since its establishment, notifying them of any concerns regarding specific RTO standards of training and assessment.

AMT has been in legal negotiations with Medibank since mid-January. We have requested amendments to Medibank's terms, via our lawyers, which would appropriately protect existing Medibank providers and ensure that the educational requirements in the contract are not unfairly or unreasonably weighted against recent and future graduates. At the time of going to print, Medibank had just responded to AMT, indicating that it was not interested in negotiating on its terms or indeed in having any further dialogue with AMT on the issue. We are continuing to attempt to resolve our differences with Medibank in a professional and fair manner.

Since it would appear that the legal negotiations have reached a stalemate and Medibank is now seeking to close the conversation, you can expect to see AMT actively campaigning in the weeks to come. We hope we can rely on your support and involvement in our efforts to pressure Medibank into reconsidering its position.

### **We're on the move ...**

After 14 years in Newtown, we've moved to new premises in Ultimo (Suite 3.02, 22-36 Mountain Street Ultimo, to be precise). Please take note of the new contact details:

PO Box 826  
Broadway NSW 2007

T- 02 9211 2441  
F - 02 9211 2281

### **We're also virtually on the move ...**

Over the past three months, AMT has been working on a major database upgrade. Although this doesn't sound very exciting on face value, we're really looking forward to delivering better services to members once the new database is rolled out. The member login will allow you to check the status of your CEUs, insurance and first aid, and update your own practice address information. You'll never need to talk to us again (Huzzah! No, really, we'll miss you if you stop calling ...). The database will also allow us to issue critical updates via SMS and do a whole lot of other funky stuff that we're confident you're going to love.

### **Conference 2014**

Registrations are officially open for the 2014 AMT Conference. The theme of "Building Healthy Massage Practices" will be supported by a terrific range of engaging presenters, including best-selling author Debbie Mayo-Smith, who will deliver the keynote address. We're also pleased to be hosting Bethany Ward and Larry Koliha again. Regular conference goers will remember their sessions at the 2011 conference in Sydney - their dual demonstrations of techniques were a huge hit that year.

You will find the full conference program in this edition of the Journal, along with an article by Debbie Mayo-Smith to give you a taste of what is to come. Online registration is available again this year in addition to the traditional hard copy registration forms included with the conference brochure in this journal. If you register online, you receive instant confirmation of your breakout choices. Just follow the registration link on the AMT home page [www.amt.org.au](http://www.amt.org.au)

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



**Please take note of  
our new address and  
contact details:**

#### **Office Location:**

Suite 3.02  
22-36 Mountain Street  
Ultimo NSW 2007

#### **Mailing Address:**

PO Box 826  
Broadway NSW 2007

Phone: 02 9211 2441

Fax: 02 9211 2281





## ZEN HERBAL LINIMENT & GEL JOINT & MUSCLE PAIN RELIEF.

**Zen includes well researched, natural therapeutic herbal medicines:**

**Boswellia:** Activates blood circulation and relieves pain in traumatic injuries and bruising. Helps to reduce swelling and promotes healing.

**Angelica:** Powerful pain & inflammation relief. By activating circulation, this herb nourishes the local area while clearing damaged cells and tissues.

**Arnica:** A very popular Western herb shown to reduce bruising, excess fluid and support the healing of sprains.

**Pseudoginseng & Commiphora:** In Chinese medicine, herbs of choice for the treatment of pain and traumatic injuries. Effective herbs to support improvements in mobility and stiffness.

**Spatholobus, Dipsacus & Drynaria:** To strengthen and promote the repair of tendons, muscles and bones. Effective therapeutic herbs for use on lower back pain and ligament injuries.

**Pure Essential Oils:** Japanese MINT & Cajuput: Powerful pain relievers that also warm and invigorate the local area - and they have a gorgeous scent!

**Application** - apply a liberal amount directly or add to your clinics usual massage cream or oil



**50ml Dropper**

Zen Liniment & Gel offers more than just **FAST pain relief...**

**Speed up recovery time** with 8 healing herbs & aromatic essential oils:

- Anti-inflammation and pain relief
- Enhances local circulation and healing
- Promotes the repair of tendons and muscles
- Reduces swelling
- Warming & Soothing
- Non oily, pure & natural ingredient

NATURAL HERBAL TOPICAL  
MASSAGE LINIMENT TO  
POWERFULLY TARGET  
MUSCLE PAIN, BRUISING &  
INJURIES.

Zen is also available for your  
clients to take home & use  
between treatments.

**100ml Spray \$24.95 RRP**

**40g Gel \$11.95 RRP**



Contact your Martin & Pleasance wholesaler  
or call 1800 652 443 for more details &  
special offers. [info@mandp.com.au](mailto:info@mandp.com.au)



# How to Write a Case Study

by Dana Scully

Have you ever contemplated conducting a case study but didn't know what was involved or how to go about it? While it does take some preparation, it's not as onerous as it might initially seem. In fact, you're actually doing most of the work already.

Clinical inquiry, similar in scope to the prep-work involved in a case study, is conducted in everyday massage therapy practice. A client comes to a massage therapist for the treatment of a specific issue. The therapist observes the client, takes a history, and records initial measurements, such as range of motion or pain. A treatment plan is created, which incorporates these observations, histories, and measures. After the treatment, the therapist re-measures. All this is noted in the client's file for future reference and review. These everyday practices form the basis of case study research.

In the course of our clinical observations, a unique subject, pathology, or treatment might come to our awareness. This is usually the first step in creating a case study – finding something or someone to study.

**A case study is the methodical investigation of a person, or persons, pathology, or treatment method. It follows specified parameters in order to allow possible replication or further investigation.** Massage therapy case studies promote the knowledge base of the modality. Basically, we observe something interesting, analyse it, and then write about it so others can learn, duplicate, or continue investigating.

In the hierarchy of research, case studies are on a low tier but this does not mean they are of a lesser value. Often criticised for being too small in scope to be statistically generalisable, case studies have been largely over-looked by clinicians and even other researchers. However, the small sample sizes inherent in every case study are often the only practical means of conducting a study.

For example, in the case study *Gait Characteristics, Range of Motion, and Spasticity Changes in Response to Massage in a Person with Incomplete Spinal Cord Injury* (Manella and Backus, 2011), finding a statistically meaningful number of participants with appropriate spinal injuries wasn't feasible, nonetheless, the study offers valuable insight into this type of injury. Interesting to note, since Manella and Backus published this case study, a number of larger random controlled trials have been initiated to further the research about massage and spinal cord injuries.

Lack of controls, inadequate measures, and interpretation bias are also criticisms of case study research. These criticisms are not unfounded but with the advent of journal guidelines and peer reviews, such issues are less likely to occur.

## Observe

As we mentioned previously, the first step in creating a case study is to find something or someone to study. Most often case studies investigate a unique subject, pathology, or treatment in order to add to the current body of research or to further research that has already been done by altering the methods in some way. The Association of Massage Therapists (AMT) Case Study Database (freely available to members at <http://www.amt.org.au/downloads/practice-resources/AMT-Case-Study-Database-December-2013.pdf>) lists a number of unique studies.

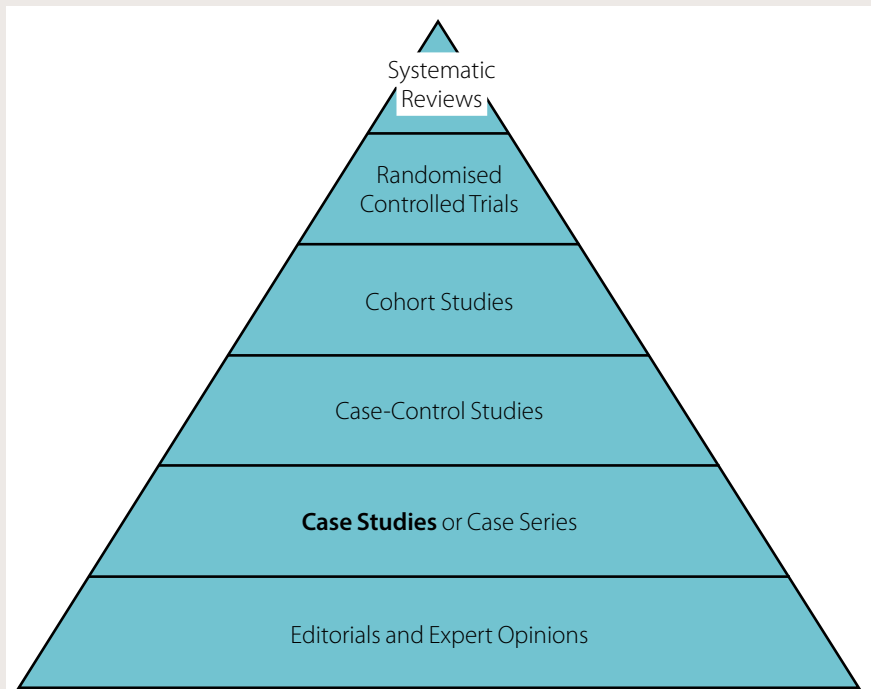


Figure 1. Research Hierarchy Pyramid

### Define the Research Question

The second step is to define the question. What is being studied—and why? This may seem like an obvious step but if the research question is not well defined, the case study will be difficult to complete. For example, in a case study about massage and erthromelalgia, Dicks and Rizek (2010) ask if massage therapy will reduce the severity of symptoms and side effects in a 31-year-old woman suffering from the condition. They posit that little is currently known about the effects of massage on erthromelalgia. "Will massage therapy reduce the severity of symptoms and side effects" is the 'what' being studied. The 'why' behind the study is that there is currently little known about how this particular pathology intermixes with massage therapy.

### Investigate

The next step is to investigate what has already been documented in the area of enquiry. This means searching for information - not only on the research question - but also on the fundamental principals inherent in the question, such as pathology or treatment types currently in favour.

A thorough investigation of available information will also help to refine the research question. As noted, case studies are unique investigations of a person, pathology, or treatment. Identical case studies might not add to the existing body of knowledge. If a case study has already been conducted for a particular research question and will not add to the body of knowledge, you might need to consider a different approach by redefining the research question accordingly.

There are a number of open access resources where you can locate research. PubMed (<http://www.ncbi.nlm.nih.gov/pubmed>) and the Cochrane Library (<http://www.thecochranelibrary.com/view/0/index.html>) can be sourced free of charge via the Internet. Resource rooms and journal databases are free to use in most public libraries, and have the added benefit of a librarian on hand to assist in your searches.

The AMT provides an open-access massage therapy research database for members and the public

(<http://www.amt.org.au/downloads/practice-resources/AMT-Classified-Research-January-2014.pdf>), as well as the previously mentioned members-only case study database.

### Obtain Informed Consent

BEFORE a case study commences, a therapist MUST obtain signed informed consent from the subject/client. As stated in the AMT's Code of Practice, "Informed consent is the voluntary agreement by the client to a treatment plan after proper, accurate and adequate information is conveyed about the proposed technique and protocols that will be used" (p 30). This policy holds true for both everyday practice and case studies. All reputable journals will expect a signed consent form dated prior to the start of a study. Many will provide sample forms. AMT members can access a sample informed consent form at <http://www.amt.org.au/downloads/practice-resources/AMT-Case-Study-Consent-Form.pdf>

### Collect and Document Data

Prior to commencing a case study, you will need to determine what evidence to collect in support of the research question and how to document the data collected.

For example, if studying the effects of Swedish massage on blood pressure (BP) in a post-operative cardiac patient, the therapist will need to collect the subject's base-line BP prior to the cardiac surgery, as well as the subject's BP post-op and post-op-post-massage.

Tools for the collection of data need to be used properly. All measurements need to be taken by the same person, using the same measurement tool, in the same manner, in order to maintain reliability and accuracy of the measurements. The type and number of measurements and tools that are used will depend on the case itself. The same applies for when the measurements are taken.

### Perform the Intervention

Now that you have undertaken the necessary preliminary measures, it's time to perform the case study, and collect the relevant data.

### Possible Tools & Measures

- Visual analog scale
- Goniometre/Range of motion
- Blood pressure
- Journal of subject's symptoms

If, during the case study, you find that changes need to be made in the design (for example in the type of data you collect or the methods you use to collect it), make sure to record these changes. These alterations should then be discussed in the 'discussion' section of the written submission.

### Decide Where to Submit

Once the research question has been thoroughly investigated, informed consent has been obtained, support measures have been designed, and the interventions performed, it's time to decide where to submit the case study. There are literally hundreds of journals that accept case studies. The best option is to submit your case study to a journal that is specific to the case being studied. For instance, Cook and Heiderscheit (2009) studied how massage, exercise, and neuromuscular re-education affected a young woman with hip arthrosis. They submitted their work to an orthopedic journal, *The Journal of Orthopedic Sports Therapy* – similarly, the authors could have submitted their study to an arthritis-focussed journal or to a massage therapy journal.

### Follow Guidelines

Once you have chosen where to submit your study, you will need to access the case study guidelines for that particular journal (these are usually accessed via the journal's website homepage). Guidelines - also known as guides - are designed to assist researchers in writing their case studies by providing an outline of the material to be covered. It is important to follow the guidelines suggested by the publication you are submitting your work to, as most journals will only accept submissions that adhere to their particular set of guidelines. For journals that do not have guidelines, here is a sample set of guidelines you may wish to use:

## Example Case Study Guidelines

### Title Page

The title page contains the full title of the study and should contain the words 'case study'. For example, 'Local massage with topical analgesic, a novel treatment modality for temporomandibular muscular pain: A case study report of five consecutive cases (2008)'. These days, most information is Internet searched. Including the words 'case study' will help the article be accessed more easily.

The title page should also include the author's name and contact information. Contact information usually includes the university or association the author is affiliated with and a contact email address. Do NOT put personal information on this page. If it's included on the title page, it will be published for the world to view.

### MeSH Terms (Key words)

Medical subject headings (MeSH) are often included on the title page. These terms are used for indexing articles. A guide to these terms is found at

<https://www.nlm.nih.gov/pubs/factsheets/mesh.html>

For example, MeSH terms for 'massage' are therapeutic touch, craniosacral massage, massage therapy, etc. These terms strengthen the accessibility of your case study.

### Abstract

The abstract is a short synopsis of the article. It can be written in a narrative form or a structured form. A narrative form follows the development of the study as if it were a short story (pathology A caused symptom B allowing for treatment C). A structured form follows an outline of prescribed sub-headings, for example: Introduction, Methods, Outcome, Discussion, etc. Structured abstracts will use the same structure sub-headings in the expanded paper.

### Introduction

The introduction presents the research question and states why it is relevant, using references where applicable. The 'unique' part of a case study needs to be explored here (what makes this case study important or invaluable to massage therapy or science at large).

### Methods

The 'methods' sub-heading explores the case study design elements, including who the subject is and why he or she was chosen; what treatment was used and why; and how measurements were obtained and why. Ethical issues and informed consent should be detailed here.

### Outcome

This section illustrates the qualitative and quantitative results of a case study. Collected data is often illustrated with graphs and tables.

### Discussion

This is the meat of a case study submission. The discussion sub-heading examines the outcomes, providing explanations about why the outcomes occurred the way they did. If available, other research is compared and contrasted with the outcomes. Study limitations and implications for future research are also discussed.

### Acknowledgements

The acknowledgements sub-heading notes those who have aided in the production of the case study but do not otherwise have a direct intellectual stake in its submission, for example, a colleague who reviewed the case study for data interpretation errors prior to its submission.

Author bias is also acknowledged here. This includes any intentional or unintentional relationship that the author has/had which may prejudice the outcome of the case being studied in any way. For instance, a therapist with a share in an almond oil company investigating how a teenage eczema sufferer reacts to Swedish massage with 100 per cent cold-pressed almond oil compared to second-pressed almond oil would need to state his or her relationship with the company.

### References

List all resources used in the compilation of the case study in the references subheading. There are various ways to reference resources. The APA (American Psychological Association) is the most commonly used referencing system for complementary therapies but each journal will be different. Refer to submission guidelines for the preferred style prior to submission. There are guides for all the various reference styles available online and often for free. A quick reference APA guide can be found at <http://www.apastyle.org>



## Peer Review

Once your case study has been submitted to a journal, be prepared for the inevitable peer review. Peer review is a critical part of the submission process. It works to improve research reliability, validity, and accuracy. A panel of experts review submissions for bias, value and/or measurement errors, design flaws, etc. Researchers will be asked to correct or address these errors and then re-submit. This is a normal part of the process: do not lose heart because a submission comes back with corrections. Keep in mind; this is in no way a reason to submit incomplete work. When a submission is made, it should be high quality, best effort material. The number of submissions received by a journal varies but most have more submissions than they could possibly ever publish. Some submissions will ultimately be rejected. A case study has a far greater chance of publication if guidelines are adhered to and only the best, most complete work is submitted.

Most of the work of a case study is already being done in massage practices all over the world. In order to formalise your practice observations into a case study, therapists only need to observe a unique case, form a research question, and (often) record the same information as for an ordinary client. Much of the post intervention analysis is also performed as usual, by reviewing the client's progress (or otherwise) post-treatment and recording it. From here, all that is required is the written submission.

Writing a submission is not difficult when there are easy-to-follow guidelines. The hardest part is physically sitting down at your computer and doing it. Case studies form a valuable part of the knowledge base of a chosen profession, and by taking the time to write up a case study, you are helping to advance the knowledge base of massage therapy, and assisting massage therapists and allied health professionals in their choice of treatment.

## BIBLIOGRAPHY

Baskerwill, A. (2013). Facilitating case studies in massage therapy clinical education. *International J Ther Massage Bodywork*, 6(2), 20-23.

Budgell, B. (2008). Guidelines to the writing of case studies. *Journal of the Canadian Chiropractic Association*, 52(4), 199-204.

Cambron, J.A. & Miller, M. (2013). How to Write a Case Study. Massage Therapy Foundation. Retrieved August 23, 2013 from <http://www.massagetherapyfoundation.org/blog/poster-presenters-winners/how-to-write-a-case-study/>

Clinical Case Report Awards. (2011). Massage Therapists' Association of British Columbia. Retrieved August 23, 2013 from <https://www.massagetherapy.bc.ca/students/clinical-case-report-awards>

Clinical Intervention Study Protocol Template. (2012, March 29). National Center for Complementary and Alternative Medicine. Retrieved March 20, 2013 from [http://nccam.nih.gov/sites/nccam.nih.gov/files/CRtoolbox/ProtocolTemplate\\_NCCAM\\_05-03-12.pdf](http://nccam.nih.gov/sites/nccam.nih.gov/files/CRtoolbox/ProtocolTemplate_NCCAM_05-03-12.pdf)

Cook, K.M. & Heiderscheit, B. (2009). Conservative management of a young adult with hip arthrosis. *J Orthop Sports Phys Ther*, 39(12), 858-866.

Crowe, S., Cresswell, K., Robertson, A., Guro, H., Anthony A., & Sheikh, A. (2011). The case study approach [Electronic version]. *Medical Research Methodology*, 11, 100-109.

Dicks, K. & Rizek, P. (2010). Massage therapy techniques as pain management for erythromelalgia: A case report. *Int J Ther Massage Bodywork*, 3(4), 5-9.

Dryden, T. & Moyer, C.A. (Eds.). (2012). *Massage therapy: Integrating research and practice*. South Australia: Human Kinetics.

Fox, C. (2013, August 21). *Massage Therapy: Resources for Massage Therapists*. Central Pennsylvania's Community College. Retrieved August 23, 2013 from <http://libguides.hacc.edu/content.php?pid=224675&sid=1879075>

Gerring, J. (2004). What is a case study and what is it good for? *American Political Science Review*, 98, 341-354.

Manella, C. & Backus, D. (2011). Gait characteristics, range of motion, and spasticity changes in response to massage in a person with incomplete spinal cord injury: case report. *Int J Ther Massage Bodywork*, 4(1), 28-39.

Melnik, B.M. & Fineout-Overholt, E. (2011). *Evidence-based practice in nursing and healthcare: A guide to best practice* (2nd ed.). Sydney: Wolters Kluwer Lippincott Williams & Wilkins.

Soy, S. (2012, December 2). The Case Study as a Research Method. University of Texas. Retrieved August 23, 2013 from <https://www.ischool.utexas.edu/~ssoy/usesusers/l391d1b.htm>

Submissions. (2013). International Journal of Therapeutic Massage and Bodywork. Retrieved August 23, 2013 from <http://www.ijtmb.org/index.php/ijtmb/about/submissions#authorGuidelines>

What is a case study? (2013, June 20). University of New South Wales. Retrieved 21 April 2013 from <https://student.unsw.edu.au/what-case-study>

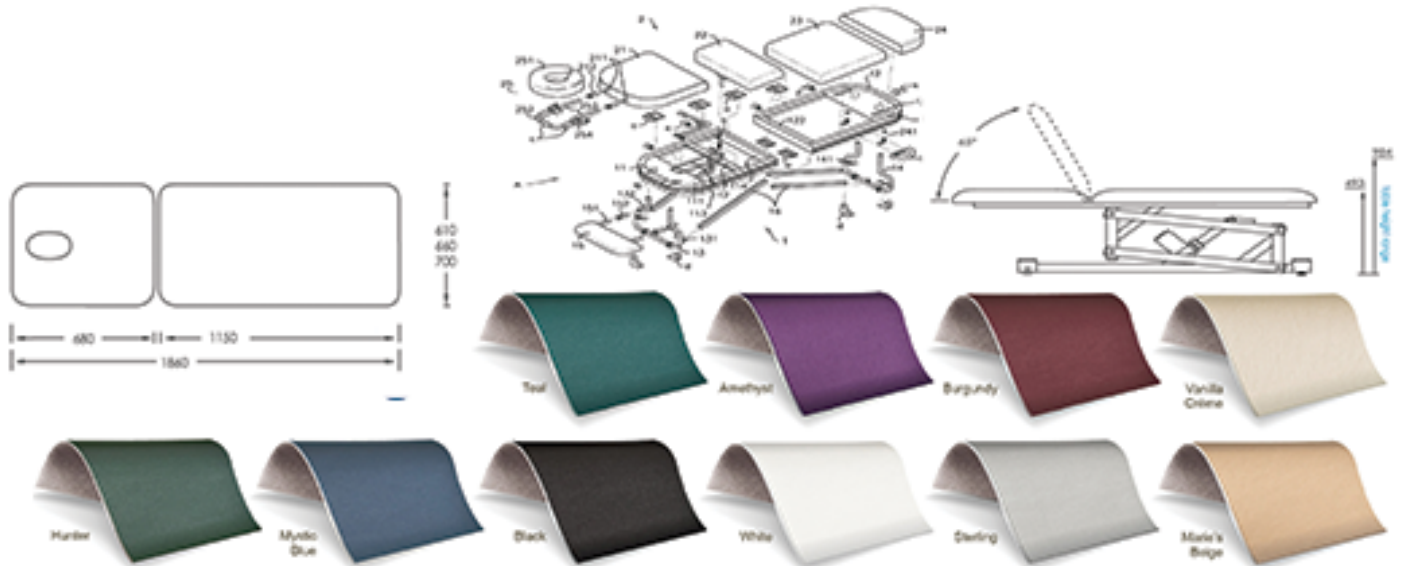
AMT has just released its own case study guidelines for the submission of case studies to 'In Good Hands'.

You can download a copy from <http://www.amt.org.au/downloads/journal-archive/AMT-Case-Study-Guidelines.pdf>



Dana Scully has been a member of the AMT since 2001. She recently completed her Bachelor of Health Science - Complementary Medicine through Charles Sturt University and has been working toward sharing her education with AMT members since. She is passionate about health care and member education.

# Custom Built Treatment Tables When Standard Just Isn't Enough



[www.massagewarehouse.com.au](http://www.massagewarehouse.com.au)

## ENROL NOW!

to discover the benefits of pregnancy massage  
with these great courses presented by  
**PREGNANCY MASSAGE AUSTRALIA®**

### CERTIFICATE OF PREGNANCY MASSAGE

2 days

The Certificate course focuses on pregnancy massage techniques and the benefits of massage during each trimester. This course will give you an understanding of the many changes that occur during pregnancy, and the confidence to apply appropriate therapeutic massage to your pregnant client.

<b>Perth</b>	21 & 22 Jun
<b>Adelaide</b>	19 & 20 Jul
<b>Melbourne</b>	6 & 7 Sep
<b>Sydney</b>	18 & 19 Oct
<b>Brisbane</b>	8 & 9 Nov

### NurtureLife® PREGNANCY MASSAGE PRACTITIONER

3 days

The NurtureLife® Pregnancy Massage Practitioner course will give you greater insight into why massage is a key component to maintaining good health and well being during pregnancy.

<b>Perth</b>	23, 24 & 25 Jun
<b>Adelaide</b>	21, 22 & 23 Jul
<b>Melbourne</b>	8, 9 & 10 Sep
<b>Sydney</b>	20, 21 & 22 Oct
<b>Brisbane</b>	10, 11 & 12 Nov

NOTE: Certificate of Pregnancy Massage must be obtained before enrolling in the NurtureLife Pregnancy Massage Practitioner course.

Upon course completion, you will be eligible to join the NurtureLife® family by registering as one of our certified practitioners or clinics.

### ADVANCED 1-DAY WORKSHOPS

1 day

Partner Training & Massage for Labour  
Post Natal Massage

<b>Melbourne</b>	13 Oct
<b>Melbourne</b>	14 Oct

[www.pregnancymassageaustralia.com.au](http://www.pregnancymassageaustralia.com.au)  
e: [info@pregnancymassageaustralia.com.au](mailto:info@pregnancymassageaustralia.com.au)

03 9571 6330







## Sydney Institute of Traditional Chinese Medicine

CRICOS 01768k NTIS 5143

Your New Professional Health Care Career:  
Acupuncture and Chinese Herbal Medicine

Enrol into Sydney Institute of Traditional Chinese Medicine  
(SITCM) 2015  
Course commences on 16th Feb 2015

Open day: 19 July 2014 from 10am to 2pm

### FEE HELP

**Bachelor Degree of Traditional Chinese Medicine**  
(double modalities of acupuncture and Chinese herbal medicine)

Accredited by TEQSA  
Approved by AUSTUDY,  
Recognized by major Health Funds

- ◇ 30 years since establishment with graduates successfully practicing nationally and abroad.
- ◇ TCM national registration
- ◇ Higher education FEE HELP
- ◇ Flexible time and practical course
- ◇ Limited seat for international students.

We are in the city: Level 5, 545 Kent St., Sydney NSW 2000  
Tel: 02 92612289 Email: Administration@sitcm.edu.au

## CORE Myofascial Therapy with George Kousaleos



### AMT Approved CEU

#### CORE Myofascial Therapy Certification, Sydney

CORE Myo 1: 26,27,28 Sept 2014 CORE Myo 2: 29,30 Sept, 1 Oct 2014

An advanced, six-day workshop designed to give practicing therapists in-depth knowledge and hands-on experience in full-body myofascial treatment protocols and structural integration.

#### CORE Sports and Performance Bodywork, Sydney

3,4,5 October 2014

Utilizing structural integration and myofascial therapy theories and techniques, this workshop will focus on developing training and event protocols for endurance, sprint, power, and multi-skilled athletes.



George Kousaleos, LMT is the founder and director of the Core Institute in Tallahassee, FL. He is a graduate of Harvard University, and has been a leader in the massage therapy field over his 30-year career. He helped bring sports massage to the 2000 and 2004 Olympic Games.

Register Now at: [www.terrarosa.com.au](http://www.terrarosa.com.au)  
Email: [terrarosa@gmail.com](mailto:terrarosa@gmail.com) or call 0402 05 95 70

## MASSAGE THERAPISTS INSURANCE POLICY

Fenton Green & co, in partnership with the Association of Massage Therapists, has arranged a tailored policy for members.

Policy features include:

- Limit options up to \$20,000,000
- Nil excess
- All Claims are handled locally by Guild Insurance and/or their appointed solicitors
- Cover for inquiry costs
- Unlimited Retroactive cover (cover for all past work as a massage therapist)
- Free Run-Off cover (free cover when you retire from practice)
- Cover for locums
- Students covered under the direct control and supervision of the Insured
- The policy can be extended to cover a variety of other allied health modalities



If you have any questions about this policy and/or pricing, please contact our service team on **1800 642 747**

We encourage you to request a quote online at [www.fginsure.com.au](http://www.fginsure.com.au)

Level 9 Podium, 530 Collins Street, MELBOURNE VIC 3000  
Tel: 1800 642 747  
Email: [enquiries@fentongreen.com.au](mailto:enquiries@fentongreen.com.au)  
Web: [www.fentongreen.com.au](http://www.fentongreen.com.au)

ABN 14 074 776 631 | AFSL 247258



  
**Fenton Green & co**

# How to Market in a Small Place: If I were a massage therapist and wanted a thriving practice, what would I do?

by Debbie Mayo-Smith

When you're self-employed or tasked with growing business revenue as part of a larger practice, it's hard to know where to start, especially when your available pool of clientele are from a small local area.

Here are a few simple ideas derived from my personal self-employed experience and small business expertise, as well as my many years working with small businesses of every size and industry ...

## Customer Service

### • First impressions count

A significant amount of massage business – including remedial, recovery or relaxation – is from repeat clients and word of mouth. If a client has a good experience, not only will they come back, they will also spread the word to their family and friends. Keep in mind, a good experience is more than just the 'hands on' component of the massage. It extends from the very first phone call through to payment of your invoice, and hopefully, the rebooking of appointments!

Create a checklist for yourself and evaluate each step of your interaction with your client. How do you greet your clients? Have you done everything you can to make your dealings as convenient and easy as possible? When a client is booked in for a relaxation massage, do you adjust the atmosphere of the room – for example, dim the lights, light scented candles, and play soft music? What do you say to put them at ease? If you are going to work with a client that would benefit from self-massage in addition to your work, do you have examples of rollers, lotions and elastic bands in the room for them to see (and buy)?

## Change perceptions

### • Want more relaxation work? Take away the guilt by educating your clients.

If your clients are like me, they could feel guilty about spending money on a massage when it's perceived to be simply for the sheer pleasure of it, or to alleviate built-up muscle strain from the gym. Take the time to educate each new client about the benefits of massage, and help them to see that relaxation massage is more than just a treat. Not only will it benefit your clients, it could potentially lead to more repeat visits for your clinic.

### • Quantify to show the benefit

It's easy to illustrate how having a massage is beneficial in monetary terms. Get out the calculator and do a cost benefit analysis for your clients. Compare the dollar amount of time off work or decreased productivity due to stress or muscular aches and pains, to the cost of a weekly or fortnightly massage.

### • Talk to your local medical practitioners

Referrals from chiropractors, physiotherapists, and GPs are an important source of business. Make a wise investment for your clinic by taking some time to meet with other medical professionals to discuss the benefits of massage, and how it could assist their clients. Trust your work to speak for itself: offer them a free massage so they can experience the benefits for themselves. One therapist I know rented a space at a medical centre and offered all the nurses and medical staff a free massage. Then, to keep the connection going, she offered them staff discounts on further massages.

Leave no stone unturned: if your town has three chiropractors and two osteopaths and you are only getting referrals from one, go visit the other ones. Initially, it may seem like an outlay of time and money, but it can pay off in terms of referrals.

## Marketing

### • Keep a database and communicate, communicate, communicate

A database can be your number one business asset – next to your hands and elbows of course. Use it to communicate via email newsletters, or create an online blog that will resonate with your clients' problems. You could include ideas for school holidays, healthy snacks, mobility exercises, and any specials or promotions you are running. A database is also useful for event marketing, which brings us to my next point ...

### • Event market

Don't let special gift-giving occasions go past without using them to bring in new business. Make beautiful gift vouchers and promote them like crazy for Mother's Day, Father's Day, anniversaries, birthdays, Christmas, thank you's ...

### • Work synergistically with other local businesses

Try to develop mutual referral relationships with other businesses that have the same target market as you but are not competitors. Examples might be physicians, beauty therapists, or bicycle retailers. If they have client newsletters, consider submitting articles to them about the benefits of massage or the different types of massage available.



- **Forget social media for the most part**

With your limited time, energy, and marketing money, the area that will provide the absolute worst return on investment for you - in terms of revenue generation- is Facebook, Twitter and YouTube. Conversations do not equal dollars. Instead, try LinkedIn, which is useful for getting your professional profile up and connecting with other business people.

- **Schools, sports clubs, groups, businesses**

Market to groups: it's easier than marketing to individuals. You can do presentations at group meetings, and offer special group rates.

- **Ask for referrals**

Make word of mouth concrete. When you're working with a patient, don't neglect to ask if they have any friends or relatives that would benefit from, or enjoy, a massage. Then follow it up by giving them a voucher to present to their friend or family for a first visit. And don't be afraid to ask for contact details so you can follow it up yourself.

- **Set the next appointment before they walk out the door**

Sometimes clients might not like to commit to rebooking a time straight after their appointment if they aren't sure of their schedule. Let them know that if they chose to book an appointment now, you are more than happy to be flexible if they need to change the appointment time later. It's better to have a loose commitment than no commitment, don't you think?

### Time management

- **Get help**

You can do anything you want, you just can't do everything. Get help to do the lower value tasks such as administration, marketing, calling/ reminding patients, and cleaning the house in order to free your time up for the income production. If you earn \$90 an hour, why do the \$20 an hour work? A useful tip is to get local students to help you on a small part-time basis.

Websites such as **www.studentbees.com.au** can be a great place to

advertise or connect with students looking for jobs. Not only can it be a great source of contract workers (thus eliminating the inflexibility and financial strain of hiring someone in a more permanent position), you are also helping to financially support students and giving them valuable work experience skills.

- **Focus on best income earners**

Focus your marketing time on the area of your business that is most profitable. For example, if a sports strain half-hour massage yields \$50 while a half-hour relaxation massage yields only \$40, then it makes more sense to focus your marketing on local sports groups. Likewise, if half-hour sessions are more profitable than longer sessions, steer your patients towards booking half-hour sessions.

### Use technology

- **Use a smartphone**

If you don't have a smartphone already, get one. Not only are they coming down in price, they are the epitome of convenience and include many different applications that fit neatly into your palm. These days, most smart phones come equipped with built-in video cameras, still cameras, voice recorders, GPS systems, Internet, a calendar, email, alarms, a stop watch, timer, clock, note pad, music player, book reader, photograph album, and calculator ... Oops, and I forgot to mention phone!

- **Use SMS reminders**

Almost everyone has a mobile phone, and it is a totally accepted mode of communication with your patients. Using appointment prompts can lower your no-shows or late arrivals.

- **Systemise for immediate response**

Demonstrate to your clients a level of professionalism by responding promptly to emails and calls. Set up your computer and phone to have repetitive paragraphs you can easily SMS or email. You can do this by using the notepad function of your phone to write and save short messages.

Then anytime you have to email or SMS, copy the paragraph from your notes and paste into the email or SMS. It will save you a lot of time, boost your customer service, and help you to book more appointments with minimum effort.

If I were to give one over-arching piece of business advice to massage therapists, it would be to echo the words of Australian business man, Winston Marsh. He said 'Be a better marketer of your business than a doer. You can be the very best at your profession. But if no one knows about you – what good is it?'



*Debbie Mayo-Smith is an international speaker, media columnist and bestselling author of 16 business books. After earning a double Honours Bachelor of Science (in Economics and Geography) from Southern Connecticut University, she worked as a financial analyst at Aetna, then as a Market Analyst for AIG on Wall Street. She moved to New Zealand with her husband where Tower Trust created their first Marketing Manager position for her. Debbie will be presenting the keynote address at this year's AMT Conference. For more information, visit [www.succesis.co.nz](http://www.succesis.co.nz)*

## How to Build a Client Base: Tips from AMT's 2014 Annual General Meeting

Three guest speakers from the 2014 AGM - Jenny Richardson, Corrine Farnes and Amanda Fincham - share some of their expert business advice with *In Good Hands* readers ...



Jenny Richardson

When asked to present to the AMT AGM about becoming a successful massage therapist, I had to think hard about what has been important to me. Through this process, I discovered some underlying principles that were vital in building long-term relationships with my clients.

Number one is *communication* – and especially listening to the client. Whatever my client wants from their session becomes my top priority and it is okay if I run out of time for other things. But along with that is *education* – it's their body, so I always tell my client what I am doing, why and how it ties into what has been bothering them.

Jeff Murray taught me to find out what has been tried already – and do *something different*. If a technique or treatment didn't work previously, it probably won't work now – so I need to have a good understanding of anatomy and pathology and a range of techniques for muscles, joints, ligaments and fascia.

I aim to *think holistically* – about the whole body and how things fit together. But I am often prepared to *treat locally* – to actually spend time working on a muscle that is in spasm for as long as it takes for it to soften and relax. Importantly, I also trace back to the underlying cause of the problem.

And finally, I believe massage therapy is *all about the relationship*. This means building connection and trust with my client so I can help guide them from where they are towards where they want to be, using whatever "technical" skills I can bring to the massage table.



Amanda Fincham

Starting a massage therapy business 12 years ago in a multidisciplinary clinic has offered many unique opportunities. My main aim was to get my hands on as many people as I possibly could to give myself experience and also the chance to get people talking about me. I accepted various prospects, such as working with rugby teams with one of the physiotherapists in my clinic, massaging at charity events, and seeing clients in the evenings after stressful days. Sitting in on training sessions with my colleagues and offering them treatments helped give me credibility by instilling their faith that I would treat their clients with equal professionalism and knowledge.

Attention to detail is a big one for me. I learned many interesting things about what my clients expected which helped to retain them as loyal clients. I put myself on my treatment table for an hour and asked a fellow RMT to treat me so I knew what my clients were experiencing. How comfortable was my table after an hour? What could they see and hear? Every part of my business is a reflection of me as a therapist, and if I want people to respect me I need to pay attention to all the details of my business and make sure I am proud of it.



Corrine Farnes

My business, Newcastle Muscle Therapy, has used an online booking system for the past 15 months. To date, I have had more than 700 people book online. The system I use is called *Clik Clik*. It allows customers to book online at any time of day or night. It is the perfect solution for when you are busy massaging clients and can't get to the phone.

People always ask me how I screen clients who book online. Although it does put the booking power in the hands of the clients, I haven't had any problems so far. If I am unsure of any booking, I always follow it up with a phone call. Out of 700 clients who have booked, I would say that 15 people haven't shown up.

The online system allows you to see the bookings for every therapist in your clinic on the one page. It also generates reports, for example, revenue reports, number of massages, and number of online bookings vs. manual bookings. *Clik Clik* costs me less than the cost of a half hour massage - I pay only \$19 for up to five clients, and there is no start-up fee or cancellation fee. It may not be for everyone but it works for me.



**OM**  
**ONCOLOGYMASSAGE**

**What can you do to help your clients with cancer?**

Find out how you can offer massage to all your clients.

Register 30 days in advance and take \$100 off the registration fee!

Contact  
[info@oncologymassagetraining.com.au](mailto:info@oncologymassagetraining.com.au)  
to Enrol NOW!  
Call Kylie 0410 486 767  
[www.oncologymassagetraining.com.au](http://www.oncologymassagetraining.com.au)



**BUILDING  
HEALTHY  
MASSAGE  
PRACTICES**

Association of Massage Therapists  
25th National Conference

Flemington -  
The Event Centre  
Flemington Drive,  
Flemington  
Melbourne

17 - 19 October 2014

At this year's conference, we will explore the interplay of all dimensions of massage practice, from business strategies to client assessment and treatment planning.



**FIRM·n·FOLD**

Australia's Principal Provider of Massage Equipment

AMT members receive 5% off  
or join our free loyalty programme and double the discount!\*

\*our usual loyalty programme T&Cs apply

Brisbane · Melbourne · Sydney · Gold Coast · Freecall 1800 640 524  
[www.firm-n-fold.com.au](http://www.firm-n-fold.com.au)



# Psoas Major Function A Biomechanical Examination of the Psoas Major

by Joseph E. Muscolino  
Illustrations by Giovanni Rimasti

## PART ONE

In Part One of our two-part series, 'Psoas Major Function', Joseph Muscolino explores the biomechanical actions of the psoas major, focusing on psoas major's actions on the hip joint ...

*"Perhaps no muscles are more misunderstood and have more dysfunction attributed to them than the psoas muscles. Looking at the multiple joints that the psoas major crosses, it is easy to see why."*

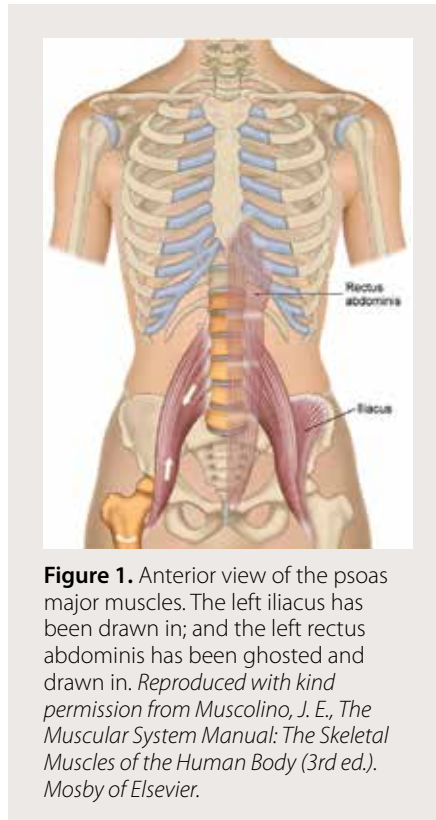
## INTRODUCTION

The psoas major is a multijoint muscle that spans the area from the thoracolumbar spine to the femur. Its proximal attachments are the anterolateral bodies of T12-L5 and the discs between, and the anterior surfaces of the transverse processes of L1-L5; its distal attachment is the lesser trochanter of the femur (Figure 1)<sup>(15)</sup>.

Because the psoas major blends distally with the iliacus to attach onto the lesser trochanter, these two muscles are often described collectively as the iliopsoas. Some sources also include the psoas minor as part of the iliopsoas<sup>(5)</sup>. Although variations occur for every muscle, including the psoas major, its attachments are fairly clear. What is not entirely clear are the biomechanical effects that the psoas major has upon its attachments, especially upon the spine. Indeed, in this regard, the psoas major is likely to be the most controversial muscle in the human body.

## MUSCLE BIOMECHANICS

A typical muscle attaches from the bone of one body part to the bone of an adjacent body part, thereby crossing the joint that is located between them (Figure 2). The essence of muscle function is that when a muscle contracts, it creates a pulling force toward its center<sup>(14)</sup>.

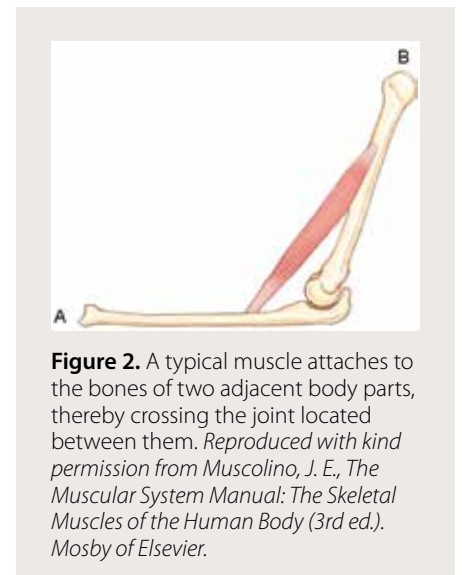


**Figure 1.** Anterior view of the psoas major muscles. The left iliacus has been drawn in; and the left rectus abdominis has been ghosted and drawn in. *Reproduced with kind permission from Muscolino, J. E., The Muscular System Manual: The Skeletal Muscles of the Human Body (3rd ed.). Mosby of Elsevier.*

This pulling force is exerted on the muscle's attachments, in attempting to pull the two body parts toward each other. It is important to note the presence of resistance forces that oppose the movement of each of the body parts. The most common resistance force is the force of gravity acting on the mass of each body part and is equal to the weight of the body part.

If the pulling force of the muscle's contraction is greater than the resistance force, the muscle will contract and shorten, termed a concentric contraction, and the body part will move at the joint that is crossed by the muscle. When a muscle's joint actions are listed in textbooks, it is the muscle's concentric contraction joint actions that are described.

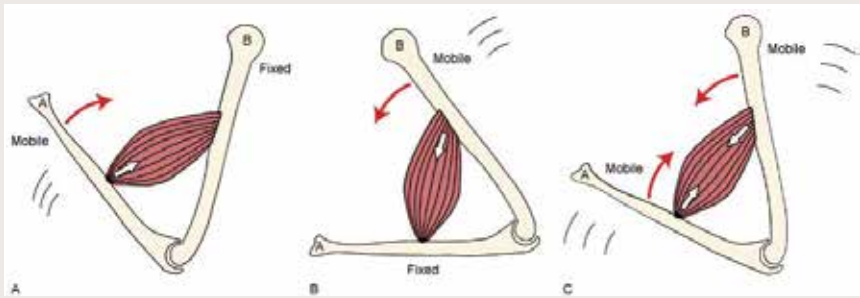
Generally, only one of the two attachments moves because its resistance to movement is less than the resistance to movement of the other body part. However, in some cases, the resistance to motion for each of the two body parts is approximately equal and both attachments will move (Figure 3).



**Figure 2.** A typical muscle attaches to the bones of two adjacent body parts, thereby crossing the joint located between them. *Reproduced with kind permission from Muscolino, J. E., The Muscular System Manual: The Skeletal Muscles of the Human Body (3rd ed.). Mosby of Elsevier.*

The joint action that a muscle can create can be figured out by analysing the biomechanics of the muscle's pulling force relative to the joint that is crossed. The parameters that need to be determined are the line of pull of the muscle relative to the axis of motion of that joint. The axis of motion is an imaginary line that generally passes through the joint that is crossed by the muscle. If a muscle's line of pull passes on one side of the joint, it will have the ability to create a particular joint action; if its line of pull passes on the other side of the joint, it will have the ability to create the opposite (antagonistic) joint action (Figure 4). Given that joint actions are technically motions within a cardinal plane (ie, sagittal, frontal, or transverse plane), to determine the motion/joint action in each plane, we would need to examine separately the muscle's line of pull relative to the axis for each cardinal plane.





**Figure 3.** Concentric contractions of a muscle. **A**, Attachment "A" moves. **B**, Attachment "B" moves. **C**, Both attachments "A" and "B" move. Reproduced with kind permission from Muscolino, J. E., *The Muscular System Manual: The Skeletal Muscles of the Human Body* (3rd ed.). Mosby of Elsevier.

### Concentric, Eccentric and Isometric Contractions

The resistance force that is created by gravity to movement of a body part is described as an external force because it is generated outside of the body. Other forces, both internal and external, can also provide resistance to the movement of a body part. Examples of internal resistance forces are the contractions of other muscles in our body. Examples of external resistance forces other than gravity are: weights added to an exercise; another person pushing/pulling on our body; or perhaps a strong wind. When a muscle contracts, its length is determined by the relative strength of the muscle contraction compared to the resistance force.

If the muscle's contraction force is greater than the resistance force, the muscle will contract and shorten, termed a *concentric contraction*. If the muscle's contraction force is equal to the resistance force, the attachments of the muscle will not move, therefore the length of the muscle does not change, and the muscle's contraction is described as an *isometric contraction*. If the muscle's contraction force is less than the resistance force, the muscle will lengthen as it contracts and its contraction is described as an *eccentric contraction*.

### BIOMECHANICS OF THE PSOAS MAJOR

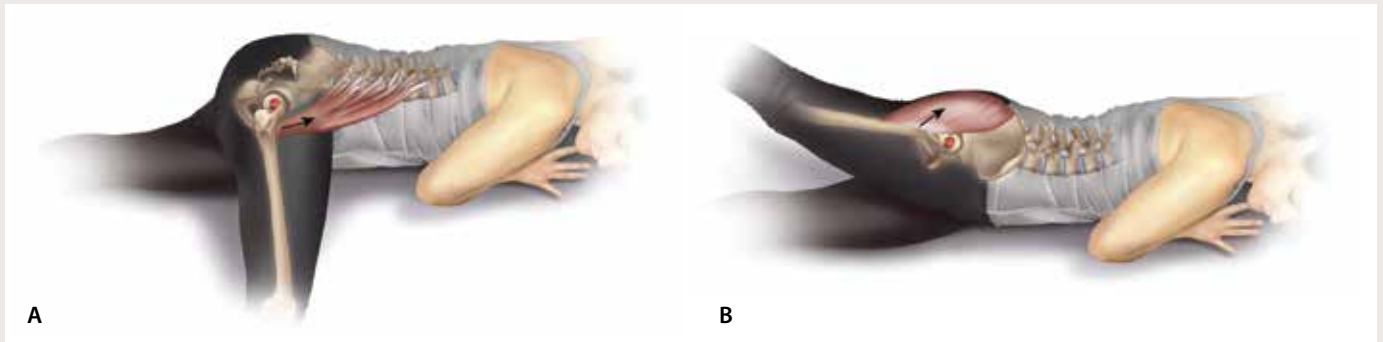
The psoas major is, first and foremost, a muscle of the hip joint<sup>(5,9,12)</sup>; therefore to determine its actions, we need to compare its line of pull at the hip joint in each of the three cardinal planes. Standard actions at the hip joint are considered to involve movement of the distal attachment, in other words, the thigh. These actions occur when the lower extremity is in what is known as "open-chain" position, with the distal segment, the foot, free to move. However, if the foot is planted on the ground and the lower extremity is in closed-chain position, the pelvis moves at the hip joint instead; when the proximal attachment moves instead of the distal attachment, this is called a reverse action<sup>(14)</sup>. Therefore, a thorough examination of the psoas major at the hip joint involves consideration of both its standard and reverse actions at that joint.

However, the psoas major is more complicated because it also crosses the lumbar spine; therefore, we need to examine its line of pull across the spine as well. As with the hip joint, the spine allows motion in all three cardinal planes, so our examination of the psoas major must also consider the possible spinal actions in each of the three cardinal planes. What further complicates a clear understanding of the psoas major's actions is the fact that the lumbar spine is not monolithic.

### Strength of a Muscle's Contraction

Determining the specific joint action that a muscle can create is a factor of the line of pull of the muscle relative to the joint's axis of motion. However, other factors – both internal and external – must be looked at to determine the strength that the muscle will have when creating this motion. The major internal factor is the internal strength of the muscle, which is essentially determined by the number of sarcomeres or, more specifically, the number of myosin-actin cross-bridges within the muscle. Because the architectural arrangement of the muscle fibers affects this issue (ie, whether the muscle is pennate or non-pennate in arrangement), the measure of a muscle's internal strength is effectively determined by the physiological cross-sectional area of the muscle. The external factor that determines a muscle's strength is its leverage force, or moment arm, at the joint crossed. In effect, the farther the muscle's line of pull is from the axis of motion, the greater is the leverage/moment arm and, therefore, the stronger is the effect of the muscle's contraction force; the closer the line of pull is to the axis, the weaker is the muscle's contraction force. A moment arm is the measure of the distance from the axis of the joint along a line that meets the muscle's line of pull at a perpendicular angle (see Figure 6).

The presence of many joints within the lumbar spine, each with its own axis of motion means that each of these joints must be considered separately. A final complication is that the pelvis is interposed between the spinal and femoral attachments of the psoas major. This means that the pull of the psoas major can alter the posture of the pelvis which can change the posture of the lumbar vertebrae which, in turn, can change the line of pull of the psoas major relative to the axes of motion of the lumbar spinal joints and therefore possibly change the action of the psoas major.



**Figure 4.** Right lateral view showing that a muscle's line of pull relative to the axis of the joint determines its joint action. **A**, Flexion of the thigh at the hip joint. **B**, Extension of the thigh at the hip joint. Note: The axis is represented by the red dot. Reproduced with kind permission from Muscolino, J. E., *The Muscular System Manual: The Skeletal Muscles of the Human Body* (3rd ed.). Mosby of Elsevier.

All of these factors help to explain why the psoas major can be so challenging to understand. Following is an examination of the functions of the psoas major at both the hip and spinal joints. In our discussion, we will consider some of the competing assertions for psoas major function by many of the leading authors in the field of kinesiology and attempt to explain, and perhaps resolve, many of the reasons for the controversy regarding psoas major function.

### Psoas Major Hip Joint Actions

The hip joint is a triaxial joint that allows motion in all three cardinal planes so we need to examine the effect of the psoas major in each plane. Further, we need to consider the open-chain motions of the thigh relative to the pelvis at the hip joint; and the closed-chain motions of the pelvis relative to the thigh at the hip joint.

#### Sagittal Plane

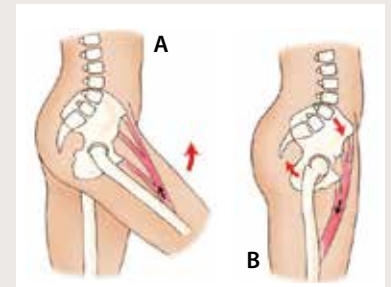
In the sagittal plane, there is little or no controversy over the potential action of the psoas major at the hip joint. It clearly crosses the hip joint anteriorly, passing anterior to the mediolateral axis of motion (see Figure 4A), and therefore flexes the hip joint. If we are in an open-chain position, the thigh flexes at the hip joint. If we are in a closed chain position the pelvis anteriorly tilts at the hip joint (Figure 5).

#### Sagittal Plane: Thigh Flexion

Authors concur that the psoas major is a flexor of the hip joint. In fact, most sources state that hip flexion is its primary function<sup>(3, 5, 9)</sup>.

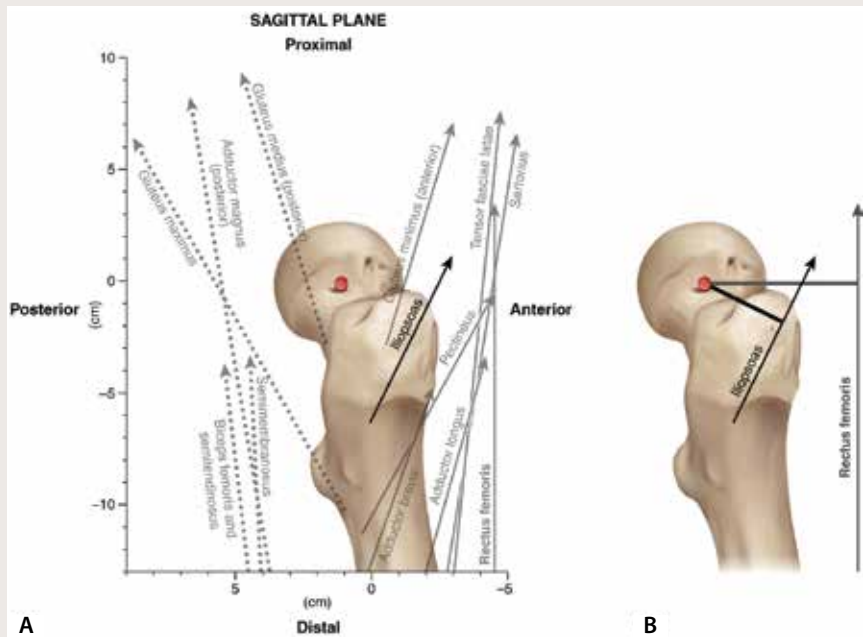
Stuart McGill goes as far as to state, "The role of the psoas is purely as a hip flexor."<sup>(12)</sup> And many sources go on to describe the psoas major's hip flexion role rather effusively. Janet Travell and David Simons described the psoas major as a "major muscle of hip flexion"<sup>(27)</sup>; and its hip flexion role has been described by others as "strong"<sup>(5)</sup>, "powerful"<sup>(6)</sup>, or "dominant"<sup>(19)</sup>. Carol Oatis specifically points out that the psoas major is a "strong hip flexor" because it has a large physiological cross sectional area<sup>(20)</sup>. Sometimes authors discuss the psoas major along with the iliopsoas. In these cases, it can be difficult to determine precisely what action to ascribe to the psoas major versus the iliopsoas, but the iliopsoas as a whole is often stated to be the prime mover (in other words, the most powerful mover) of hip joint flexion<sup>(4)</sup>.

Although no source contests the ability of the psoas major to create flexion at the hip joint, not every source is as convinced of the power of its hip flexion ability. One study asserts that the psoas major's hip flexion is relatively weak at the beginning and end ranges of motion, and that it is strongest between 45 and 60 degrees of flexion<sup>(31)</sup>. In fact, many sources believe that the primary role of the psoas major is not to actually move the bones at the hip joint by concentrically contracting, but rather to stabilise the bones of the hip joint by isometrically contracting<sup>(2, 21, 26)</sup>. They point out that the moment arm of the psoas major is smaller than the moment arm for most of the other hip flexors because the muscle's line of pull passes so close to the mediolateral axis of motion (Figure 6)<sup>(19, 20)</sup>.



**Figure 5.** Flexion at the hip joint. **A**, Open-chain flexion of the thigh at the hip joint. **B**, Closed-chain anterior tilt of the pelvis at the hip joint. Reproduced with kind permission from Muscolino, J. E., *Kinesiology: The Skeletal System and Muscle Function* (2nd ed.). Mosby of Elsevier.

Therefore it would make sense that these other hip flexor muscles – ie, those with greater moment arms – would pull the hip joint into flexion more efficiently. Evan Osar believes that the major role of the psoas major at the hip joint is to stabilise and center the head of the femur in the acetabulum as other hip flexors contract<sup>(21)</sup>. He uses the term "centration" to describe this idea. Gibbons also believes that the primary role of the psoas major at the hip joint is to provide stability. He points out that the fiber architecture of the psoas major is not fusiform; rather, it is unipennate<sup>(2, 31)</sup>. Pennate muscles are designed to produce greater force over a shorter distance, whereas nonpennate muscles are designed to produce a greater range of motion. The pennate character of the psoas major means that "...the ability of the muscle to shorten is less than believed. This calls into question its efficiency as a hip flexor."<sup>(2)</sup>



**Figure 6.** Right lateral view demonstrating lines of pull for flexors and extensors at the hip joint. **A**, Flexors shown with solid lines; extensors shown with dotted lines. **B**, Moment arms drawn in for the iliopsoas (psoas major) and the rectus femoris. Reproduced with kind permission from Joseph E. Muscolino. Modeled from Neumann, *Kinesiology of the Musculoskeletal System: Foundations for Rehabilitation* (2nd ed.). Mosby of Elsevier.

However, it should be noted that these comparative flexion moment arms are calculated at anatomic position. If the thigh was in flexion first, the moment arm of the psoas major would increase and, therefore, its strength and potential role in creating flexion motion at the hip joint would increase. (As previously mentioned, a study found the psoas major to be strongest between 45 and 60 degrees of flexion.) (Figure 7)

What can we conclude from this discussion? There is no doubt that the psoas major's line of pull is anterior to the hip joint and that its contraction creates a force of flexion at the hip joint. The only question seems to be whether this hip flexion force is more important for motion or for stabilisation. These concepts, however, do not need to be mutually exclusive because a muscle can have a stabilisation role as well as a role in motion.

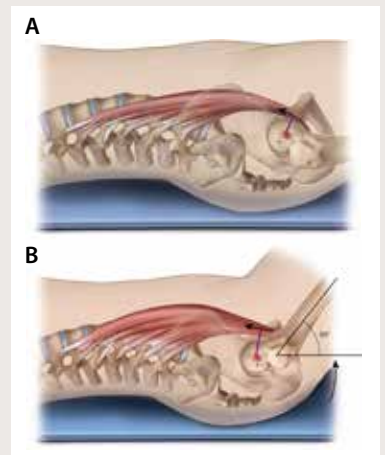
Generally, it is true that the deeper muscles at a joint tend to function more for stabilisation than for motion, and examination of the psoas major's location does show it to be a deep muscle.

Further, given all the other hip flexor muscles with greater moment arms that are present, it is likely that they would act more efficiently to create hip flexion motion. This all points to the psoas major acting primarily as a stabilizer of the hip joint when we are in anatomic position and/or when lesser hip flexion force is necessary.

But the psoas major is a large and powerful muscle and it would make sense to say that if a greater hip flexion contraction force were needed, then the psoas major would be recruited to assist in the creation of this motion. This is especially true if the hip joint was already flexed, because of the increased moment arm leverage.

#### Sagittal Plane: Pelvic Anterior Tilt

Regarding closed-chain sagittal plane motion of the pelvis at the hip joint, the line of pull of the psoas major would pull the pelvis into anterior tilt at the hip joint<sup>(14, 19, 25, 29)</sup>. This assumes that the pelvis is fixed to the trunk as the trunk is pulled anteriorly. Closed-chain position in the lower extremity usually occurs when the foot is planted on the ground.



**Figure 7.** The moment arm and therefore leverage force for thigh flexion of the psoas major increases when the thigh is first flexed. **A**, Anatomic position. **B**, 50 degrees of flexion. Reproduced with kind permission from Joseph E. Muscolino.

For this reason, psoas major closed-chain function is especially important for standing posture. If the baseline tone of bilateral hip flexor musculature, including the psoas major, is tight, it will create an increased anterior tilt of the pelvis<sup>(4, 5, 19)</sup>. Note: This will have important ramifications for the spine when discussing the effects of the psoas major upon the spine later in this article.

#### Frontal Plane

Within the frontal plane at the hip joint, if the open-chain standard action is abduction of the thigh at the hip joint, the closed-chain reverse action is depression of the pelvis at the hip joint (Figure 8)<sup>(14, 19)</sup>.

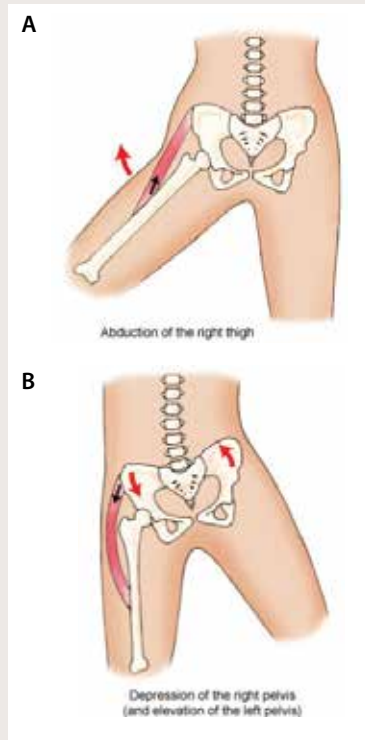
#### Frontal Plane: Thigh Abduction

The frontal plane action of the psoas major may be more controversial than the sagittal plane activity, but is not debated near as often because it is far less important due to its weak leverage force in the frontal plane. In fact, many prominent sources such as Gray's Anatomy, Don Neumann, and Stuart McGill do not even address the psoas major in the frontal plane<sup>(12, 19, 29)</sup>. When discussed, most sources claim that the psoas major is an abductor of the thigh at the hip joint<sup>(8, 21, 25, 27)</sup>. However, some sources claim it to be an adductor<sup>(6)</sup>.

### Movement or Stability?

As stated, determining the action of a muscle is accomplished by comparing the line of pull of the muscle relative to the axis of motion of the joint crossed. If the muscle passes on one side of the axis, it will create one motion; if it passes on the other side, it creates the opposite (antagonistic) motion. And measuring the distance between the muscle's line of pull and the axis gives us the moment arm, which establishes the leverage strength for creating the motion. However, muscle contractions are not only important for creating motion. The pulling forces of musculature are also important for stabilising the joint. This can be achieved when the muscle creates a compression force that pulls one bone of the joint into the other; this occurs when the line of pull of the muscle passes close to or through the axis of motion for the joint, as seen in Figure 9A.

To understand this debate and determine whether the psoas major is an abductor or adductor, we need to examine its line of pull relative to the anteroposterior axis of frontal plane motion at the hip joint (Figure 9). In anatomic position (Figure 9A), the line of pull of the psoas major may actually pass medial to the axis of motion, therefore suggesting that the psoas major is an adductor. However, if the thigh is first abducted (Figure 9B), then we see that its line of pull moves to the lateral side of the axis and the psoas major becomes an abductor. In fact, Travell and Simons state that the psoas major merely assists abduction after abduction has been initiated by other muscles<sup>(27)</sup>. Interestingly, if the thigh is first laterally rotated (Figure 9C), we see that the lesser trochanter moves laterally and the psoas major's line of pull also moves lateral to the axis creating/increasing its ability to perform abduction of the thigh at the hip joint. This is an excellent example of a muscle whose action changes depending on the angle of the joint.



**Figure 8.** Frontal plane motion at the hip joint. **A**, Open-chain abduction of the thigh at the hip joint. **B**, Closed-chain depression of the same-side pelvis at the hip joint. Reproduced with kind permission from Muscolino, J. E., *Kinesiology: The Skeletal System and Muscle Function* (2nd ed.). Mosby of Elsevier.

Regardless of whether the psoas major is in position to perform medial or lateral rotation, given how small the moment arm is, it would not be able to generate much strength to contribute to the joint motion. In fact, because its line of pull passes almost directly over the axis, most of the pull of the psoas major in the frontal plane would contribute toward compression, and therefore stability, by pulling the head of the femur into the acetabulum.

### Frontal Plane: Pelvic Depression

If the psoas major is an abductor, then the closed-chain frontal plane motion of the pelvis at the hip joint would pull the same-side pelvis into depression at the hip joint; this assumes that the pelvis is fixed to the trunk as the psoas major contracts. (Note: If the pelvis is not fixed to the trunk, the psoas major will pull the trunk into lateral flexion at the spinal joints as discussed later in this article.)

However, given that the line of pull of the psoas major passes almost directly over the hip joint, the psoas major would seem to be an effective stabiliser of the pelvis on the femur at the hip joint in the frontal plane.

### Transverse Plane

If the psoas major is an abductor, then the closed-chain frontal plane motion of the pelvis at the hip joint would pull the same-side pelvis into depression at the hip joint; this assumes that the pelvis is fixed to the trunk as the psoas major contracts. (Note: If the pelvis is not fixed to the trunk, the psoas major will pull the trunk into lateral flexion at the spinal joints as discussed later in this article.) However, given that the line of pull of the psoas major passes almost directly over the hip joint, the psoas major would seem to be an effective stabiliser of the pelvis on the femur at the hip joint in the frontal plane.

Within the transverse plane at the hip joint, if the open-chain standard action is lateral rotation of the thigh at the hip joint, the closed-chain reverse action is contralateral rotation of the pelvis at the hip joint (Figure 10)<sup>(14, 19)</sup>.

### Transverse Plane: Thigh Lateral Rotation

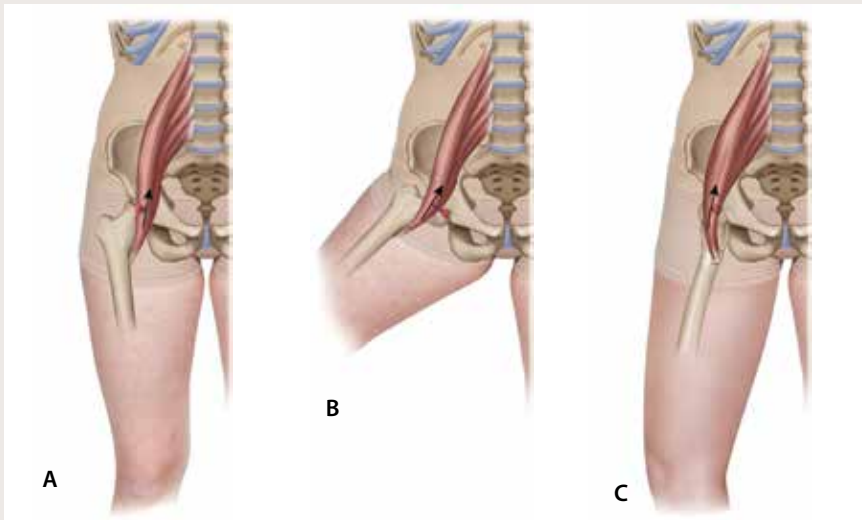
Within the transverse plane, the function of the psoas major has been claimed to be both medial rotation and lateral rotation. However, no major source currently describes it as a medial rotator. Tom Myers states that "...most agree that it produces lateral rotation, though arguments can be made (with which this author disagrees) that it could produce medial rotation of the femur."<sup>(16)</sup> Gray's Anatomy states: "Electromyographic studies do not support the common view that psoas major acts as a medial rotator of the hip joint. ..."<sup>(29)</sup>

Instead, most sources agree that it is a lateral rotator<sup>(1, 6, 8, 15, 20, 21, 25, 27, 28, 29, 30)</sup>. But many of these sources state that its lateral rotation ability is weak<sup>(12, 20, 27, 29)</sup>. Because of its weak rotation ability, Tom Myers describes the psoas major as a "non-rotator"<sup>(16)</sup>. Basmajian went so far as to say that "The controversy as to whether it is a medial or a lateral rotator should be abandoned because, in fact, it is only weak lateral rotator"<sup>(1)</sup>.

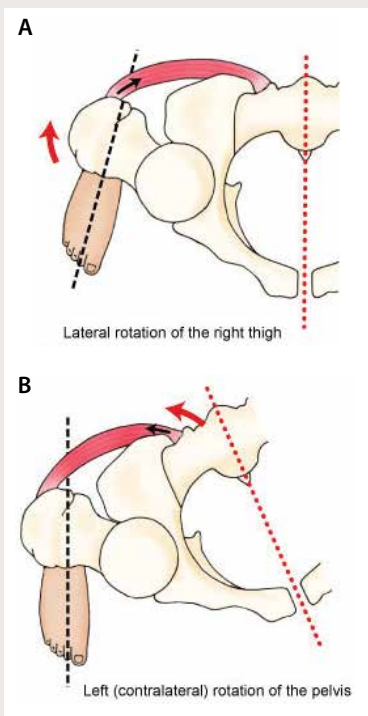




Joseph E. Muscolino, DC, is a chiropractor in private practice in Stamford, CT who employs extensive soft tissue manipulation in his practice. He has been a massage educator for more than 25 years and currently teaches anatomy and physiology at Purchase College, SUNY. He is the author of multiple textbooks including *The Muscle and Bone Palpation Manual*, *The Muscular System Manual* and *Kinesiology* (Elsevier), and *Advanced Treatment Techniques for the Manual Therapist: Neck and Manual Therapy for the Low Back and Pelvis*, a *Clinical Orthopedic Approach* (LWW). He is also the author of multiple DVDs on manual therapy, including *Psoas Major, A Guide for Manual and Movement Therapists*. Joseph teaches Continuing Education Clinical Orthopedic Manual Therapy (COMT) certification workshops within the US and overseas. Visit Joseph's website at [www.learnmuscles.com](http://www.learnmuscles.com) or his professional facebook page: *The Art and Science of Kinesiology*.



**Figure 9.** Anterior view of the psoas major depicting its frontal plane axis (represented by the red dot) and moment arm in various positions. **A**, Anatomic position. **B**, Thigh abduction. **C**, Thigh lateral rotation. Reproduced with kind permission from Joseph E. Muscolino.



**Figure 10.** Transverse plane motion at the hip joint. **A**, Open-chain lateral rotation of the thigh at the hip joint. **B**, Closed-chain contralateral rotation of the pelvis at the same-side hip joint. Reproduced with kind permission from Muscolino, J. E., *Kinesiology: The Skeletal System and Muscle Function* (2nd ed.). Mosby of Elsevier.

This is backed up by the fact that a number of sources do not even discuss its transverse plane rotation ability<sup>(5, 9, 19)</sup>.

#### Transverse Plane: Pelvic Contralateral Rotation

Regarding closed-chain transverse plane motion of the pelvis at the hip joint, the line of pull of the psoas major would pull the pelvis into opposite-side (contralateral) rotation at the hip joint (as seen in Figure 10B) if the pelvis was fixed to the trunk as the psoas major contracts<sup>(15)</sup>. (If the pelvis were not fixed to the trunk, then the trunk would contralaterally rotate at the spinal joints as discussed in Part Two of this article.)

**Stay tuned for Part Two of Psoas Major Function, which will run in our September issue of 'In Good Hands'. In Part Two, Joseph Muscolino explores psoas major's role in spinal joint actions, including psoas major as a stabiliser for the spine, and psoas major's interaction with the sacroiliac joints.**

#### REFERENCES

1. Basmajian, J. V. & DeLuca, C. J. (1985). *Muscles alive: Their functions revealed by electromyography* (5th ed.). Baltimore: Williams & Wilkins.

2. Gibbons, S. (2007). *Clinical anatomy and function of psoas major and deep sacral gluteus maximus*. Published in *Movement, stability & lumbopelvic pain: Integration of research and therapy* (2 ed.). (Edited by Vleeming, A., Mooney, V., & Stoeckart, R.) Edinburgh: Churchill Livingstone of Elsevier.
3. Hall, S. J. (2012). *Basic biomechanics* (6th ed.). New York: McGraw Hill.
4. Hamill, J. & Knutzen, K. M. (2003). *Biomechanical basis of human movement* (2nd ed.). Baltimore: Lippincott Williams & Wilkins.
5. Hamilton, N, Weimar, W. & Luttgens, K. (2012). *Kinesiology: Scientific basis of human motion* (12th ed.). New York: McGraw Hill.
6. Jenkins, D. B. (2002). *Hollinshead's Functional anatomy of the limbs and back* 98th ed.). Philadelphia: W. B. Saunders Company of Elsevier.

7. Kapandji, I. A. (1974). The physiology of joints: Volume three: The trunk and the vertebral column. Edinburgh: Churchill Livingstone or Elsevier.
8. Kendall, F. P., McCreary, E. K. & Provance, P. G. (1993). Muscles: Testing and function (4th ed.). Baltimore: Williams & Wilkins.
9. Levangie, P. K. & Norkin, C. C. (2011). Joint structure and function: A comprehensive analysis (5th ed.). Philadelphia: F. A. Davis.
10. Levangie, P. K. & Norkin, C. C. (2001). Joint structure and function: A comprehensive analysis (3rd ed.). Philadelphia: F. A. Davis.
11. Lewit, K. (2010). Manipulative therapy: Musculoskeletal medicine. Edinburgh: Churchill Livingstone or Elsevier.
12. McGill, S. (2007). Low back disorders: Evidence-based prevention and rehabilitation. Champaign: Human Kinetics.
13. McGinnis, P. M. (2005). Biomechanics of sport and exercise (2nd ed.). Champaign: Human Kinetics.
14. Muscolino, J. E. (2011). Kinesiology: The skeletal system and muscle function (2nd ed.). St. Louis: Mosby of Elsevier.
15. Muscolino, J. E. (2010). The muscular system manual: The skeletal muscles of the human body (3rd ed.). St. Louis: Mosby of Elsevier.
16. Myers, T. W. (2009). Anatomy trains: Myofascial meridians for manual and movement therapists (2nd ed.). Edinburgh: Churchill Livingstone of Elsevier.
17. Myers, T. W. (1998). Poise: Psoas-Piriformis balance. Massage Magazine, March/April, 31-39. (Reprinted in Myers, T. W. (no year given) Body3: A therapist's anatomy reader. Published by Tom Myers.
18. Netter, F. H. (2003). Atlas of human anatomy (3rd ed.). Teterboro: Icon Learning Systems.
19. Neumann, D. A. (2010). Kinesiology of the musculoskeletal system: Foundations for rehabilitation (2nd ed.). St. Louis: Mosby of Elsevier.
20. Oatis, C. A. (2004). Kinesiology: The mechanics & pathomechanics of human movement. Baltimore: Williams & Wilkins.
21. Osar, E. (2012). Corrective exercise solutions: To common hip and shoulder dysfunction. Chichester: Lotus Publishing.
22. Paoletti, S. (2006). The fasciae: Anatomy, dysfunction & treatment. Seattle: Eastland Press.
23. Park, R. J., Tsao, H., Cresswell, A. G. & Hodges, P.W. (2012). Changes in Regional Activity of the Psoas Major and Quadratus Lumborum With Voluntary Trunk and Hip Tasks and Different Spinal Curvatures in Sitting. J Orthop Sports Phys Ther. Sep 5, 2012 (Epub ahead of print).
24. Park, R. J., Tsao, H., Cresswell, A. G. & Hodges, P.W. (2012). Differential activity of regions of the psoas major and quadratus lumborum during submaximal isometric trunk efforts. J Ortho Res, Feb;30(2), 311-318.
25. Sahrmann, S. A. (2002). Diagnosis and treatment of movement impairment syndromes. St. Louis: Mosby.
26. Sajko, S. & Stuber, K. (2009). Psoas major: A case report and review of its anatomy, biomechanics, and clinical implications. J Can Chiropr Assoc, 53(4), 311-318.
27. Simons, D. G. & Travell, J. G. (1999). Travell & Simons' Myofascial pain and dysfunction: The trigger point manual: The trigger point manual: Volume 1: Upper half of body (2nd ed.). Baltimore: Williams & Wilkins.
28. Smith, L. K., Weiss, E. L. & Lemkuhl, L. D. (1996). Brunnstrom's Clinical kinesiology (5th ed.). Philadelphia: F. A. Davis.
29. Standing, S. (Editor) (2008). Gray's Anatomy: The anatomical basis of clinical practice (40th ed.). Edinburgh: Churchill Livingstone of Elsevier.
30. Thieme (2005). Atlas of anatomy: General anatomy and musculoskeletal system. Stuttgart: Georg Thieme Verlag.
31. Yoshio, M., Murakami, G. & Sato, T (2002). The function of the psoas major muscle: Passive kinetics and morphological studies using donated cadavers. Journal of Orthopedic Science 7:199-207.

## The e-Journal<sup>club</sup>

**Join AMT's e-Journal club and be in the running for a great prize every quarter.**

When you opt in to receive the AMT journal electronically, you instantly become a member of AMT's e-journal club.

Just send an email to AMT Head Office and write "Electronic Journal" in the subject line.



## AMT CLASSIFIEDS

**A free service for  
AMT members**

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

## Letter to the Editor

---

*A few weeks ago I found my anger rising when I saw an advertisement in the classified section of my local paper purporting to be remedial massage, only to find on closer inspection, the ad was actually offering adult services.*

*Initially, while scanning the classified section of the paper, my eyes were drawn to the words 'Remedial Massage'. I took a closer look at the ad, wanting to check out the competition. I was horrified to see these precious words used in an ad placed distinctly in the 'Adult Services' section of the classifieds. I read it again, just to make sure it hadn't been put in this column by accident. The ad read: 'Japanese nurse, 24/7 call out'. It seemed pretty clear to me what it was offering.*

*The moment I arrived home I emailed the editor of the paper (CCing it to AMT), explaining why this was inappropriate and how I could be put in danger as a result (I work from a clinic and also run a mobile practice). I commented how this type of advertisement jeopardised the continued efforts by associations such as AMT, which work hard to promote massage as a therapeutic health modality so that massage therapists are taken seriously as health professionals. I suggested if this woman genuinely did remedial massage then she should advertise it separately – after all, I wanted to give her the benefit of the doubt.*

*The following day I was in the reception area of our clinic when the advertising editor of that particular newspaper happened to come by, selling ad space. I had yet to receive a reply to my email, so I grasped the opportunity and confronted him about the offending advertisement.*

*It took some time to convince him that he actually did have a responsibility to control the content of his publication. His initial excuses made quite a laundry list but the ones which irked me most were: "It isn't up to me to check the qualifications of every person who advertises in the classifieds" and "If someone advertises something they don't actually do, that is between them and the consumer." He was missing my point and sidestepping the real issue, which was what was an advertisement for remedial massage doing in an adult services section? The advertisers qualifications were not relevant to my argument.*

*Finally, I got bored of his lame excuses and cut to the chase. I told him he was directly affecting my safety by allowing this ad to be published and that if it wasn't changed by the following week I would take further action. I advised him that I had reported this matter to my professional association, which take these matters very seriously. He then replied that I should contact the woman in question myself. I replied that I shouldn't have to do that.*

*Now, I'm not sure whether his motivation was my personal safety, or the thought of missing out on a nice commission for a large colour ad but the following week I checked and the word 'remedial' had been removed from the ad in question. I had won!*

*Incidentally, we didn't take out an ad on that page, but a few weeks later we did run an advertorial to celebrate 15 years in business for our clinic, which we probably wouldn't have done had the adult services ad had not been modified.*

*So the moral of the story? We are all responsible for maintaining our professional standards. Decades of hard work to separate us from the sex industry need to be continued if we are to keep our credibility. If we are all aware of what is out there, we can do something about it. This matter is not only about professional image and standards; it is about our personal safety and the safety of our colleagues. The sex industry will always be there, and so will we. Hopefully, with continued vigilance, the public will remember that we are poles apart from those who offer a different type of "massage".*

*If you get annoyed every time someone raises an eyebrow when you tell them you are a massage therapist, then it is up to you to do something about it. We all have a voice and together we can make it heard, provided that we speak out rather than mumble under our breath and complain about things that a small amount of effort could fix. If you feel you can't do this yourself, you can always contact the AMT and ask for assistance.*

**Lucy Gibbon**  
**AMT member**  
**Senior Level 1**  
**Blue Mountains Branch**



## Practitioner Profile - Bronwyn Davies

**Most massage therapists can still remember the challenges of study. For AMT member Bronwyn Davies, who is vision impaired, studying to become a massage therapist posed more than your average hurdles. Despite initial barriers to training, Bronwyn completed her Diploma of Remedial Massage, and now has a thriving home practice. Bronwyn talks to *In Good Hands* about her experiences ...**

### **When did you first become interested in massage therapy?**

I started my massage career at the tender age of 10 years old. My mother was a night-duty nursing sister and used to suffer from aching legs and shoulders. She'd ask me to massage them because, as she said, I was the only family member who could "do it properly". Then my father would ask for a foot massage. At the time, I didn't really enjoy massaging my parents but my mum was very encouraging and tried to steer me towards the idea of becoming a physiotherapist.

### **Your first career was in marketing. What made you decide to study massage?**

My marketing role was almost 100 per cent computer based. It consisted mostly of research and events coordination, and there was little challenge or job satisfaction.

During my time off, I used to massage my friends and family. I would massage my three young sons every night before they went to sleep. Even before I had any formal training, I felt massage was something I could do well – and my friends and family certainly thought so! This led me to explore the possibility of becoming a massage therapist.

### **As a vision-impaired massage student, did you come across any challenges during your studies?**

The first challenge was finding a school that would accept me.

At that time, many of the colleges didn't want a vision-impaired student, as they were "not set up for vision-impaired students". However, the NSW School of Massage in Sydney had a fantastic open-minded principal, and the teachers were positive, supportive and helpful.

As a student, there were many challenges, for example, finding ways to navigate muscle diagrams, visual overheads and postural analysis. My husband would help by tracing over diagrams and muscle charts with tactile pens or glitter glue so I could feel them. We also purchased embossed anatomical charts. My teachers and I came up with a strategy where they would show me the techniques on my body or on their body. This way I could get a tactile sense of how and where the techniques were performed.

There was much to overcome. It probably took me twice as much time and effort to learn some things but I got there in the end.

### **Tell me about your massage practice, 'Relax Now Therapeutic Massage'.**

I started paid practice with a portable table at home in 2007 after I was awarded my Certificate IV. At that stage I was still working in marketing, and I'd massage in the evenings or on weekends.

In 2008 I was retrenched from my position and started my clinic full-time. By the end of 2008, I gained my diploma and purchased a motorised table. My home-clinic became very busy – I was massaging between four to six people daily.

Now I have more work than I can manage. I don't advertise – my clients are either repeat clients or are referred to me, for example, by a local physiotherapist centre. My clients vary in age from 15 years to 75 years. I treat people who suffer from sports injuries, MVA injuries, general body tightness, and migraines. I also treat pregnant women and clients who come to maintain their general health and wellbeing.

### **Are there any aspects of your practice that you need to adapt?**

There are a few methods I use to assess my clients' posture and movement. As I greet a client, I listen to them walking down the passage. I can usually pick up any limp or variance in gait this way. Sometimes I might put my hand on their shoulder while they walk so I can feel how they are moving. By quickly running my hands down their back from head to toe, I can gain an overview of their posture and stance. And by feel, I measure range of movement while my client is either standing or in prone position. Also, tone of voice can tell me a lot, for example, whether a person is in pain, stressed, annoyed, or generally happy. In regards to the paperwork side of things, I use my computer to take a full case history, maintain appointments and issue receipts.

### **What do you find most rewarding about working as a massage therapist?**

For me, the most rewarding part of the job is witnessing improvement in my clients. I have had clients come in doubled-up in pain, or suffering tremendous stress, and then almost 'float' out the door. Their gratitude can be overwhelming. Comments such as "Oh, if I could have a massage every day" make my job so worthwhile.

### **Most challenging?**

One difficult aspect, and an ongoing hurdle, is study and further education. It is very hard to find a massage course with a teacher who has experience teaching a vision-impaired student.

When I'm at a massage conference or massage course, it is great to have someone who can help with visual aids and demonstrations. If you are ever at a conference and you meet a vision impaired massage therapist, don't be afraid to approach the person to offer your assistance. It's wonderful to have someone volunteer to help!





Bronwyn Davies

Similarly, if you are teaching a seminar with a visually impaired therapist in the class, it is often helpful to ask that person to be the model. Accurate verbal communication is also important. I find it helpful when a teacher uses the correct anatomical terms (for example 'clavicle' or 'patella') rather than just saying 'up here' or 'down there'.

#### **What are your strengths and weaknesses as a massage therapist?**

My strengths are empathy, a good work ethic, my ambition to succeed, and the comprehensive skills I have gained from my massage training.

In the past, my weakness has been overbooking clients but I am learning to manage this better now.

#### **There is a trend towards research literacy in massage now. Do you engage with massage research?**

Since AMT launched their Research Database last year, I have been reading some of the studies, and have gained a lot of useful knowledge, which I pass on to my clients. I am very busy and time-poor, which can be a factor in limiting the amount of research I read, but I recently found the time to participate in the Research Forum. Not only did I gain information on the particular research topic presented in the forum, it also led me to further research in other online journals.

My particular interest is researching massage techniques and new treatments, which I access by using a computer screen reading program called JAWS. Earning CEUs for engaging with research is an added incentive.

#### **Do you have a massage specialisation?**

My specialisation would have to be deep tissue massage. Most of my clients prefer "to know I've had a massage". I gain much satisfaction by feeling myofascial trigger points melt under my fingers, or contracted muscles releasing.

#### **You work as a mentor to other massage therapists. Can you tell us about this?**

Over the years, many different students have called me asking for advice and assistance. There is one woman in particular who I have helped who is also vision impaired, and for whom English is a second language.

There were many times when she called me very upset and ready to quit. I encouraged her, helping with assignments when necessary but generally being there to chat when she needed me. I didn't let her give up, and now she thanks me for pushing her.

We were both very excited last July when she was awarded her Certificate IV. I then encouraged her to take the next step and start work as a massage therapist. To begin with, she travelled from the Central Coast to Sydney to spend a day with me, treating some of my clients. Just this small step gave her encouragement. She now has a part-time job and is tackling the diploma.

#### **Do you have any advice to give other massage therapists?**

My advice for other therapists is to be passionate about what you do. It shows in your work and how you approach your clients. Accept everyone for who they are and always give 100 per cent.

#### **What are your future plans?**

I'd love to mentor other students, or simply be there with words of encouragement for other aspiring massage therapists. I am also keen to expand my toolbox of techniques, and to keep up-to-date with the latest massage research.

#### **How would you like to see the massage industry evolve?**

The massage industry has made leaps and bounds over the past 10 or so years. Despite this, many people still perceive massage as merely a 'feel good' therapy. I would like to see more people acknowledging massage as a therapeutic modality. Our bodies want to be well. They want to work at their optimum. Often one massage is all it takes to get fresh blood moving through the muscles and to release enough tension to set people on their way to wellness.

I'd like to see the insurance industry give us more recognition: not just the health insurers but also Worker's Compensation. I've treated so many people who have been able to function better with massage but, unfortunately, their insurers will not cover their treatments.

A few years have past since I approached the various schools in Sydney about studying. I would hope that no vision impaired or blind student wanting to study massage today is turned away.

■amt

## Research Summary: Effects of Functional Fascial Taping® on pain and function in patients with non-specific low back pain: a pilot randomised controlled trial

**In Good Hands were impressed by a recent article that we think will interest readers. The article discusses a pilot study into the effects of Functional Fascial Taping® (FFT) on NSLBP (non-specific low back pain) conducted by She-Mei Chen, a PhD candidate at Deakin University. We urge you to read the full article (originally published in Terra Rosa e-magazine, No. 13, December 2013) by Ron Alexander who, together with Ms Chen, undertook the clinical investigation. We hope readers will find the following summary useful.**

### BACKGROUND

Practitioners will know that pain from the very common NSLBP can be debilitating, affecting not only movement but also function. Chronic pain can also impact psycho-social well-being which itself can generate negative financial and social outcomes. Alexander states:

“Limiting pain in magnitude and time is therefore likely to minimize or reverse the negative consequences of NSLBP. After an acute low back episode 90 per cent of people will get better after six weeks regardless of treatment, 10 per cent will go on to have pain for 12 months. Patients cannot be given a clear diagnosis and do not present with signs on imaging. Eighty-five per cent of back pain patients fall within this group.”

The two elements of the registered FFT taping process include Assessment and Application. Assessment is based on patients' symptoms, identified when the patient is in a position that provokes pain. The assessment is directed by the application of gradual pressure to the skin and the tissues beneath that eases pain -- similar to the approach taken by osteopathy founder Andrew Taylor Still -- and enables an increase in the patient's range of movement.

FFT Application consists of applying rigid narrow (19 mm wide) tape in the direction indicated by the Assessment. “Tape application aims to create a graded load (tension) to tissues and employs a gathering technique to directly tighten the skin and the tissue below to change the tissue slack and to possibly affect the deeper structures.” Alexander states that application of the narrower tape increases pressure and delivers a greater load (tension) to the underlying tissues thus providing what he calls a ‘specific vector force’ away from the pain. He maintains that contrary to expectation, taping does not restrict movement range but in most cases, facilitates range: “[a]fter these two stages are performed patients/athletes have pain relief and tension/load to tissues during daily activities or exercise for an extended and predetermined period of time.”

### The Research Study

The design of the pilot study consisted of a randomised trial on two groups (21 and 22 members, respectively) of the general public suffering LBP and flexion deficit to compare the effect of applying FFT with that of ‘sham’ taping. The study included a two-week treatment period and follow-ups at two, six and 12 weeks.

The rigid tape was applied differently to the two groups: in the control group, assessment calculations were conducted that looked ‘technical’ to patients and tape was applied over the measured area; in the FFT group, directionally specific assessment took place and the tape was applied using the FFT gathering technique. Alexander reports:

“In treatment sessions two, three and four, the patients in both groups went into trunk flexion, in the pain provocative position and the same tape procedures as in session one were applied.”

The investigators applied the statistical analysis ANOVA (Analysis of Variance) to five repeated measures to identify changes in LBP pain and function. Alexander reports the following findings:

“The results from the study showed the FFT group demonstrated significantly greater reduction in worst pain compared to the control group after the two-week intervention. ... The study was also set to show a greater than 0.5 *effect size* (a measure of the strength of the treatment) for clinical significance. The result was 0.74, which means that the effect from FFT is very large and a powerful treatment. There were an additional two measures to test our findings, both of which confirmed that FFT was clinically significant for reducing worst pain.

“The study also looked at pain intensity, function and used a calculation called *Minimal Clinical Important Difference* (MCID) ... ie intense pain reduced to comfortable pain. ... The data showed ... a higher proportion of patients in FFT group attained MCID in worst pain ... and function ... than did those in the control group after the two-week intervention.

“Of the people who stayed in the study, we had in the FFT group 17 people out of 17, or 100 per cent who attained positive MCID. The result for the control group was 50 per cent. ... Clinically for practitioners this indicates that by decreasing pain we increase function. We can confidently state that this was a real effect and not simply a matter of chance.”

Alexander reports that patients in the control group also improved in the ensuing weeks, which he attributes to patient expectations of treatment, a naturally occurring phenomenon.

Alexander discusses the multifactorial nature of NSLBP and the absence of evidence-based treatments, and specifically refers to the effectiveness of hands-on massage sessions. His contention, based on the pilot study, is that clinicians can extend the effectiveness of massage/soft tissue work by incorporating FFT, which not only can be left on for long periods but can be reapplied many times over longer periods. He argues:

"The patient experiences a rapid decrease in pain and an increase in function, the patient is encouraged to go back into the previous pain range and this potentially creates decreased apprehension of pain. This elevates the patient's mood and speeds recovery because you can start rehabilitation earlier than is usually the case. An additional benefit is that the rehabilitation is being performed in a pain free environment. It may also now provide an opportunity to refer patients who have other contributing factors that are out of the scope of Manual Therapists, as the patient may be more receptive to change."

The pilot study addressed physiological responses to different taping techniques, although Alexander states that the mechanisms through which taping brings about positive change are not thoroughly understood. Alexander lists possible explanations requiring further research, including the involvement of the neuro-fascial interface.

He also provides an account of the FFT exercises he conducted at the 2013 AAMT Conference and the World Congress on Low Back and Pelvic Pain in which 100 per cent of participants reported a decrease in symptoms and an increase in their movement range. He concluded:

"These consistent results indicate that the effect from FFT is predictable, in that you can have an effect in a large number of cases. Although there are situations where it doesn't work, it is evidence-based, it is a relatively simple technique and it provides immediate results."

To view highlights of the  
FFT Plenary at the  
AAMT Conference go to:  
FFT RCT NSLBP Plenary highres  
[http://youtu.be/Dzp\\_5ARY9qw](http://youtu.be/Dzp_5ARY9qw)

For all the  
latest research news,  
events and  
AMT gossip...

follow us on  


<http://twitter.com/#!/ramblingamt>

The e-Journal<sup>club</sup>

Congratulations to:

**MATTHEW LEACH**  
Winner of our March  
e-journal club prize.

Thanks to Lippincott  
Williams and Wilkins for  
donating the prize.

## AMT NEW MEMBERS

### ACT

Adriana D'Addario

### NSW

Matthew Babic, Athanasios Bardakis, Michael Butler, Dot Camilleri, Peggy Chan, Sandra Clark, Patricia Colvin, Trina Compton, Ann Crealy, Seriya Cutbush, Jodie Davis, Rebecca Edwards, Belinda Engel, Brock Estatheo, Judaline Fernandez, Jerry Gobel, Selina Grant, Maria Grivel, Emma Heagney, Carolyn Howard, Anne Howarth, Stefanie Kornelsen, Li Lin, Joanne Martin, Napattharapan Matra, Virginia, McGillivray, Lesley Mosbey, Huaqin Ni, Janet Noble, Claudia Richardson, Paritosho Rowe, Brijinder Sandhu, Rebecca Turner, Elva Unger, Pearl Van Der Straaten, John Walker, Elliot Wandelt-Smith, Alicia Whiticker, Marvin Yudo, Greta Yuide

### NT

Gaofeng Fei

### QLD

Marc Buteri, Christine Byrnes, Toni Corrie-Henwood, Wendy Evans, Lyn Grahame, Angela Maizey, Catherine Meredith, Dora Beatriz Morales Urbietta, Renee Overs, Amanda Pickard, Suzanne Song, Petra Sonovska, Jaye Thomas, Juliet Young

### SA

Danni-Elle Hampton, Yicun Liu, Zhaoxia Xu, Jianbin Yue, Dan Zhang

### VIC

Clyde Andrews, Therese Ash, Rebecca Diss, Lindsay Lampe, Hopi Palmer, Siyuan Pan, Monika Patrmnova, Deborah Smith, Rebekah Smith, Amanda Watt, Joanne Wilson

### WA

Wendi Allott, Haidar Almado, Kristy Ashby, Gaynor Castle, Birgit Charles, Danielle Godden, Tori Jamieson, Mitchell Jefferys, Heather Webb, Nicole Willimott, Alexis Woodger

## Software review - Cliniko Cloud Practice Management Software

by Tyraus Farrelly



Email: [info@cliniko.com](mailto:info@cliniko.com)  
Phone: 1300 787 029 - Australia  
Website: [www.cliniko.com](http://www.cliniko.com)  
Price: Monthly Subscription:  
Solo \$45 + GST  
Team \$95 + GST  
(2-5 Practitioners)

When I began looking for a software solution to manage the day-to-day aspects of my clinic, I spent several months scouring the Internet and trialing programs. This was a time-consuming and sometimes confusing exercise.

Many companies were overseas-based, and the systems didn't always comply or match with the Australian health system model. Also, due to time zone differences, there were sometimes slow turn-a-round times for product support. Some of the systems were extremely complicated, and lacked user-friendliness.

There are two main types of management software available: stand-alone software, which resides on one computer and requires multiple licenses or loading on servers for use on more than one device; and web-based software, which requires a reliable broadband Internet connection.

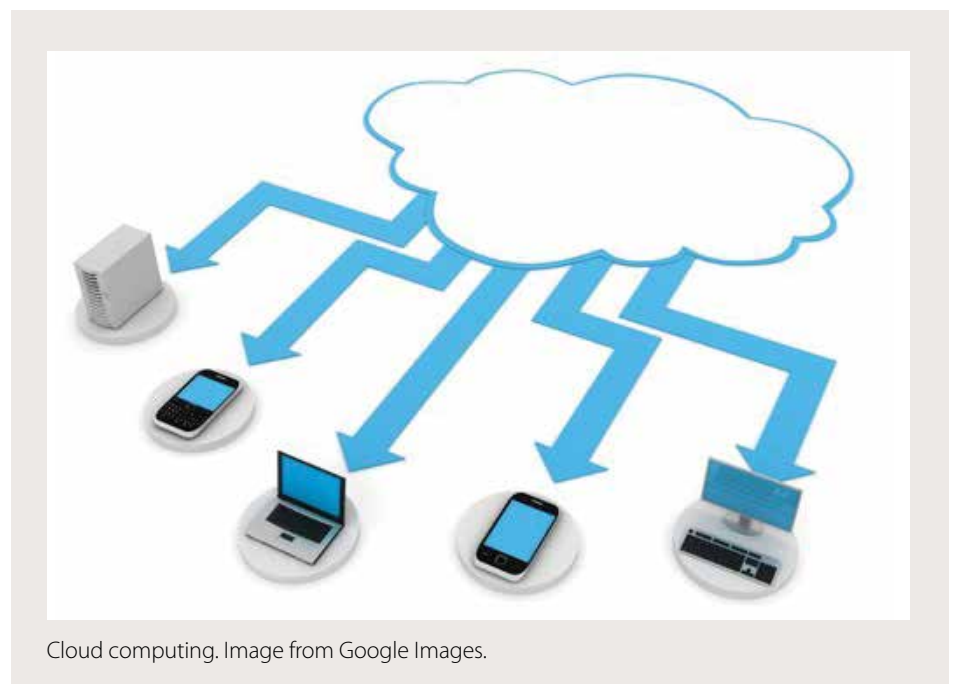
After trialing many of the leading brands, I came across Cliniko, which at the time had been operating for less than a year. I immediately liked Cliniko's ease of setup: it was logical and straightforward, and I could go through each stage without referring to a manual or a forum. Cliniko is Australian owned and developed and, as a result, response time for product support – via phone or email – is speedy.

And you get to speak with the actual software developer.

At first I was skeptical about using a web-based system but I soon found I liked the convenience of accessing the software on any PC with an Internet connection (using a secure username and password). Cliniko also has a mobile and tablet version, which makes it both portable and flexible.

Another advantage of web-based or 'cloud' software, is that you always have the most up-to-date version, and it leaves scope for the software to be constantly evolving and developing.

- Ability to link to most Apple, Google or Android calendars
- Full back-up capabilities
- Allows you to transfer your current patient database
- Multi clinic and practitioner capabilities
- Ability to sell and track products
- Good range of reports
- Ability to scan and upload documents into patient files (allowing for totally paperless files)
- Multi-level secure access for administrators, therapists and receptionists
- Allows you to set up as many appointment types and payment types as you like



### Cliniko Functions

Here are some of my favourite Cliniko functions:

- Integration with Mailchimp for mass email marketing to patients
- Customisable templates for clinic notes
- Customisable letter templates and contacts for reports and referral letters
- Integration with zero accounting package and down the track MYOB

- Free phone and email support
- Active forum where you can suggest/vote on updates

After trialing the software for about three weeks, I decided to take the plunge and go live. I purchased a single user subscription for \$45 plus GST per month, and some SMS credits (at a cost of 10 cents each), which covers the automated reminder system.



Note: This system can be set for email only (which is free) or for both SMS and email reminders.

### What my clients say

The response from my patients was immediate: several of my clients commented on how they appreciated the automated reminders and how professional my new invoices looked. In fact, I continue to receive positive feedback about the reminders, and they have greatly reduced my patient no-shows. In my estimation, the revenue generated from the increase in clients turning up for appointments easily pays for the entire cost of the software.

My clients also like the ease of Cliniko's online booking system. I have linked Cliniko to my website. Once you go through the easy set-up procedure, the rest is automated and exceptionally end-user (client) friendly. When the client books online, both the client and the therapist/clinic receive an instant email confirmation, and the appointment is immediately displayed on the calendar function.

### Pros

The booking system is a huge time-saver for my practice: clients have the convenience of booking 24/7, without me lifting a finger. This is convenient for clients who are busy, or whose work restrictions make it difficult for them to book an appointment during regular business hours.

I have to admit I was skeptical when this feature was initially introduced into Cliniko. I didn't want to lose control of my appointments to just anyone booking over the Internet, and, I didn't like that it wasn't linked to a payment gateway, as this meant I couldn't secure an online credit card payment at the time the appointment was made. In retrospect, I have to say this feature has been one of the best inclusions to the software. I've had no problems with bookings and it adds another level of professionalism to my clinic. And to top it off, a linked payment gateway is on Cliniko's future list of upgrades.

Another appealing aspect of this system is that it is completely paperless. Most clinic management systems, including Cliniko, have onboard note templates which can be customised.

Files, such as client documents, can be easily uploaded using a scanner, and saved directly into the system. No more filing!

For example, the recently added 'letters' function allows you to create letter templates for quick and easy communication with other health professionals, or for marketing purposes. Information can be automatically added to the template by using placeholders. This function is useful for referral 'thank you' letters, progress reports, or even reminder notices for unpaid bills. Any letter you create is automatically linked to the patient file for future records.

A rare few weeks go by without at least one upgrade being added to the Cliniko software system. Subscribers can request a feature and vote on other requested upgrades. This is done via the Cliniko forum, under the 'Feature Requests and Voting' heading. Cliniko then prioritises the suggestions depending on the number of votes. As a result, the software evolves into a more powerful management system than the one you initially subscribed to, all for the same subscription fee.

### Cons

Functions that I would like to see included in Cliniko are:

- A linked payment gateway for online bookings
- Email pre-appointment questionnaires with the capacity to auto-fill patients' details into Cliniko
- Diagrams with customisable shades and colours for specific symptoms in the clinical notes section
- Anterior, posterior and lateral views in the clinical notes section
- Integration with HICAPS
- Integrated WorkCover and CTP forms
- Customisable and digitally sign-able disclaimer forms

Most of these functions, however, are already on Cliniko's list for future upgrades.

### Overall

I have been using Cliniko in my practice for the past two years. While there are more powerful clinic management programs available, I chose Cliniko because it was hands down the easiest and most logical system in terms of set-up and day-to-day use.

The product support is first class, and the price more competitive than many similar services.

Moving to Cliniko from my previous disjointed systems of paper files and notes, Google calendar, MS Access database, and invoice/receipt pads is one of the best things I have implemented into my clinic in a long time. I couldn't imagine going back to the old system, which was comparably inefficient and time consuming.

■amt

*Tyraus Farrelly is a senior level two AMT member and has completed a TAFE Associate Diploma of Health Science. He has worked as head massage therapist for the Illawarra Steelers and the St George Illawarra Dragons, and was the head consultant therapist for the Australian National Martial Arts team during the World Karate Championships. He currently runs a full-time clinic in Wollongong, with a focus on sports and occupational injuries. He specialises in trigger point therapy and myofascial dry needling.*

*For comments or suggestions, please contact Tyraus at tyraus@triggerpointtherapy.com.au*

# Provider Recognition Criteria

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

HEALTH FUNDS AND SOCIETIES		CRITERIA
ahm Health Insurance	Medibank Private	These funds recognise Senior Level One and Two members.
ACA Health Benefits Fund	Onemedifund	ARHG recognises all AMT practitioner levels. They require you to use their provider number. This number is AW0XXXXM, where the X's are your 4-digit AMT membership number.
Cessnock District Health Benefits Fund	Peoplecare Health Insurance	
CUA Health Limited	Phoenix Health Fund	
Defence Health	Police Health Fund	
Frank Health Insurance	Queensland Country Health Ltd	
GMF Health	Railway & Transport Health Fund Ltd	
GMHBA	Reserve Bank Health Society	
health.com.au	St. Luke's Health	
Heath Care Insurance Limited	Teachers Federation Health	
HIF WA	Teachers Union Health	
Latrobe Health Services (Federation Health)	Transport Health	
Mildura District Hospital Fund	Westfund	
Navy Health Fund		
Australian Unity		Australian Unity recognises members with HLT50302/07 Diploma of Remedial Massage, HLT50102/07 Diploma of Traditional Chinese Medicine Remedial Massage, HLT50202/07 Diploma of Shiatsu and Oriental Therapies, 21920VIC or 21511VIC Advanced Diploma of Remedial Massage (Myotherapy), Diploma of Health Science (Massage Therapy), Advanced Diploma of Applied Science (Remedial Massage) and Advanced Diploma of Soft Tissue Therapies. Existing Senior Level One and Two providers remain eligible.
BUPA		BUPA recognises members with HLT50302/07 Diploma of Remedial Massage, HLT50102/07 Diploma of Traditional Chinese Medicine Remedial Massage, HLT50202/07 Diploma of Shiatsu and Oriental Therapies, 21920VIC or 21511VIC Advanced Diploma of Remedial Massage (Myotherapy). Existing providers remain eligible.
CBHS Health Fund Ltd		CBHS recognises all AMT practitioner levels.
The Doctor's Health Fund		Doctors' Fund recognises members with HLT 50302/07 Diploma of Remedial Massage, Advanced Diploma of Applied Science (Remedial Massage), Advanced Diploma of Soft Tissue Therapies, Advanced Diploma of Remedial Massage (Myotherapy) and Bachelor of Health Science (Musculoskeletal Therapy). Existing providers remain eligible. They require you to use their provider number. This number is AMXXXX, where the Xs are your 4-digit AMT membership number.
GU Health		GU Health recognises members with HLT50302/07 Diploma of Remedial Massage, HLT50102/07 Diploma of Traditional Chinese Medicine Remedial Massage, HLT50202/07 Diploma of Shiatsu and Oriental Therapies, 21920VIC or 21511VIC Advanced Diploma of Remedial Massage (Myotherapy), Diploma of Health Science (Massage Therapy), Advanced Diploma of Applied Science (Remedial Massage) and Advanced Diploma of Soft Tissue Therapies. Existing Senior Level One and Two providers remain eligible.
HBF		HBF recognises Senior Level One and Two members.
HCF		HCF recognises members with HLT50302/07 Diploma of Remedial Massage, 21920VIC or 21511VIC Advanced Diploma of Remedial Massage (Myotherapy), Advanced Diploma of Applied Science (Massage) and Diploma of Health Science (Massage Therapy). Existing providers remain eligible.
NIB		NIB recognises members with HLT50302/07 Diploma of Remedial Massage; HLT50102/07 Diploma of Traditional Chinese Medicine Remedial Massage; HLT50202/07 Diploma of Shiatsu and Oriental Therapies; Advanced Diploma of Remedial Massage (Myotherapy)
WorkSafe Victoria		Worksafe Victoria recognises Senior Level One and Two members.

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

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

**Please check the AMT website for further information on specific Health Fund requirements: [www.amt.org.au](http://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 2014		CEUs
1	The Shoulder Online Workshop. Developed by Bradley Collins. Contact info@thetherapyweb.com www.thetherapyweb.com This course can be started anytime throughout the year and can be completed at your own pace	25
1	Integrating Corrective Stretching into your Practice Webinar. Presented by Rob Orr. 11am-12.15pm (AEST) Contact 03 9481 6724	5
1	ACT Branch AGM . Wanniasa, ACT. Contact Maxine O'Callaghan 0408 238 274	15
1	Muscles and Pelvic Alignment. Presented by John Bragg. Kiama. Contact 0410 434 092	35
2-4	NurtureLife® Pregnancy Massage Practitioner. Presented by Catherine McInerney. Brisbane, QLD. Contact 03 9571 6330	105
2	The use of Shiatsu for the Treatment of Headaches Webinar. Presented by Leisa Bellmore. 11am-12.15pm (AEST) Contact 03 9481 6724	5
4	Sydney South Branch Meeting. Hurstville, NSW. Contact Suzi 0403 347 384	15
6-8	Oncology Massage Module 1. Presented by Deb Hart. Ardross, WA. Contact Kylie 0410 486 767	105
6-7	Onsen Volume IV Functional Assessment and Corrections of the Upper Body. Presented by Jeff Murray. Sydney. Contact 0427 310 510	70
7-8	Neurostructural Integration Technique Introductory. Presented by Shayne Sullivan. Geelong, VIC. Contact 0417 011 192	70
7-8	Neurostructural Integration Technique Introductory. Presented by Marianne Grainger. Perth, WA. Contact 0407 036 047	70
7-9	Oncology Massage Module 2. Presented by Tania Shaw. Buderim, QLD. Contact 0410 486 767	105
7-8	Kinesio Taping Internationally Accredited KT1-2 course. Presented by Thuy Bridges. Sydney, NSW. Contact 02 9871 0023	70
11	Working with Scoliosis from a Fascia Perspective Webinar. Presented by Dr Robert Schleip. 7am-8.15am (AEST) Contact 03 9481 6724	5
12-14	Oncology Massage Module 1. Presented by Kate Butler. Ballarat, VIC. Contact Kylie 0410 486 767	105
12-14	Oncology Massage Module 1. Presented by Hayley Moeller. Canberra, ACT. Contact Kylie 0410 486 767	105
13-15	Master Class in Traditional East-West Cupping. Presented by Bruce Bentley. Sydney, NSW. Contact 03 9576 1787	105
14-15	Chinese Cupping Therapy. Presented by Master Zhang Hao. Strathfield, NSW. Contact 0416 286 899	70
14-15	Kinesio Taping Internationally Accredited KT1-2 course. Presented by Thuy Bridges. Port Macquarie, NSW. Contact 02 9871 0023	70
14-15	Myofascial Cupping. Presented by David Sheehan. Gold Coast, QLD. Contact 03 9481 6724	70
14-15	Neurostructural Integration Technique Introductory. Presented by Wendy Eyles. Sydney, NSW. Contact 0412 417 719	70
14-15	The Business of Health an integrated approach to business development for natural therapists and holistic practices. Presented by Rosemary Spiteri. Byron Bay, NSW. Contact 0407 530 272. Course is conducted in two weekend workshops concludes 20 July 2014	140
15	Sunshine Coast Branch Meeting. Nambour, QLD. Contact Lesley Carter 0403 64 7754	15
16	Touch Lab Part 1 - the range and different qualities of Touch for effective deep tissue and fascial bodywork. Presented by Colin Rossie. Randwick, NSW. Contact 0425 289 969	35
16	Gua Sha Day. Presented by Bruce Bentley. Sydney, NSW. Contact 03 9576 1787	35
18	North Shore and Northern Beaches Branch Meeting . Belrose, NSW. Contact Brenda Hill 0410 353 913	15
20-22	Master Class in Traditional East-West Cupping. Presented by Bruce Bentley. Brisbane, QLD. Contact 03 9576 1787	105
20-24	Advanced Certificate in Integrated Cupping Therapy. Presented by Bruce Bentley. Brisbane, QLD. Contact 03 9576 1787	175
21-22	Certificate of Pregnancy Massage. Presented by Catherine McInerney. Perth, WA. Contact 03 9571 6330	70
21-22	Kinesio Taping Internationally Accredited KT1-2 course. Presented by Thuy Bridges. Armidale, NSW. Contact 02 9871 0023	70
21-23	NurtureLife® Pregnancy Massage Practitioner. Presented by Catherine McInerney. Adelaide, SA. Contact 03 9571 6330	105
22	Fundamentals of Neuromuscular Technique Webinar. Presented by Alex Winch. 11am-12.15pm (AEST). Contact 03 9481 6724	5
23	Touch Lab Part 2 - beyond the plumb line: body reading from the Rolfing® perspective. Presented by Colin Rossie. Randwick, NSW. Contact 0425 289 969	35
23-25	NurtureLife® Pregnancy Massage Practitioner. Presented by Catherine McInerney. Perth, WA. Contact 03 9571 6330	105
23-24	Modern Cupping Therapy. Presented by Bruce Bentley . Brisbane, QLD. Contact 03 9576 1787	70
24	Illawarra Branch Meeting. Formal Meeting. Corrimal. Contact Linda White 0417 671 007	15
28-29	Myofascial Cupping. Presented by David Sheehan. Sydney, NSW. Contact 03 9481 6724	70
29-30	Modern Cupping Therapy. Presented by Bruce Bentley. Cairns, QLD. Contact 03 9576 1787	70
29	Sciatica, Piriformis Syndrome and Hip Pain. Presented by John Bragg. Randwick. Contact 0410 434 092	35
30	Working nerves in the hip and leg. Presented by Colin Rossie. Randwick, NSW. Contact 0425 289 969	35
July 2014		
1	The Shoulder Online Workshop. Developed by Bradley Collins. Contact info@thetherapyweb.com www.thetherapyweb.com This course can be started anytime throughout the year and can be completed at your own pace	25
5-7	Oncology Massage Module 1. Presented by Tania Shaw. Brisbane, QLD. Contact Danielle 0423 373 303	105
5	Touch Lab Part 1 - the range and different qualities of Touch for effective deep tissue and fascial bodywork. Presented by Colin Rossie. Lawson, NSW. Contact 0425 289 969	35
6	Touch Lab Part 2 - beyond the plumb line: body reading from the Rolfing perspective. Presented by Colin Rossie. Lawson, NSW. Contact 0425 289 969	35
10-12	Oncology Massage Module 1. Presented by Kate Butler. Northcote, VIC. Contact Kylie 0410 486 767	105

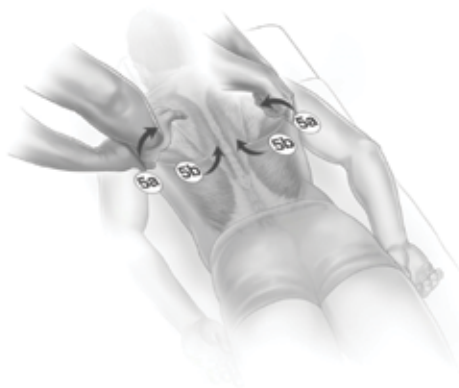


# NeuroStructural



## Integration Technique (NST)

*"NST is very useful for the treatment of chronic musculoskeletal pain such as that associated with fibromyalgia. I recommend it routinely for my patients and in my experience the majority receive benefit from it." Geraldine McCarthy MD, FRCPI, Professor and Consultant Rheumatologist, Mater University Hospital, Dublin, Ireland.*



NST - founded on Australian Tom Bowen's later more advanced work. NST incorporates the philosophy of De Jarnettes "Sacro Occipital Technique" and is validated according to the principles of Applied Kinesiology. NST allows you to access Bowen's astonishing intuitive powers via the philosophy and techniques you will learn at this workshop. Learn how to re-code your client's visceral, musculoskeletal, fascial and nervous systems so the body can regulate itself, controlling pain and boosting energy levels. NST is the fast, smooth form of Bowen, consistently effective even in difficult cases. Non-invasive and generally a lighter touch compared to similar bodywork therapies. NST results are sometimes astounding, usually instantly noticeable and generally long lasting.

*Clinically proven in a three year hospital based research program World Health Organisation and Nth. Italian Govt.*

**2 day Introductory class** – covers history, theory and spinal balance. A great start for those interested in learning this style of work. **70 CEU**  
**5 day Basic class** – as per Introductory class plus all peripheral areas, shoulder, knees, ankles, pelvic, diaphragm, TMJ elbow/wrist, hamstrings, + much more...

### Your NST teachers



Ron



Marianne



Robert



Wendy



Shayne

### 2 Day Introductory classes

**Perth** – June 7/8<sup>th</sup> Aug 23/24<sup>th</sup>, Nov 15/16<sup>th</sup> Marianne : 0407036047

**Brisbane** – May 31/June 1<sup>st</sup>, 13/14 Sept Robert : 0448 428 020

**Geelong** – June 7/8<sup>th</sup>, July 19/20<sup>th</sup>, Oct 18/19<sup>th</sup>, Nov 15/16<sup>th</sup>,  
Shayne: 0417011192

**Sydney area** – June 14/15<sup>th</sup> Oct 18/19<sup>th</sup> Wendy : 0412417719

### 5 Day Basic classes

**Geelong area (Ocean Grove)** – Nov 20-24<sup>th</sup>

**Sydney** Nov 28<sup>th</sup> - Dec 2<sup>nd</sup> Ron : 0419380443

**Plus – first time in Sydney region**  
**"Practitioner Assessment Skills Course"**  
A unique efficient practical approach to assessment: biomechanical, hydrostatic, fascial, kinesiological neurological and much more... **105 CEU's** Dec 5<sup>th</sup>-7<sup>th</sup>

Visit our website at  
**[www.nsthealth.com](http://www.nsthealth.com)**



Contact Ron: [bowenst@iprimus.com.au](mailto:bowenst@iprimus.com.au)



# BUILDING HEALTHY MASSAGE PRACTICES

Association of Massage Therapists  
25th National Conference

Flemington -  
The Event Centre  
Flemington Drive,  
Flemington  
Melbourne

17 - 19 October  
2014

At this year's conference, we will explore the interplay of all dimensions of massage practice, from business strategies to client assessment and treatment planning.

Thanks to our major sponsor

**melrose**  
the whole body health co.

# CONFERENCE PROGRAM

## FRIDAY 17 OCTOBER

### PRECONFERENCE WORKSHOPS

9.30AM – 4.30PM

- **Advanced rib issues** – Larry Koliha and Bethany Ward
- **Clinical Assessment: the places it can take you** – Carl Ridgeway
- **National Educators' Forum**

## SATURDAY 18 OCTOBER

7.30AM – 8.45AM

**Registration**

9.00AM – 9.30AM

**President's Welcome** – Annette Cassar

9.30AM – 10.30AM

**Your recipe to build a better massage practice** – Debbie Mayo-Smith

10.30AM – 11.00AM

**Morning Tea and Trade Exhibit**

11.00AM – 11.45AM

**Creating a thriving practice** – Bethany Ward

11.45AM – 12.30AM

**Building bridges and sharing success** – Kerry Hage

12.30PM – 1.30PM

**Lunch and Trade Exhibit**

### BREAKOUT WORKSHOPS

1.30PM – 3.00PM

- **Advanced myofascial techniques for the neck and head** – Bethany Ward and Larry Koliha
- **Intro to Fascial Fitness** – Colin Rossie
- **Fibromyalgia: Clinical approaches for the manual therapist** – Steven Goldstein

3.00PM – 3.30PM

**Afternoon Tea and Trade Exhibit**

3.30PM – 5.00PM

**Breakout Sessions continued**

5.30PM

**Cocktail Party** – A day at the races

## SUNDAY 19 OCTOBER

7.30AM – 8.30AM

**Morning meditation** – Kerry Hage

### MORNING BREAKOUT WORKSHOPS

9.00AM – 10.30AM

- **Advanced myofascial techniques for the neck and head** – Bethany Ward and Larry Koliha
- **Being successful on purpose** – Alys Cavanagh
- **Refining assessment and clinical reasoning: Upper limb impingement syndromes** – Tino D'Angelo

10.30AM – 11.00AM

**Morning Tea and Trade Exhibit**

11.00AM – 12.30PM

**Morning Breakout Sessions continued**

12.30PM – 1.30PM

**Lunch and Trade Exhibit**

1.30PM – 2.30PM

**How to massage a shark** – Alison Edmunds

2.30PM – 3.30PM

**Touching the void: How massage therapy can change a community** - Alys Cavanagh

3.30PM – 4.00PM

**Afternoon tea and close**



# SPEAKERS



## DEBBIE MAYO-SMITH

### KEYNOTE ADDRESS: Your recipe to build a better massage practice

Debbie is one of the most sought after business speakers in Australia and a world leading business productivity expert. As a media columnist and bestselling author of 16 books, Debbie has sharpened the activity of over one million people from New York to London, (via Sydney and China!) through her presentations, newsletters, articles, books and one-minute videos.



## BETHANY WARD

### PLENARY: Creating a thriving practice

### PRECONFERENCE WORKSHOP: Advanced rib issues

### BREAKOUT WORKSHOP: Advanced Myofascial Techniques for the neck and head

Bethany is on the faculty of the Rolf Institute® of Structural Integration, is a lead instructor for Advanced-Trainings.com and recent past president of the Ida P. Rolf Research Foundation. Her articles have been published in AMT's "In Good Hands", Structural Integration Journal, the International Association of Structural Integration Yearbook and Massage Magazine.



## KERRY HAGE

### PLENARY: Building bridges and sharing success

Kerry has practised Myotherapy for over 10 years across a variety of different clinical settings. She has been involved with many different aspects of the massage profession, including mentoring students and new graduates, serving on AMT's Melbourne Branch Executive and serving on the AMT Board. Kerry's primary interest is in holistic health, with a particular focus on stress management.



## ALISON EDMUNDS

### PLENARY ADDRESS: How to massage a shark

Allison has been a professional animal husbandrist for nearly 20 years and has worked at Melbourne Aquarium since 1999. In 2005, she attended night school at the Southern School of Natural Therapies, studying massage. She soon started to apply her tactile skills to the animals in her care, including sharks. She went on to complete a Diploma in Remedial Massage and, in 2009, began studying animal massage. She now uses her skills and knowledge to treat all sorts of animals at the Aquarium, including penguins!



## ALYS CAVANAGH

### PLENARY ADDRESS: Touching the Void: How Massage Therapy can change a community

### BREAKOUT WORKSHOP: Being successful on purpose

Alys was the founder and primary therapist of a non-for-profit community project, The Heal Community Clinic. This project provides high quality physical therapies within a holistic and relational setting to individuals and families experiencing marginalisation. Since the birth of her son in 2013, Alys has shifted the focus of her work to a consultative capacity, supporting others to realise their vision for a unique business, clinic or project.



## LARRY KOLIHA

### PRECONFERENCE WORKSHOP: Advanced rib issues

### BREAKOUT WORKSHOP: Advanced Myofascial Techniques for the neck and head

Larry Koliha is a Certified Advanced Rolfer™, an instructor and Faculty Chair at the Rolf Institute® of Structural Integration, and a lead instructor for Advanced-Trainings.com. His extremely clear, knowledgeable and good-natured teaching style consistently delights students. Larry sees clients in private practice and teaches internationally.



## STEVEN GOLDSTEIN

### BREAKOUT WORKSHOP: Fibromyalgia: Clinical Approaches for the Manual Therapist

Steven Goldstein, an American émigré to Australia, has been a massage educator for over 20 years. He has presented his unique blend of direct myofascial and indirect osteopathic release methods and somatic approaches (known as Integrative Soft-Tissue Release ISTR) since 1995. Steven has been a frequent presenter at conferences in North America, the United Kingdom and Australia.



## COLIN ROSSIE

### BREAKOUT WORKSHOP: Intro to Fascial Fitness

Colin Rossie is a Certified Advanced Rolfer®, Rolf Movement Integration practitioner, remedial massage therapist and Fascial Fitness instructor. He is a life member of AMT and a foundation member of the Fascia Research Society. Last year he travelled to Munich for the Advanced Fascial Fitness Trainers' course and assisted Divo Mueller and Dr Robert Schleip when they presented the Fascial Fitness trainers' course in Sydney.



## CARL RIDGEWAY

### PRECONFERENCE WORKSHOP: Clinical Assessment: The places it can take you!

Dr Carl Ridgeway has been in private practice as an Osteopath for 12 years. Rehabilitation programmes and preventive measures are a major component of his work. Carl has a solid background in lecturing as a Physical Education teacher, Senior Lecturer at Melbourne Institute of Massage Therapy (since 1998) and presenting postural assessment and exercise programming of the Egoscue Method (USA) to Secondary School teachers and massage therapists.



## TINO D'ANGELO

### BREAKOUT WORKSHOP: Refining Assessment and Clinical Reasoning: Upper Limb Impingement Syndromes

Tino D'Angelo is a registered Chinese Medicine Practitioner and Musculoskeletal Therapist. He has taught at numerous institutions around Melbourne and is now Program Manager of Chinese Medicine at the Southern School of Natural Therapies. In addition, he currently runs a busy private practice in Coburg where he specialises in treating musculoskeletal disorders.

# WORKSHOPS

## PRECONFERENCE

### ADVANCED RIB ISSUES

**Presented by Larry Koliha and Bethany Ward**

Rib work is often overlooked by therapists but can have far-reaching effects throughout the body. In this workshop, Bethany and Larry will teach you techniques that will dramatically increase your effectiveness in addressing rib pain and injuries, ligament and joint conditions, respiratory issues, surgery recovery, thoracic stability, postural challenges and movement limitations.

### CLINICAL ASSESSMENT:

#### THE PLACES IT CAN TAKE YOU!

**Presented by Dr Carl Ridgeway**

In this one-day intensive, Carl presents a different take on static postural analysis and how it can be used to assist in treating clients. You will look at how to integrate functional and orthopaedic testing to help clinical reasoning, using both theory and practical sessions to regionally assess the body and make the link to common presentations.

## CONFERENCE BREAKOUT SESSIONS

### ADVANCED MYOFASCIAL TECHNIQUES FOR THE NECK AND HEAD

**Presented by Larry Koliha and Bethany Ward**

In this workshop, Bethany and Larry will present some of their favorite techniques from their regular 2-day neck and head class. You will get hands-on experience with techniques for reducing pain and balancing neck function, and improve your ability to work with vertebral fixations, whiplash, migraines and head position.

### INTRO TO FASCIAL FITNESS

**Presented by Colin Rossie**

Fascial Fitness™ is a specific system developed by Divo Mueller and Robert Schleip to build an injury resistant and elastic fascial body. Insights from the exciting field of fascia research have been systematically applied to create a rounded training approach that has profound benefits for the fascial system. In this session, Colin will discuss the nature of fascia and introduce the eight principles of Fascial Fitness™, teaching exercises that highlight some of these principles.

### FIBROMYALGIA: CLINICAL APPROACHES FOR THE MANUAL THERAPIST

**Presented by Steven Goldstein**

In this session, Steven will introduce you to the complexity of the dysregulation syndrome known as fibromyalgia. The theoretical component will include how the manual therapist participates in the overall care of a sufferer with fibromyalgia, the official definition and up-to-date information on the etiology and theories associated with fibromyalgia. The practical component will include the palpation of the 18 major diagnostic points for fibromyalgia and various indirect-somatic techniques that have proved effective in Steven's clinical practice.

### BEING SUCCESSFUL ON PURPOSE

**Presented by Alys Cavanagh**

In this workshop, Alys will provide you with a rationale and practical foundation for defining and implementing an effective business plan for your clinic or community health project. You will have the opportunity to define your vision and break this down into a set of long-term goals with discrete 12-month objectives for effective realisation. Alys will then take you through a modeling process to undertake a 'strategy sweep' for each of your objectives, together with a detailed action plan for each strategy. You will walk away with a plan that will enable you to be wholly successful as a practitioner on (and with) purpose.

### REFINING ASSESSMENT AND CLINICAL REASONING: UPPER LIMB IMPINGEMENT SYNDROMES

**Presented by Tino d'Angelo**

In this workshop, Tino will present a refined approach to the differential diagnosis and assessment of impingement syndromes of the upper limb. You will be shown a logical step-by-step approach that explores several possibilities in the client presenting with upper limb pain. This method can be applied to other regions of the body and is intended to enhance your clinical assessment skills and broaden your understanding of developing a working diagnosis and treatment plan.

**ALL BREAKOUT SESSIONS ARE THREE HOURS.**

### ACCOMMODATION AND TRANSPORT

There is a range of reasonably-priced accommodation in and around Melbourne CBD. We recommend you look at Wotif.com and book early, as there are a lot of events running in Melbourne throughout October.

The number 57 tram stops at the main gate at Flemington. It leaves from Elizabeth Street in Melbourne CBD and takes around half an hour to reach Flemington Race Course from the centre of the city.

### PARKING

There is plenty of free parking on-site at Flemington Racecourse. Access is through the main gate on Epsom Road - Flemington Drive. Attendants will be on duty to direct delegates to the correct car park.

# BUILDING HEALTHY MASSAGE PRACTICES

Association of Massage Therapists  
25th National Conference

## REGISTRATION FORM

Name

Company name

Address

Email  Contact number

AMT membership number

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

AAMT ☐ ATMS ☐

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.

### ■ 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 Monday 11 August.

### ■ Conference Cocktail Party

A Cocktail Party ticket is included in all 2 and 3 day registrations. Single day delegates who wish to attend the cocktail party will need to purchase a ticket and delegates who wish to purchase extra 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 11		Student Rate	
Friday	<input type="radio"/>	\$240.00	<input type="radio"/>	\$270.00	<input type="radio"/>	\$170.00	<input type="radio"/>
Saturday	<input type="radio"/>	\$240.00	<input type="radio"/>	\$270.00	<input type="radio"/>	\$170.00	<input type="radio"/>
Sunday	<input type="radio"/>	\$240.00	<input type="radio"/>	\$270.00	<input type="radio"/>	\$170.00	<input type="radio"/>

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

Attending on:		Earlybird rate		After August 11		Student Rate	
Friday & Saturday	<input type="radio"/>	\$450.00	<input type="radio"/>	\$520.00	<input type="radio"/>	\$320.00	<input type="radio"/>
Saturday & Sunday	<input type="radio"/>	\$450.00	<input type="radio"/>	\$520.00	<input type="radio"/>	\$320.00	<input type="radio"/>
Friday & Sunday	<input type="radio"/>	\$450.00	<input type="radio"/>	\$520.00	<input type="radio"/>	\$320.00	<input type="radio"/>

### THREE-DAY REGISTRATION

Attending:		Earlybird rate		After August 11		Student Rate	
All 3 days		\$630.00	<input type="radio"/>	\$700.00	<input type="radio"/>	\$450.00	<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 17 OCTOBER)

Choose from one of the following: Advanced rib issues ☐  
Clinical assessment: the places it can take you! ☐

## CONFERENCE BREAKOUT SESSIONS

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

## Breakout Session 1 (Saturday afternoon)

- \_\_\_\_\_ Advanced Myofascial Techniques for the neck and head
- \_\_\_\_\_ Fascial Fitness
- \_\_\_\_\_ Fibromyalgia: Clinical approaches for the manual therapist

## Break out Session 2 (Sunday morning)

- \_\_\_\_\_ Advanced Myofascial Techniques for the neck and head
- \_\_\_\_\_ Being successful on purpose
- \_\_\_\_\_ Refining assessment and clinical reasoning: Upper limb impingement syndromes

## ■ WORKSHOP ALLOCATION

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

- Choose your next available preference for you? ☐
- Cancel your registration and refund your fee? ☐

## REGISTRATION CLOSES WEDNESDAY 1 OCTOBER 2014

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: \_\_\_\_\_ / \_\_\_\_\_ Card Verification Number \_\_\_\_\_  
 (3 digit number on back of card)

**PLEASE NOTE AMT DOES NOT ACCEPT THIRD PARTY PAYMENTS.**

## CANCELLATION POLICY

- Cancellation up to four weeks prior to close of registration – less 25%
- Cancellation less than four weeks but more than two weeks prior to close of registration – less 40%
- Cancellation less than two weeks but more than one week prior to – 65%
- No refund will be given for cancellations in the final week before the conference or 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 826 Broadway NSW 2007  
or fax 02 9211 2281



# 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 25, 2014.**