

## Chairperson's Message

by Annette Cassar

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Mid-way through the year, it's encouraging to see the support AMT has received from members. Our March AGM had a wonderful turnout of 50 members. Although the meeting was short and sweet, some important constitutional changes were made, particularly the designations of Chairperson and Vice-Chairperson replacing President and Vice-President. This change better suits the ever-evolving corporate structure of AMT.

I thank all those who attended the AGM and showed the Board their support. I would like to personally congratulate Jeff Murray who was presented with life membership at the AGM. Jeff has given AMT complete support over the years. His post-AGM workshop was a sell-out, and attendees were given lots of new protocols and ideas to take back to their clinics.

I hope to see our members continue to get behind AMT in this way, as we have other important events happening in our 50th anniversary year.

Firstly, AMT is in the process of establishing a new strategic plan and we want you to have a say. The purpose of the strategic plan is to set AMT's goals and priorities for 2017 – 2022, taking into account the changing environment of our industry. We need to determine where to focus our energy and resources to shape and guide our organisation into the future. We encourage all members to engage in the process by completing the strategic plan survey. The survey is available here:

**<https://www.surveymonkey.com/r/amtstratplan>**

The information you provide is important: this is your chance to have a say on AMT's strengths and weaknesses, the changes

you'd like to see, and where you want AMT to head in the future.

However, the biggest event for us this year is our 50th Anniversary Conference. I am personally really excited by the line up of presenters. If you are still unsure about attending, you won't want to miss the interviews with keynote speaker Dr Tasha Stanton and plenary presenter Sarah Fogarty on page 8 of this edition. Their excitement, passion and thirst for knowledge are infectious. I am particularly looking forward to hearing more about the new insights arising from pain science and the mind's role in moderating pain. These new discoveries challenge some of our most basic assumptions about the biomechanical origins of chronic pain. This has profound and thrilling implications for the way we manage and treat our clients.

I am also grappling with the happy headache of choosing which of the three brilliant pre-conference practical workshops to attend. Seasoned presenter and author, Til Luchau, will present on TMJ, osteopath Michael Solano on "Working the Thorax" and our very own Jenny Richardson on "Tricky Tarsals". You'll find more details of the program and registration in the conference brochure included in this journal.

In case you missed it, I would like to close with a reminder that BUPA has new provider recognition requirements due to be implemented from 1 June 2016. The changes relate to minimum levels of professional indemnity insurance cover. This will impact a large number of our members. Make sure you read the full details on page 26.

■ amt



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## Secretary's Report

by **Rebecca Barnett**

A few months ago, I accidentally ignited social media pandemonium by posing the following question on AMT's private Facebook page:

"Are there any AMT members out there who have strong views on the issue of professional title (i.e. what we should call ourselves)? Anyone who feels that the term 'massage' is so inexorably tainted that we need to drop it?"

The question was deliberately a bit loaded. We will be debating the issue of professional title at AMT's 50th anniversary conference on September 24 and I was talent scouting for potential speakers. Given that the aim of this inaugural conference debate is to tease out a hot industry topic in a fun and entertaining way, I was hoping for some roguish, witty wags to emerge from the woodwork ... (and with comedian Peter Berner as our moderator, I reckon the debate has the potential to be hilarious!). Boy, was I unready for the tide of comment that ensued though. And even more unready for the tide of emotion and division. It seems there's no more polarising issue in our corner of the world than how we label ourselves.

The thing that struck me most about the range of responses, opinions and impassioned rants the question inspired was how uneasy our relationship with the word 'massage' is. The unease is probably best encapsulated in the following assertion:

"I do so much more than just massage when I am treating".

If I actually had a massage for every time I've heard that sentiment, I reckon I would be the happiest woman on the planet. I've heard many brilliant, committed massage therapists say it over the years but it seems to have become even more commonplace recently.

So why do I find that statement vexing? Part of my discomfort arises from what is left unstated – what exactly constitutes more than just massage? History taking? Assessment? Orthopaedic testing? Postural observation? Taping? Exercise prescription? MET? Myotherapy? Neural work? Trigger Point Therapy? Mobilisation? Myofascial Release? Active Release? Bowen Therapy? Craniosacral Therapy? Visceral Manipulation? Bespoke Trigonometry? Nude Interpretive Dance? Schadenfreude?

But the thing that troubles me the most is the embedded implication that massage is somehow the very poor cousin to a much hipper, fresher and more happening unnamed relative ... poor little, old massage has done its best for centuries - actually millennia - but it has been thoroughly eclipsed in modern healthcare. We have much more powerful stuff now and far more seductive words to describe that really powerful stuff.

The race from within our community to disavow 'massage' - and by this I mean both the word and seemingly the practise - has probably stumped me more than any of the other challenges I've faced in my role as secretary of AMT over the past decade. When you stop to consider some of the complex, challenging and occasionally downright depressing stuff I've encountered over the years, that's a pretty big statement.

It's as if, at some point, we'll inevitably heed the urge to escape the warm, comforting chrysalis of massage and emerge as gorgeous butterflies of something ... anything ... more betterer than "just massage". We can't seem to envision ourselves as fully realised professionals working within a fully-fledged health profession without completely cutting ties with massage.

So why does this matter so much? Well, for starters, last time I checked we were still the Association of Massage Therapists not the Association of So Much More Than Just Massage Therapists. It's not even clear to me what my job might entail if we became the latter. I can only hope there's a lot more nude interpretive dance.

But, in the spirit of online click bait, here are "Seven Pretty Good Reasons We Need To Think Carefully About Our Urge To Abandon the Massage Mother Ship".

1. Massage has been around a really loooong time. It has literally withstood the test of time. And now public awareness of massage has never been higher.
2. If what we are doing is no longer just massage, we need to figure out what we're going to tell the public we're up to. But even before we do that, we'll need to figure out what we're up to!
3. In spite of the sex industry connotations that seem to shadow us, the public has an overwhelmingly positive view of massage. People basically love it.
4. Private health insurance companies have sold a lot of ancillary cover packages off the back of the good name of massage. If these gigantic companies with mega budgets think it has positive, sellable qualities, why don't we?
5. The scope of massage therapy already encompasses lots of things. It doesn't just refer singly or solely to the physical act of massage. The real task is to raise public awareness of what massage therapy encompasses rather than abandoning ship, renaming and rebranding.

6. We've been here before. The Association of Masseurs formed in 1966 (i.e. AMT's beginnings). Its establishment was a direct result of the rebranding of the Australian Massage Association to (drum roll please) the Australian Physiotherapists Association. The APA still traces its own establishment back to 1906.

"In 1906 a small group of massage therapists (as they were known then) from Victoria, New South Wales, South Australia, and Western Australia formed an association to protect the public from untrained, sham practitioners. By developing membership and educational standards, they aimed to ensure high-quality therapy for patients. While the Association has grown and changed its name since then, that aim has remained the same." (APA, 2012).

Does that sound a bit familiar?

7. Massage has been investigated a lot so it has a significant evidence base. Don't just take my word for it though. Plug "massage therapy" into Pubmed and see how many results you get. Not all of them are relevant and some of the studies are pretty low quality but we're still talking thousands of citations. Now that you're in PubMed anyway, search for "myotherapy". I promise you won't be disappointed: the provenance of the small number of studies is utterly fascinating (the earliest citations are Russian and Polish but the first English-language reference to myotherapy as a way of addressing trigger points dates back to 1984, in a nursing journal!). Despite the rise of myotherapy in Victoria, there does not appear to be any Australian research citations associated with the actual term.

However, one of the most critical reasons we need to carefully consider our relationship with the term "massage" is its direct connection with the regulation of our industry.

If we are all in broad agreement about the need for enhanced regulation to better protect unsuspecting members of the public from rogue, unqualified practitioners then we need to unify behind a single professional title.

If we don't have a single professional title, then it's impossible to even establish what we are seeking to regulate and it's equally impossible to educate the public about what they should be looking for when seeking that, ummm, thing.

AMT has a clearly stated position on regulation. One of the cornerstones of that position is the need to protect the title of "massage therapist". This is probably a pretty obvious position for an association representing massage therapists to adopt when you think about it. But if we race to abandon massage yet again, where does this leave us?

And if you've ever found yourself saying "I do so much more than just massage" or words to that effect, please don't think I mean any offence. If you're willing to stick around with us here on the massage mother ship, you'll play a key role in reframing the public's understanding of what a modern massage therapist does. We assess, we plan, we advise, we refer, we engage, we work with other health professionals, we stay current, we massage and we rock. But let's not commit the unforgiveable mistake of casting ourselves as the poor cousins when we describe who we are and what we do. "Just" is a powerfully qualifying word and we really don't need to be undermining ourselves from within.

I'm looking forward to hearing these issues teased out in a fun and playful way at our Great Debate in September. In the meantime, though, please stay tuned for the next fun instalment when I bust a foo foo valve over the phrase "just a rub".

Now if someone can explain why I have never received any LinkedIn endorsements for "Bespoke Trigonometry" I will be an even happier woman. ■ **amt**

#### REFERENCE:

APA. (n.d.). *History*. Retrieved May 4, 2016, from [https://www.physiotherapy.asn.au/APAWCM/The\\_APA/About\\_the\\_APA/History/APAWCM/The\\_APA/About\\_The\\_APA/History.aspx](https://www.physiotherapy.asn.au/APAWCM/The_APA/About_the_APA/History/APAWCM/The_APA/About_The_APA/History.aspx)

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Journal question - June edition

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# AMT Position Statement

## on Regulation of the Massage Therapy Industry

### BACKGROUND

The Health Practitioner Regulation National Law introduced a national regulatory system for registered health practitioners. However, there is currently no uniform, national system in relation to unregistered health practitioners such as massage therapists. The massage therapy industry remains largely self-regulated.

Currently, only three states in Australia confer powers on state health regulatory bodies to impose sanctions on unregistered health practitioners, namely New South Wales, South Australia and Queensland. A Statutory Code of Conduct for Unregistered Healthcare Practitioners came into effect in New South Wales in 2008 and in South Australia in 2013.

The practise of massage therapy in Australia is also partially regulated by market forces. Under the Private Health Insurance Act Rule 10 provisions, Massage Therapists wishing to be private health insurance providers are required to be a member of a professional body with entry-to-practice requirements. Health fund providers must also comply with requirements to hold appropriate insurances and first aid certification, and undertake ongoing professional development.

The Rule 10 provisions also hold massage therapists accountable under association codes of ethics and association complaint mechanisms. These provisions have resulted in some level of protection for members of the public seeking the services of qualified practitioners.

The Australian Health Ministers' Advisory Council (AHMAC) undertook national consultation in early 2011 to determine whether unregistered health practitioners should be subject to a single, national statutory Code of Conduct similar to that in effect in NSW and South Australia. AHMAC found that 'a single national Code of Conduct made by regulation, with enforcement powers for breach of the Code is considered likely to deliver the greatest net public benefit to the community.

In June 2013, the Standing Council on Health agreed in principle to a national Code of Conduct, and to strengthen state and territory complaints mechanisms and statutory powers to assist in the enforcement of the Code.

In March 2014 the AHMAC released a consultation paper seeking public comment in relation to the draft National Code of Conduct and the legislative and administrative changes necessary to enforce it.

### REGULATION OF MASSAGE THERAPISTS

AMT believes that the terms of the proposed National Code of Conduct are too broad to provide adequate protection to members of the public seeking the services of Massage Therapists.

AMT further believes that the current self-regulatory mechanisms in place for massage therapists should be strengthened in the interests of public health and safety by:

- **establishment of a uniform national framework for credentialing massage therapists.**  
The current industry-endorsed AQF National Competency Standards for massage therapy could form the basis of such credentialing.
- **protection of the title Massage Therapist and barriers to entry,** so that the public is protected from rogue, poorly-trained or unqualified practitioners
- **recognition of the AMT Massage Therapy Code of Practice in statute.** The AMT Code of Practice sets out rigorous benchmark professional and ethical standards for the practice of Massage Therapy in Australia. It is available for download here:  
<http://www.amt.org.au/downloads/practice-resources/AMT-code-of-practice-final.pdf>
- **establishment of a register of qualified Massage Therapists under the Australian Health Practitioner Regulation Agency website,** so that there is a one-stop-shop for members of the public wishing to access information about qualified practitioners of massage therapy. Such a register would also enhance transparency and accessibility for members of the public who may be concerned about their healthcare.



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## Editorial – Meet the Editor: Anita Mack



**Jobs can be like an old pair of slippers; you get really comfortable in them. You don't want to get new ones; they might not be as comfortable as the last pair. What if they aren't a good fit? What if you don't like them? What if they don't like you and leave nasty blisters on your heel?**

**At the beginning of this year I got a new pair of slippers. I started with AMT as the In Good Hands editor. And I have to say, I couldn't be more comfortable. Now that I've had a chance to get to know AMT, here's a chance for you to get to know me.**

For an organisation of massage therapists the one thing that probably stands out about me is that I'm not a massage therapist. But I am a long-time client of massage therapists, so I am a strong advocate for what you do. Before I go into that any further, I should probably start at the beginning...

I currently live in Canberra and am about to survive my fourth winter here. Survive is the operative word for me because I am a born and bred Queenslander (coming from Maryborough, although I've lived all over the state). The move south was for my husband's work and while he and my two sons have adjusted to the cooler climate, my maroon blood pines for the heat of the north.

I've got qualifications in environmental science, journalism, education, workplace training, biometrics and industrial radiation safety. A rather mixed bag I know, but I had perfectly rational reasons for studying each. Really. And if you think that makes me 132 years old, you're a few years off... I have a tendency to always think I have more hours in the day than I really do, so I have often studied more than one thing at a time.

It shouldn't be a surprise then to learn I've had a rather diverse career as well. I've worked in jobs in the mines, consultancy, primary schools, childcare, TAFE, government and research.

But the one consistent thing I've done throughout my whole career is write. You can find my articles in a wide range of national and international journals. This is my passion and I'm thrilled to share it with you while learning all about yours (I mean massage, not your collection of antique toothpicks).

Of course, my inability to understand exactly how many hours there are in a day has meant I've also done a lot of volunteer work over the years. This includes having volunteered at a high level with a national not-for-profit organisation. As a result I understand many of the issues that organisations such as AMT face.

And that brings me back to what I said at the start of this article. I may not be a massage therapist but I strongly believe in what you do. I've been a client of complementary therapies since I was a child and massage in particular since I was in my early twenties (so a long time). I will be able to bring my experiences and perspective as a client to the page to expand and support the articles you contribute.

Take for example the Secretary's report in this edition. I am fascinated by the apparent divide between members on being known by the term 'massage'. I can't help but wonder why.

It's what you do and for most of us laypeople (read: prospective clients) there is no confusion. In fact, when I tell people I am getting a massage I have to dodge the daggers from all the envious looks I get. Be proud of who you are; I know I am.

I'm Anita Mack, Editor, Association of Massage Therapists.

■amt

## DEADLINE

**Deadline for the  
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### by Anita Mack

*Some big names are heading to Luna Park for AMT's annual conference in September, including Dr Tasha Stanton and Dr Sarah Fogarty. In Good Hands interviewed the pair in the lead-up to AMT's annual gathering.*

**DR TASHA STANTON**  
Senior Research Fellow at the University of South Australia, Adelaide and Neuroscience Research Australia, Sydney.



*Dr Tasha Stanton is a Senior Research Fellow at the University of South Australia, Adelaide, and Neuroscience Research Australia, Sydney, and she currently holds an NHRMC Early Career Fellowship (2014-2018). She has received over \$1.7m in competitive research funding and has been a keynote/ invited speaker at 25 national and international conferences. Her research focuses on clinical pain neuroscience, with a specific focus on cortical body representation, somatosensation, multimodal illusions, and pain.*

#### **You started your career in physiotherapy. How did you end up in clinical neuroscience?**

I worked as a physiotherapist for a couple of years in a worker's rehabilitation centre in Canada and I found myself in many situations where I had so many questions and it just didn't seem like the answers were out there. While I enjoyed some aspects of being a physio, deep down I'm a big nerd and so going into research was a good option. Lots of reading and thinking seemed like a great job!

Once I made that decision, I started my Master's in Spinal Biomechanics which was incredibly challenging but very rewarding. After I completed my Master's, a great opportunity opened up to work with a premier pain epidemiology/public health group in Sydney and since I was quite interested in expanding my skill set in research methodology, I took up that opportunity with both hands! Following my PhD, I was pulled back towards my need to understand "why" and that led me to clinical pain neuroscience. I think what made this career path work was that I was provided with fantastic opportunities but I was also really open to them and to trying new things. Of all of this, my move to neuroscience was probably the only part that was truly planned!!

#### **Your research into the relationship between body perception and pain has been described as innovative. What led you to consider a possible connection between the two?**

I think considering research from numerous fields, such as experimental psychology, basic science, and somatosensation (perception) in my case, helps in making new hypotheses that haven't been looked at before. I also think that in physiotherapy there is a strong base of information that targeting body-relevant sensory information can help target pain – this includes Prof Lorimer Moseley's work on tactile discrimination training and graded motor imagery as well as work from researchers such as Prof Benedict Wand (Notre Dame University Australia) who has done some very cool stuff in back pain. Further, I collaborate extensively with Associate Professor Roger Newport, an experimental psychologist from the University of Nottingham who created the machine that allows us to perform these multisensory illusions. This has led to numerous fruitful discussions and ideas.

#### **Can you give a brief insight into multimodal illusions?**

Multimodal illusions try to use our brain's predilection towards creating a coherent story based on the available, believable evidence about that body part. Or in other words, these illusions 'trick' the brain into thinking the painful body part is in a different state than it truly is. From the research, we know information from some senses (like touch or vision) can modulate or modify information from other senses (such as nociception). For example, merely viewing a body part (such as your hand) is analgesic. We therefore use illusions to provide new evidence (such as vision about the size of the body part) that we have manipulated to utilise some of these inbuilt neurological mechanisms that influence pain. It is important to note though that we don't understand yet the exact way these illusions provide their effects – this is part of my ongoing research.

#### **How have your research volunteers reacted to having their pain lessened with no medical or physical intervention?**

They are often quite surprised! However, because we are at early stages of testing – for example, testing illusions against numerous control conditions – and are not yet testing cumulative effects of these illusions, their overall daily pain experience may not be affected. That is, they may only experience a short window of relief. In some patients this is minutes, in others it is hours or days.

#### **Is this still the focus of your research? What challenges are you facing?**

Yes, I am still focusing on this area of research, but I am expanding this focus to better understand some of the implicit (unconscious) mechanisms that underlie our conscience experiences and our behavioural choices.

For example, we know if you are tired or wearing a heavy backpack, you will perceive a hill as being steeper than it actually is (and steeper than if you are not tired or not wearing a heavy backpack). And the coolest thing is that this altered perception is unconscious – you don't even know it is happening. So I'm quite interested in exploring this line of research. I think I face the challenge that most researchers face – trying to get funding for my work! The funding environment is incredibly competitive at the moment and it becomes very difficult to get adequate resources to perform the larger, clinical studies that are important for clinical translation.

**Is this field of research being investigated elsewhere? How do your results/findings compare with others in the area?**

The theory underlying illusions that one sense modulates information from another sense (crossmodal modulation) is being investigated in both experimental psychology and in basic science (including at the individual neuronal level). Both are very important research areas to consider. Our findings are similar to those in experimental psychology – manipulating the perceived state of the body is analgesic.

**Can you describe your most surprising finding to date?**

That how stiff your back feels to you does not relate AT ALL to how stiff the joints actually are.

**What excites you most about your research?**

Getting to think of interesting questions and then find the answers! I consider myself incredibly lucky to be part of a research group that is at the cutting edge of many of the new concepts in pain. Also it is really exciting to work with others from different fields. These collaborations are incredibly rewarding – it is fantastic to get knowledge and perspectives from others.

**What part of the job do you find most satisfying?**

Giving presentations and seeing the 'aha' moment in people where their beliefs about pain are challenged and changed. But also publishing a paper I am really proud of is very satisfying.

**Do you have any pet peeves about the way pain is currently perceived in society?**

I think much of the information we can see on the internet about pain can be very misleading and this is problematic. I guess one of my biggest pet peeves is when people consider things like depression and anxiety are the sole cause of pain and thus people with these conditions are not actually in real pain. This drives me crazy. Emotions and psychological states cause PHYSIOLOGICAL changes in the way nociceptive information is transmitted and processed and it is this physiological change that impacts the pain that is experienced. It does not mean at all that the pain is not real or that they are weak.

**What challenges need to be overcome before your research findings can be adopted into mainstream treatment?**

Testing it in a large clinical randomised controlled trial, using appropriate controls.

**Why do you think non-biomechanical explanations of pain (from conditions like osteoarthritis) have been slow to reach mainstream acceptance?**

I think because biomechanical explanations intuitively make sense. Pain is protective – it is there to stop us from doing things that will further damage our body. However, in situations where pain becomes chronic and all tissue damage has healed, these explanations fall down, yet we still have this over-riding belief that pain equals damage. I think some of these non-biomechanical explanations have been slow to reach mainstream acceptance because people have to first understand the neurophysiology of pain in order to challenge their previous beliefs about pain. They have to understand the amount of pain experienced represents the functional state of the nociceptive system rather than the amount of tissue damage (for example, in circumstances such as central sensitisation). I think a major barrier to acceptance of this knowledge is adequate education about pain to upcoming health professionals – I'm not sure this is always occurring and makes it incredibly difficult to implement the new message to the public.

**Can you share a turning point or defining moment in your career?**

I think I have had a couple of defining moments. I think my first and most potent moment was when I realised research was the career path I wanted to take. This occurred at the end of my Master's when I felt such a sense of pride as well as excitement after completing a really hard study that involved learning so many new technologies! But it was a study that I asked the question, designed the study, and then found the answer to my own question – what a cool thing! I think I also had a defining moment in the final year of my PhD. In my PhD, I was supervised by Prof Chris Maher, Prof Jane Latimer, and Associate Professor Mark Hancock and I received fantastic training from them in terms of methodological quality and how to perform rigorous research. I then had a very clear realisation that what I was most interested in was the "why" – why does chronic pain occur, why do treatments work/don't work, and why does our nervous system sometimes go haywire. This led me to clinical pain neuroscience to try to understand some of the mechanisms behind pain and its treatment.

**You've won a number of awards, including being the Ronald Dubner Research prize winner 2016 and South Australian Tall Poppy of the Year 2015. What award are you most proud of and why?**

That is a really hard question because the awards represent achievement in different areas! Having said that, I am very proud of my Tall Poppy award – this was really cool to be recognised both for the quality of my science and for my communication of this science. I think communicating ideas in a simple, clear and yet accurate manner is one of the most difficult things to do and so I do work hard to try to achieve this. Thus receiving this award was an indication I'm moving in the right direction!

**What do you like to do when you aren't working?**

Run, hike, read, and try new wines!

**Are there any online articles AMT members can visit to learn more about what you do?**

• <http://www.ncbi.nlm.nih.gov/pubmed/26588692>

(systematic review on the state of evidence of bodily illusions)

• <http://www.ncbi.nlm.nih.gov/pubmed/23158879>

(systematic review on graded motor imagery – brain based treatment)

• <http://www.ncbi.nlm.nih.gov/pubmed/19793970>

(experimental psychology study - seeing the body reduced pain)

**DR SARAH FOGARTY**  
**Remedial Massage Therapist and**  
**Adjunct Research Fellow at Western**  
**Sydney University.**



*Sarah Fogarty is a remedial massage therapist and researcher with over 17 years of experience. She is also an adjunct research fellow at Western Sydney University and has worked on a number of studies involving complementary medicine and eating disorders. She has presented her work at over ten international and national conferences, including both complementary medicine and eating disorder conferences.*

**You were a massage therapist and acupuncturist. What path led you to working in mental health disease?**

I am still in practice as a massage therapist and acupuncturist. I believe complementary therapies treat holistically and treat the mind, spirit and body. I have always had this as a focus of my practice. Eating disorders have always been an interest of mine; I don't feel anyone should have to suffer from an eating disorder and no one should die from this disease.

I wanted to help people suffering from an eating disorder by providing treatment and evidence of complementary therapies that could work alongside traditional eating disorder treatments.

**Your initial research focused on the treatment of eating disorders from a traditional Chinese medicine perspective. How did you come to expand your research to include the role of massage?**

As a massage therapist as well as an acupuncturist I have always felt massage and touch were important aspects of treatment for an eating disorder. Not everyone likes acupuncture or needles and some sufferers may respond better to massage. I also feel there is not enough evidence of the effects of massage and I wanted to add more evidence to the repertoire of eating disorders and massage.

**In addition to your research you've trialed a mentor-mentee program for individuals with anorexia nervosa. Can you give a brief insight into this program?**

There is a lack of a continuum of care available for those suffering from an eating disorder. While there are front line treatments such as hospital services and inpatient and outpatient programs, there is a recognised shortage of community, rural and support services for eating disorder patients. A colleague and I decided to set up a pilot mentoring program for individuals with an eating disorder to try and address this need and provide an avenue of support for individuals suffering from an eating disorder. Our program has just recently been completed and we had two cohorts, those with anorexia nervosa and those with any eating disorder. We have yet to analyse the data but preliminary scans of the data suggest the program was helpful in supporting those suffering from an eating disorder. This will hopefully be adapted into regular community and support services for those suffering from an eating disorder.

**You investigated the role of acupuncture in the weight loss of overweight and obese individuals. Have you researched the role massage might play in weight loss? If not, do you think massage would be beneficial to those trying to lose weight?**

I have not investigated the role of massage in weight loss. The evidence for massage seems to be for weight gain in low-weight infants. I don't feel massage would be as beneficial as other therapies such as nutrition, dietitians, psychologists and or exercise consultants. There is no evidence that massage helps with food cravings in overweight people or that it reduces appetite or works to improve metabolism for the purpose of weight loss. Massage may have a supportive role in weight loss where individuals are increasing their exercise levels and are suffering from post-exercise fatigue and pain.

**What is the focus of your research today?**

My research focus is still on providing more evidence for therapists, consumers and other medical professionals for complementary medicine, specifically acupuncture and massage. The areas of interest for me are still eating disorders and mental health as well as fertility, pregnancy and stress.

**Is this field of research being investigated elsewhere? How do your results/findings compare with others in the area?**

There is a huge amount of research in the eating disorder field however there are very few researchers looking at massage or acupuncture. Thus the work I have done, and others have done in different disciplines, is providing much of the evidence. I have published a couple of reviews on the use of complementary medicine as an adjunct for eating disorders, which provides a summary of the benefits of complementary therapies

**What excites you most about your research?**

I have a passion for knowledge and helping people. I believe it is really important to be able to provide patients/clients with the best and most up to date information about the therapy you are providing and the condition you are treating. Massage has empirical and clinical evidence of benefits but there is not the same depth of research evidence to help guide or treatment decisions and to inform patients/clients about the best treatment for their condition. It excites me that I can help provide some of this evidence and that this evidence can then be used to improve treatment and hopefully access to treatment especially for those with mental health conditions.

**What part of the job do you find most satisfying?**

Helping people, making a difference in their condition. I love meeting patients/ research participants and getting to know them as individuals.

I also get to meet and work with amazing, passionate therapists and fellow researchers, which makes for a very satisfying job.

**Have treatment facilities adopted alternate therapies as part of their regular treatment program for patients with eating disorders? What challenges need to be overcome before they are adopted into mainstream treatment?**

The research that has been undertaken so far in alternative therapies has been pilot studies and thus larger studies are needed in the area of eating disorders before changes to treatment programs would be implemented on a wide scale. The medical professionals working with eating disorders have a multi-modality approach and they are open to the use of alternative therapies as a part of treatment. Many treatment programs do offer yoga and or meditation as part of their treatment.

The biggest issue for the adaption and provision of massage in eating disorder care is cost. Massage is a one-on-one therapy, which increases the cost of providing the service in this setting whereby treatments that can be provided in a group are more cost effective.

**Are there any online articles AMT members can visit to learn more about what you do?**

I have written a number of articles especially on eating disorders and they are available online but they sometimes have limited access (institutional access or pay per article). If you search my name on google scholar you can see my profile and a list of my articles. I am happy to be contacted by AMT members who are interested in reading more and provide copies of my articles. Please feel free to email me at [s.fogarty@westernsydney.edu.au](mailto:s.fogarty@westernsydney.edu.au)



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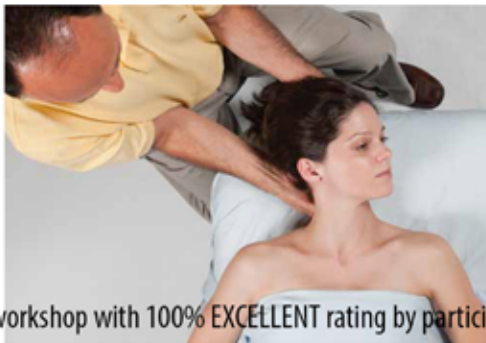


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Perth.....	13-15 Jun (3 day)
Sydney.....	9-13 Jul (5 day)
Sydney.....	11-13 Jul (3 day)
Melbourne.....	27-31 Aug (5 day)
Melbourne.....	29-31 Aug (3 day)
Cairns.....	1-5 Oct (5 day)
Cairns.....	3-5 Oct (3 day)
Brisbane.....	26-30 Nov (5 day)
Brisbane.....	28-30 Nov (3 day)

## “Muscle Medicine” by Rob DeStefano and Joseph Hooper with Bryan Kelly

### Book review by Clyde Andrews

The big things in life are important, no doubt. However, when it comes to your muscles (maintenance, strengthening and preventing injury), perhaps the big things—like surgery—are best avoided if possible. In Victoria alone: “About 6000 people - or 16 a day - had ineffective (and unnecessary) treatments that cost up to \$4400 in both public and private hospitals in 2010-11, a Grattan Institute report says. The report then went on to say that insertion of a tube to remove tissue in the knee to treat osteoarthritis, and surgery to destroy a ligament that contains nerve fibres to treat chronic pelvic pain, were also being done without evidence to support their use” (Medew, 2015).

So how do you avoid expensive and, in a lot of cases, unnecessary surgery? Well, the book, *Muscle Medicine*, is a great place to start the journey. Not only does it get into some terrific back-to-basics techniques a client can easily do at home (and you can photocopy the brilliantly easy to understand examples to give out in your clinic), it gives the perspective of injuries and conditions from both a surgeon’s and a physical therapist’s point of view—and you guessed it, physical therapy wins out 9 times out of 10.

So let’s get into it, shall we?

The physical therapist who writes in the book is Rob DeStefano (sports chiropractor and manual muscle therapist), and he opens the book with this little gem: “Every day, I treat patients who are convinced that the source of their pain is the damage inside their joint that shows up on an X-Ray or MRI. A patient will come in and say, ‘Can you help me with my meniscus tear in my knee?’ I’ll say, ‘No, I can’t help you with the meniscus tear, but I may be able to help you with the pain in your knee.’ What people don’t usually understand is that in many cases, if we can get the muscles around the joint to move properly, the joint itself doesn’t have to be in perfect shape for the system to work without pain.” (DeStefano et al, 2009, p7).

Of course, the other point of view expressed in the book is from surgeon, Bryan Kelly, M.D. His opening statement is just as eye-opening. He says: “It happens all the time. The patient comes in needing joint surgery, but their muscles are so weak, they can’t lift their leg off the bed. I tell them, if we do surgery now, it’ll be a disaster. I then send them to Rob.” (DeStefano et al, 2009, p4).

The book goes through every joint using a case by case study both of the men have seen over the years, and gives their opinions on that case. The book also shows methods that can be used to maintain, strengthen and help repair damaged muscles using clear examples with easy to follow instructions (and on separate pages so it can be easily photocopied). These examples are also relevant to the case study Rob and Bryan have been discussing, and are very common conditions we all see as manual therapists; from shoulders to that dreaded knee!

For the purposes of this review, and to keep it as short as I possibly can, I’m going to use the example of the knee for the rest of this review and to discuss my own case study where I have used examples from the book to help one of my own clients who had a knee issue.

Before I do that, however, I wanted to show you this from the book; it is something I have printed out and shared with a lot of my clients, because it is very powerful. It’s from Bryan Kelly, and it goes: “A lot of emotion surrounds injury and physical disability. I saw a new patient recently, and she gave me curt, one-word answers, wouldn’t really answer my questions. Then she just went off: ‘My doctor said you’d cure my problem right away, and I had to wait six weeks before I saw you!’ Finally, I had to say, ‘Your attitude towards me and towards your hip problem is an important part of your recovery. If you have all this anger, it’s going to make it really hard for me to make you better.

It’s not just a physical problem.” (DeStefano et al, 2009, p31).

I have discovered injury anger in many cases in my own clinic as well. Earlier this year, I had a security guard come to me who had struck his knee on one of the high steps of the trucks that go around collecting money from establishments. He was angry because he’d done such a thing (which was a silly thing to do in his mind), and ultimately, because the injury not only prevented him from sleeping, but more importantly, stopped him from playing football with his son. He was also upset about how he’d been treated by the insurance companies involved in regards to his case. So, yes, because it was an injury at work, the security company’s insurance company—and ultimately WorkCover VIC—wanted him to have arthroscopic surgery to see what was going on inside his knee before they would approve anything else.

Thankfully, the security guard had heard of me through word of mouth (isn’t that brilliant advertising) and after many phone calls and emails, I got permission to work on this gentleman before he was to have the arthroscopic surgery—something that was seen as being proactive by the client and therefore putting him at ease so working on him became a positive experience very quickly.

For the knee, here is a good example of an ITB release that can help with vastus lateralis adhesion from the *Muscle Medicine* book (and one I used in this case). There are many others, and the book really does go into detail for every aspect of a particular joint or muscle/muscle groups.

Suffice it to say, using massage, and manual therapy techniques we all employ as therapists, and getting him to do the exercises from the book, he didn’t need that procedure!

## ANTERIOR THIGH

See page 186.

## LATERAL THIGH

**Purpose:** To self-treat the iliotibial band (ITB). This is important for movement and stabilization of the knee. The IT band can adhere to the vastus lateralis, causing dysfunction in that muscle and causing friction at the IT band's attachment at the knee.

**Starting out:** Sit with both feet on the floor and the treatment leg bent to forty-five degrees. Using both hands, apply pressure down onto the IT band and angle the pressure either up toward the body or down toward the knee. There is one zone, running along the lateral leg from the knee to the hip. Start working about three inches up from the knee and at three-inch intervals from there.

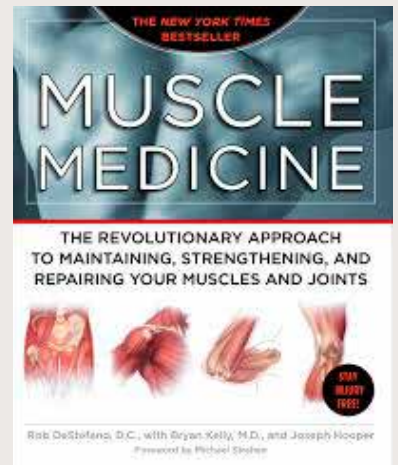
**How to do it:** Maintaining the angled pressure, extend your leg. A F.A.S.T. Stick™ or other tool can also be used to apply pressure. Repeat with your other leg.

**Troubleshooting:** This self-treatment has to be slow without too much pressure as the tendon can become irritated. Gentle pressure should help relieve tightness, which can occur between the tendon and the underlying muscles.

## POSTERIOR THIGH

See page 183.

See also self-treatment for the tibialis anterior on page 223.



## REFERENCES:

- DeStefano, R. & Hooper, J. with Kelly, B. (2009). *Muscle medicine: the revolutionary approach to maintaining, strengthening, and repairing your muscles and joints*. New York: Touchstone.
- Medew, J. (2015, August 17). Thousands getting unnecessary surgery and other harmful hospital treatments: report. *The Age*. Retrieved from <http://www.theage.com.au/victoria/thousands-getting-unnecessary-surgery-and-other-harmful-hospital-treatments-report-20150817-gj0hzc.html>



After some 25 years in a dead-end retail job, Clyde's mid-life crisis didn't take the form of buying a Lamborghini or a Bugatti Veyron, but rather the need to help others--and besides, having such a nice car would have played havoc on his OCD as no one would have been able to even breathe on it. So, taking the plunge, and after almost 3 years of going through MIMT and coming out the other side as a new 'reborn' individual, Clyde now has his own business and is quite happy working for himself and at his own pace. He's ever keen to learn more and through that knowledge pass it on to his clients. Bring on the future.

Image 1 Method for ITB release (DeStefano et al, 2009, p210)

In fact, he recently phoned me to say he was not only able to play football with his son, he could also ride his bike. Hearing words like this from clients not only makes my day, but makes me believe the job I have chosen is the best in the world! Now, the book doesn't stop there, of course. After discussing cases and showing good manual techniques to help, it also gives sensible advice that is easy to do for busy people. Words like: "Don't lean forward in the chair when you write or work on the computer. You may need to pull the chair closer to the desk. Set up your workplace to minimise having to lean or twist to do routine tasks. A good office chair should have armrests and an adjustable lumbar support. Your lower back should be in contact with the back of the chair. The chair should support the natural curve of your lower back, minimising pressure on the muscles and vertebral disks." (DeStefano et al, 2009, p147).

I use my copy of Muscle Medicine a lot in my clinic, if not for the physical examples given, then for the pearls of wisdom it bestows. Sometimes it's nice to show clients words like those above, because it not only reinforces what they probably already know, but also backs up what I say as a therapist, too. And any tool that does that is a valuable one.

Five out of five stars for Muscle Medicine for sure! ■ amt

Muscle Medicine is available through major book retailers and through online book distributors, for around the \$35.00 mark. I bought my copy through Booktopia which often has it on special.

## Practitioner Profile: Mery Di Milia

by Anita Mack and Kat Boehringer

**Italian Mery Di Milia has only been in Australia for nearly a year so she is a relative newcomer to AMT, but don't let that fool you. With over 20 years' experience under her belt, mostly in Europe, she's had a diverse and interesting career. This is her story.**

Mery Di Milia's childhood was spent in Switzerland. It was here she completed her study in reflexology. She followed up by studying the Grinberg Method. The Grinberg Method is a somatic modality using touch and attention to body. It is similar to Feldenkrais in the sense that the intent is to teach the client to be more aware of their body but it is less biomechanical: it's about the education of body awareness, and stopping automatic and repetitive patterns to improve general health.

For Mery, this approach is an important part of who she is as a practitioner. While she appreciates the need to know and understand muscle and joint anatomy and movement, she believes it's important to extend that understanding beyond the purely biomechanical. "I am very interested in how our brains function and how neurophysiology is involved in our health balance. I find it very natural to use my hands to touch and impact people's lives. I want to make a big difference for my clients."

Working within hospital settings has been an important part of Mery's career, specifically in the area of pre and post-operative care. She has found that restorative peri-operative touch can help improve patient's recovery from surgery. "When you meet people in great distress, what you learn is more about connecting with the person, to perceive the state they are in and how to get back to a normal state – homeostasis."

Much like Australia, it is unusual to find massage therapists in a hospital setting in Europe. Mery's experiences stem from two different opportunities. The first was when clients asked her to accompany them to hospital and work with them in their rooms.

The second was her involvement in a research project at the Istituto Clinico Humanitas (a research hospital in Milan, Italy).

That research focused on the role of the Grinberg Method on the quality of life for post-operative clients who had undergone radical prostatectomy.

Mery was one of the independent professionals of the Grinberg Method who gave sessions to patients. The findings from this study were positive and included outcomes such as clients who had a more optimistic view of the future, an increased awareness of how one's attitude can affect recovery, increased confidence and a greater desire to exercise and move.

The decision to move to Australia was twofold for Mery. While her work and studies had kept her moving between Italy and Switzerland (with some study in Spain) she had a desire to study in the English language so she could read the many studies in her area of expertise and interest that were not available in other languages. She also wanted to experience living overseas, particularly somewhere with a great natural environment and the chance to have an adventure.

Because her European qualifications weren't recognised in Australia, Mery is currently studying her Diploma of Remedial Massage at Australasian College of Natural Therapies in Sydney, and is hoping to go on to study a Bachelor of Clinical Myotherapy.

Mery juggles her studies with work. She considers herself very fortunate in this regard because, not long after she moved to Sydney, she met two psychologists who work with an understanding of body and muscle state and autonomic nervous system regulation.

Finding they had a lot in common, Mery now works two days a week in a clinic with one of them in the field of somatic experiencing (neurophysiological trauma resolution).

Mery hasn't given up on her dream and is still keen to work in a hospital setting. She's excited by the hospital-based research that has been undertaken in Australia and hopes to one day become involved in future projects. The initial research, conducted in 2012, investigated the role of massage therapy for cardiac surgery clients (refer to pop-out box for more information). A new program is currently being established for 2016 with hopes it will become a model for similar programs in other hospitals in Australia. For Mery this is a very promising endeavour as she would "like to prove [therapy offers] quicker recovery and less medical costs for the community and health funds."

Mery is keen to find like-minded members who have experience practising in a hospital setting. If you are interested in talking further with Mery about this area of practice please contact her at [merydimilia@gmail.com](mailto:merydimilia@gmail.com)



Mery Di Milia

In 2012, Lisa Casanelia, now Program Manager – BHSc Clinical Myotherapy at the Southern School of Natural Therapies (SSNT) in Melbourne, and Assoc. Professor Lesley Braun, respected complementary medicine researcher, published the results of a study of massage therapy undertaken at The Alfred Hospital (Braun et al., 2012). The study investigated the role massage therapy plays in reducing anxiety and pain in post-operative cardiac surgery patients. The research found that "massage therapy significantly reduced the pain, anxiety, and muscular tension and improves relaxation and satisfaction after cardiac surgery (Braun et al., 2012).

The initial program that enabled clinical myotherapy students to be supervised in practice on patients in the cardiothoracic ward at The Alfred Hospital was a direct result of a successful clinical trial carried out on patients on this ward. According to Lisa (pers. comm.) "developing the trust and support of the medical support team along with the supporting evidence that validates the effectiveness of a treatment' is essential for acceptance and access to clinical opportunities in hospital settings. The research is the starting point."

Lisa Casanelia is currently working to establish a new program at the same cardiothoracic ward as the initial starting point. This will become part of the 3rd year clinical program for students in BHSc (Clinical Myotherapy) at SSNT. It's hoped it will become a model for similar programs in other hospitals in Australia.

### Reference:

Braun, L.A., Stanguts, C., Casanelia, L., Spitzer, O., Paul, E., Vardaxis, N.J. & Rosenfeldt, F. (2012). Massage therapy for cardiac surgery patients—a randomized trial. *The Journal of Thoracic and Cardiovascular Surgery*, 144 (6), 1453-9. Available as free full text: <http://www.alfredhealth.org.au/Assets/Files/MassageTherapypaper.pdf> <http://www.ncbi.nlm.nih.gov/pubmed/2296435>

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## AMT: Then and Now

by Rebecca Barnett

*As part of the celebrations for AMT's 50th Anniversary, In Good Hands is looking back at major moments for AMT and the industry at large as published in earlier editions of the AMT journal.*

### Then:

In 1998, the then NSW Association of Massage Therapists made a submission to the NSW Health Care Commission (HCCC) on proposed changes to the Health Care Complaints Act 1993. The proposed changes were aimed at enhancing the regulation of unregistered health care practitioners, such as massage therapists, by giving the HCCC powers under the Act to take disciplinary action.

Ten years later, AMT again made a submission to the HCCC in response to its Unregistered Health Practitioners Code of Conduct impact statement.

In August 2008, the NSW Code of Conduct for Unregistered Health Care Practitioners finally came into effect - more than ten years in the making! In the interim, AMT had become a national body, registering under ASIC in 2004 as the Association of Massage Therapists.

We reprint here the summary of NSW AMT's original submission to the joint committee of the Health Care Complaints Commission, originally published in the December 1998 edition of *In Good Hands*.

### Summary of our submission to the joint committee of the NSW Health Care Complaints Commission on unregistered healthcare practitioners: the adequacy and appropriateness of current mechanisms for resolving complaints

1. We concur with the committee's definition of massage therapy as being an unregistered healthcare practice other than an alternative health care system.
2. Protection provided to clients of registered healthcare practitioners should be extended to cover UNREGISTERED HEALTH CARE PROVIDERS when treating people referred by registered practitioners.
3. Schools should not be registered as a business unless they show proof that a module on ethics, boundaries, laws etc, is taught to students studying professional massage therapy.
4. Most reputable associations have a disciplinary advisory panel that could be utilised under the direction of the Health Care Complaints Commission. These panels could be used in handling complaints of a less serious nature.
5. The Commission's power to discipline unregistered health care providers should be equal to its power to discipline health care practitioners. Government monitored self-regulation is the best way to police the profession.
6. The Health Care Complaints Act 1993 should be amended. Section 37 should include the ability to publish the names of practitioners found in breach of moral, ethical, safety and hygiene standards. Section 39 of the Act should stand but other laws should be amended to enable the profession to assume government monitored self-regulation.
7. The Health Care Complaints Act 1993 should be amended to have special powers to deal with those practitioners who will avoid self-regulatory discipline by declining membership of professional associations.
8. The present system of self-regulation of unregistered health care providers does not offer the public a satisfactory standard of health care and safety. Anyone can call themselves a massage therapist and charge for their services, and laxity allows unscrupulous persons to avoid any real disciplinary powers.
9. Professional associations can play a major part in self-regulation when it is perceived that they have "teeth". This will occur when all practitioners must be members of at least one association, and a minimum standard of education for professional practitioners is enforced for all schools and associations.
10. Existing competition policies work against all attempts to regulate and upgrade the profession. The National Competition Policy has severely weakened the position of associations and has lowered standards within the industry. Previously, newspapers only allowed advertising in the Health and Fitness section to practitioners who had association membership. Currently, they take all therapists who show a certificate and health funds cannot withhold provider numbers if there is no proof of association membership.

In 2011, the Australian Health Ministers' Advisory Council commenced a national consultation on options for the regulation of unregistered health practitioners. AMT made a submission to the Health Ministers, again emphasising the need for protection of the title "Massage Therapist" and for the establishment, in statute, of more stringent occupation-specific requirements for the practice of massage therapy in Australia based on AMT's then draft Code of Practice, which was undergoing public consultation at the time as well.

The Health Ministers finally agreed on the terms of a new National Code of Conduct for Health Care Workers in 2015. The National Code, which is substantially based on the NSW Code of Conduct, is gradually being made law across most states of Australia. It came into operation in Queensland at the end of 2015.

We reprint here, the executive summary of AMT's submission to the Health Ministers on options for the regulation of unregistered health care practitioners.

Existing regulatory mechanisms for health services provided by unregistered health practitioners do not adequately address issues of public health and safety. AMT's position is that further public protection is required to address the gaps in the current regulatory framework.

AMT supports a national approach to regulation of health services, regardless of whether the service is being provided by a registered health practitioner or a self-regulating practitioner.

Any proposed regulatory framework for unregistered health practitioners should serve COAG's National Partnership Agreement for a seamless national economy. This means that the framework should not be jurisdictionally based and administered. This may have implications for the current role that the HCCC plays in administering the Health Care Complaints Act 1993, though AMT notes that the HCCC has retained its powers in respect of registered health practitioners in spite of the implementation of the National Registration and Accreditation Scheme and the establishment of AHPRA.

AMT's position is that a national statutory framework is required for unregistered health practitioners to ensure adequate and consistent public protection across the entire Australian healthcare system. However, a negative licensing model such as the Option 3 Statutory Code of Conduct will only address some of the problems articulated in the AHMAC consultation paper.

AMT believes that additional measures such as protection of title and barriers to entry are required. Additionally, greater government support and recognition of the existing self-regulatory functions that the various representative bodies currently perform can only enhance the operation of a statutory code.

Scope for emerging professions such as massage therapy to institute and promote a Statutory Code of Practice would address the manifold need for health-service-specific consumer protections. AMT asserts that this is the most appropriate option for emerging professions that do not meet the IGA criteria for statutory registration or warrant this level of regulation but whose specific scope carries attendant specific risks that a generic Code of Conduct does not adequately address.

AMT supports the idea of extending AHPRA's current functions to encompass a regulatory framework for unregistered health practitioners. This would allow for greater consistency in the monitoring of all health services, regardless of whether the service is being provided by a registered or self-regulating practitioner. It would also enable the establishment of a 'one-stop-shop' or portal for consumers to access information. This would be an effective way to address potential public confusion around the kinds of protections available to them. Given that any proposed regulatory framework will only be effective if there is extensive promotion and public education, establishing a one-stop-shop would also enhance the capacity to promote clear, transparent and seamless disciplinary mechanisms across the entire healthcare sector.

A consultation draft of AMT's Massage Therapy Code of Practice has been included as an Appendix with this submission. AMT would seek to have this Code endorsed by the Health Ministers to support efforts to establish appropriate regulatory protections for the practice of massage therapy in Australia.

**Now:**

In 2015, AMT's position on regulation remains substantially unchanged, although we've made significant progress. After many years of research and writing, and a year of consultation on the draft version, the AMT Code of Practice was finally released in January 2013. It has become the benchmark for industry best practice and is used by most Registered Training Organisations to train new generations of therapists to understand their professional, ethical and statutory obligations.

AMT continues to call on Government to enhance protections for members of the public seeking the services of a massage therapist. We reprint AMT's current position statement on regulation here:

**AMT Position Statement on Regulation of the Massage Therapy Industry****Background**

The Health Practitioner Regulation National Law introduced a national regulatory system for registered health practitioners. However, there is currently no uniform, national system in relation to unregistered health practitioners such as massage therapists. The massage therapy industry remains largely self-regulated.

Currently, only three states in Australia confer powers on state health regulatory bodies to impose sanctions on unregistered health practitioners, namely New South Wales, South Australia and Queensland. A Statutory Code of Conduct for Unregistered Healthcare Practitioners came into effect in New South Wales in 2008 and in South Australia in 2013.

The practise of massage therapy in Australia is also partially regulated by market forces. Under the Private Health Insurance Act Rule 10 provisions, Massage Therapists wishing to be private health insurance providers are required to be a member of a professional body with entry-to-practice requirements. Health fund providers must also comply with requirements to hold appropriate insurances and first aid certification, and undertake ongoing professional development.

The Rule 10 provisions also hold massage therapists accountable under association codes of ethics and association complaint mechanisms. These provisions have resulted in some level of protection for members of the public seeking the services of qualified practitioners.

The Australian Health Ministers' Advisory Council (**AHMAC**) undertook national consultation in early 2011 to determine whether unregistered health practitioners should be subject to a single, national statutory Code of Conduct similar to that in effect in NSW and South Australia. AHMAC found that a single national Code of Conduct made by regulation, with enforcement powers for breach of the Code is considered likely to deliver the greatest net public benefit to the community.

In June 2013, the Standing Council on Health agreed in principle to a national Code of Conduct, and to strengthen state and territory complaints mechanisms and statutory powers to assist in the enforcement of the Code.

In March 2014 the AHMAC released a consultation paper seeking public comment in relation to the draft National Code of Conduct and the legislative and administrative changes necessary to enforce it.

**Regulation of massage therapists**

AMT believes that the terms of the proposed National Code of Conduct are too broad to provide adequate protection to members of the public seeking the services of Massage Therapists.

AMT further believes that the current self-regulatory mechanisms in place for massage therapists should be strengthened in the interests of public health and safety by:

- **establishment of a uniform national framework for credentialing massage therapists.** The current industry-endorsed AQF National Competency Standards for massage therapy could form the basis of such credentialing.
- **protection of the title Massage Therapist and barriers to entry,** so that the public is protected from rogue, poorly-trained or unqualified practitioners
- **recognition of the AMT Massage Therapy code of Practice in statute.** The AMT Code of Practice sets out rigorous benchmark professional and ethical standards for the practice of Massage Therapy in Australia. It is available for download here: [www.amt.org.au/downloads/practice-resources/AMT-code-of-practice-final.pdf](http://www.amt.org.au/downloads/practice-resources/AMT-code-of-practice-final.pdf)
- **establishment of a register of qualified Massage Therapists under the Australian Health Practitioner regulation Agency website,** so that there is a one-stop-shop for members of the public wishing to access information about qualified practitioners of massage therapy. Such a register would also enhance transparency and accessibility for members of the public who may be concerned about their healthcare.

**For more information on how AMT's Code of Practice fits into the regulatory scheme it's worth revisiting the article "Is there really an underpants law? Assessing your risks in practice" (pages 14 and 15 of the December, 2011 edition of In Good Hands: [www.amt.org.au/downloads/journal-archive/Dec2011.pdf](http://www.amt.org.au/downloads/journal-archive/Dec2011.pdf))**

# Osteoarthritis of the Knee: Knee Structure, Pathology, and Massage Treatments

by Jacqueline Davis

*Osteoarthritis (hereafter, OA) is described as a degenerative condition that affects “the articular cartilage and subchondral bone” in joints (Ratray, 2000, p. 637). Additionally, OA is one of the most common musculoskeletal conditions affecting millions in the United States and Canada, as well as others around the globe (Arthritis Foundation, n.d.; Medical Research Network, n.d.; Ratray, 2000; Tosch, 2014). An important fact about this disease is that it cannot be cured and progresses as the sufferer ages (Arthritis Foundation, n.d.; Medical Research Network, n.d.; Ratray, 2000; Tosch, 2014). Because a common symptom of OA is pain, it can eventually limit activity, leading to depression, weight gain, and sleep problems (Medical Research Network, n.d.). The purpose of this paper is to discuss the types of treatments in use for knee OA within the complementary and alternative medicine field (hereafter CAM).*

## Introduction

Archeological remains show that arthritis has existed since the time of dinosaurs (Ratray, 2000). The oldest diagnosis of OA is from the fossils of three out of ten feathered dino-birds 130 million years old found in China. The dino-bird was the size of a peacock and called *Caudipteryx* (Rothschild, Xiaoting, & Martin, 2012). Fossil remains of Neanderthals and Egyptian mummies show evidence of arthritis in the spine, hips, knees, and other joints (Ratray, 2000). Ötzi the iceman, whose 5300 year old body was found in a melting glacier in the Italian Alps in 1991, shows OA pathologies throughout the body (for example, knees, hips, spine, wrists) and a total of 50 accompanying medicinal tattoos that correspond to acupuncture treatment sites for joint pain and OA (Griffith, 2014; Kean, Tocchio, Kean, & Rainsford, 2013).

The current focus of treatment for knee OA is to manage symptoms (reduce pain and stiffness, maintain function and mobility) and slow progression of the condition (Atkins & Eichler, 2013; Medical Research Network, n.d.; Ratray, 2011; Tosch, 2014). This paper will focus on knee OA treatment exploring:

- physiology of the knee and potential precursors to the pathology, populations affected, risk factors for OA and progression, and symptoms;
- contraindications, benefits, and preferred modalities for massage treatment of knee OA; and
- medical, pharmacological, and CAM treatments for knee OA.

## Physiology of the Knee, Associated Issues Leading to Knee Osteoarthritis, Populations affected by Knee OA, Risk Factors and Progression of the Disease, and Symptoms

### Physiology of the Knee and Associated Issues Leading to Knee OA

The knee is one of the most complex joints because the joint is not stabilised by bones, but by soft tissues such as muscles and ligaments that function to stabilise, maintain, and control movement throughout the joint (Lippert, 2011, p. 283; Ratray, 2000). The knee is the largest joint in the human body, a synovial joint, one of the strongest, one of the most important, and one of the most frequently injured due to the strain and stress it endures (InnerBody, n.d.; Lippert, 2011). Structurally the knee is a hinge joint but, unlike the elbow, it can rotate to accompany flexion and extension (Lippert, 2011). As a result of the mechanical wonders of the knee, humans can move the lower leg relative to the thigh while supporting their body weight, and engage in basic activities that rely on the knee, such as sitting, standing, walking and running (InnerBody, n.d.).

Mechanically the knee hinge forms at the articulation of the femur and tibia, and a second joint forms at the articulation of the femur and the patella known as the patellofemoral joint. The distal end of the femur consists of two convex or rounded out surfaces (condyles) that articulate with two concave (or indented surfaces) of the proximal end of the tibia. (InnerBody, n.d.).

The fibula, to the lateral side and distal to the articulation of the tibia and femur, provides attachment sites for some of the lateral soft tissue supports of the knee (Loudon, Goist, & Loudon, 1998) such as the long head of the semitendinosus. The patella is a sesamoid bone encased in the quadriceps tendon and its two functions are to a) protect the anterior aspect of the knee joint, and b) increase the mechanical advantage of the quadriceps muscle by increasing the movement arm (moving the tendon further from the bones) (Lippert, 2011, p. 285).

There are hereditary mechanical factors that can stress and damage the knee as well as injury-related pathologies that may be long-term causative factors for OA. Among the hereditary alignment problems are the Q angle (common for women's pathologies of the knee); patella alta (high riding patella); genu recurvatum (hyperextension related to ACL injuries in female athletes) (Lippert, 2011; Loudon, Goist, & Loudon, 1998; Loudon, Jenkins, & Loudon, 1996); genu valgum (knock knees); genu varum (bowlegs); and excessive foot pronation (Lippert, 2011).

Many of the soft tissue structures surrounding the knee can be injured including 13 anterior, lateral, and posterior muscles; the medial and lateral menisci; 12 bursae located anterior, posterior, lateral and medial to the knee; four ligaments consisting of the medial collateral ligament (MCL), lateral collateral ligament (LCL), anterior cruciate ligament (ACL), and the posterior cruciate ligament (PCL); hyaline cartilage on the bone articulations; the iliotibial band; and tendons accompanying attaching muscles (Lippert, 2011). Injuries to any one or more of these structures can potentially create pathologies that lead to OA (Tosch, 2014).

Some of the more recognised pathologies that may lead to OA include patellar tendonitis, Osgood-Schlatter disease, popliteal cysts (Baker's Cysts), patellofemoral pain syndrome, chondromalacia patella, prepatellar bursitis (housemaid's knee), the terrible triad (a blow to the knee resulting in tears to the ACL, MCL, and medial meniscus) (Lippert, 2011), and miserable malalignment syndrome (external tibia torsion with femoral anteversion) (Lippert, 2011). Specific muscular issues that can lead to OA include weak quadriceps and tight or weak lateral hip rotators (Lippert, 2011). Weakness in the quadriceps impairs knee function and affects knee joint loading, and proprioceptive deficits in the quadriceps contribute to development and progression of knee OA (Atkins & Eichler, 2013).

#### **Populations Affected by OA, Risk Factors and Progression of Knee OA**

Perlman, Sabina, Williams, Njike, and Katz (2006) report that more than 50 million Americans will be affected by OA by the year 2020. OA is a chronic condition that is most frequently experienced in the elderly, but can begin developing earlier in life to people who have trauma to joints, such as athletes and females (Lippert, 2011; Loudin, Goist, & Loudin, 1998). In 2006 approximately 21 million Americans suffered from OA, and currently, about 27 million people in America have OA (Tosch, 2014). Atkins and Eichler (2013) reported that 12% or 4.3 million adults 60 years and older in the US are affected by OA of the knee and with increasing life spans and rising obesity levels that number is projected to increase.

Risk factors for OA include:

- 1) age- over 45;
- 2) gender-primarily women;
- 3) obesity, particularly with the knees, because the knees are weight bearing, and body chemicals are produced by excess body fat that damages joints;
- 4) injury or overuse- for example, ACL tears can lead to OA;
- 5) genetics- primary arthritis is inherited as well as postural misalignments, and bone deformities (Tosch, 2014);
- 6) vocation- athletes are at higher risk for developing OA, likewise repetitive motions from the following professions can increase risk for the

condition- landscaping, computer work in office jobs, jobs that require operating heavy machinery, and work that requires carrying heavy items (Tosch, 2014); and

- 7) weak knee and thigh muscles (Arthritis Foundation, n.d.;Tosch, 2014) and weak quadriceps in particular (Atkins and Eichler, 2013).

Tosch (2014) characterises OA as primary from idiopathic causes or secondary. Primary OA can affect one or many joints, whereas secondary OA is caused by trauma or inflammation to one joint (Tosch, 2014). Postural misalignments can lead to cartilage damage or to injury leading to secondary OA development (Tosch, 2014; Lowe, 2006). OA develops over time beginning with pain and stiffness that is short-lived (Tosch, 2014; Perlman et al., 2006) eventually leading to destruction of the joint cartilage and bone-on-bone rubbing that creates common symptoms of the condition (Perlman et al., 2006; Tosch, 2014).

#### **Symptoms of Knee OA**

Common symptoms of OA include:

- 1) joint stiffness after rest that is alleviated with movement (Arthritis Foundation, n.d.;Tosch, 2014), or stiffness that continues during physical activity (Tosch, 2014);
- 2) pain that increases with sitting, standing, or climbing (Rattray, 2011) that occurs during movement and becomes worse later in the day or after continued motion (Tosch, 2014);
- 3) loss of joint movement and flexibility as the condition progresses (Arthritis Foundation, n.d.;Perlman et al., 2006; Tosch, 2014);
- 4) crepitus - rubbing or grating sensation when the joint is in use;
- 5) bone spurs that develop from the bones in the joint (Tosch, 2014) that may further limit the range of motion in the joint, and add to pain and dysfunction; and
- 6) increased pain with climactic change (Lowe, 2004).

While not always evident, to compensate for pain, patients may develop gait changes or limited movements (Tosch, 2013) which may lead to muscle atrophy in quadriceps, hamstrings, and shortening of the hip flexors on the affected side of the body (Rattray, 2000) creating postural imbalances and further misalignments in the body over time.

### **Contraindications, Benefits, and Preferred Modalities for Knee OA Treatment with Massage**

#### **Contraindications and Cautions for Massage in Knee OA**

There were few cautions in the literature for treating patients with knee OA. Lowe (2006) provided some characteristics of joints with OA to look for during palpation and evaluation, such as tenderness when inflamed and pain when palpation compresses affected joints. When moving the affected joint both active and passive movement can be painful in all directions, but may differ in intensity depending upon the time of day. Active movement while bearing weight is more painful, and range of motion (ROM) is often limited by inflammation and osteophytes. Clients who do not know they have OA should be referred to a doctor for diagnosis. Turchaninov (2014a) argues that massage practitioners need to operate under the pain threshold to prevent protective muscle guarding and provide patients with the most benefit from treatment. Rattray (2011) cautions massage therapists treating knee OA to avoid heat with acute inflammation and to avoid using pressure on joints with osteophytes.

#### **Massage Benefits for Knee OA**

Pain relief, reduced stiffness, increased function of the knee, improved sleep, and increased quality of life are results that are reported in research and practitioner sources in the literature (Atkins & Eichler, 2013; Perlman et al., 2006; Perlman et al., 2012; Tosch, 2014). Poor sleep can trigger a release of natural pain chemicals in the body (National Sleep Foundation, n.d.) therefore massage's role in improved sleep further reduces pain (Tosch, 2014).

Three research studies conducted on knee OA found that Swedish massage is a beneficial treatment, and through the process of the studies the researchers developed established Swedish massage treatment protocols that may be used by practising massage therapists for knee OA. Perlman et al. (2006) conducted the first randomised trial assessing the benefits of massage for knee OA. They found that massage reduces pain, reduces stiffness, and improves function for knee OA. In the second study (Perlman, Ali, Njike, Hom, Davidi, Gould-Fogerite, Milak, & Katz, 2012) used a 60-minute Swedish massage protocol and established a 30-minute massage protocol to compare results.

They found that the 60-minute protocol once weekly treatment was superior to the 30-minute treatments and twice-weekly treatments of 60-minutes based upon time demands, cost, and results from the participants.

The third study was a randomised trial of self-massage therapy intervention focused on treatment of the quadriceps muscle due to the common role of weak and tight quadriceps noted in patients with knee OA (Atkins & Eichler, 2013). Atkins and Eichler developed a 20-minute massage protocol and provided guided practice performing the self-massage in groups with other participants. All studies additionally noted that an eight-week massage treatment provided improved mobility, reduced pain, and greater function in the knee with results that lasted weeks past treatment cessation.

### **Preferred Modalities for Knee OA Massage Treatment**

Turchaninov's work (2010, 2011, 2014a, & 2014b) provides insights into biochemical processes that are triggered by massage techniques to promote healing. Turchaninov (2014b) stated that massage protocols are critical to provide the optimum results to clients during the massage. Effleurage's role is most effective to prepare soft tissues for work because the body initially responds to massage strokes with vasoconstriction. Yet use of effleurage ends the vasoconstriction earlier allowing more benefits from deeper tissue techniques later in the session. Extended use of effleurage, however, is not beneficial because it does not stimulate healing responses or long-term effects that other techniques provide.

Walker (2011) reports that moderate pressure massage techniques from both Swedish massage and Shiatsu stimulate pressure receptors underneath the skin and trigger a parasympathetic response that a) improves immune function (for example, increased natural killer number and activity); and b) increases vagal activity. Vagal activity refers to impulses delivered to the sinoatrial (SA) node that effect heart rate (Levy, Lano, & Zieske, 1972). These vagal responses can reduce adrenal responses, cortisol levels, arginine vasopressin (AVP), and lead to reduced blood pressure, heart rate, relaxation, and calming effects on the nervous system (Walker, 2011). Pretrissage applications from Swedish massage such as milking tissues and skin rolling accompanied by kneading and friction aid to achieve these benefits.

While acknowledging there is limited research to verify similar health effects from Shiatsu, Walker argues that a long tradition of clinical observations point to similar benefits.

Piezoelectric phenomenon is a benefit of external manipulation from massage of collagen molecules in soft tissues (including bone). Collagen molecules are dipole (two oppositely charged ends), with the positive charge in the head and the negative charge in the tail, and an overall positive charge in each molecule. Stimuli from massage deforms the molecules and increases the negative charge leading to prolific activity (regeneration) in the massaged tissues and this effect in tissue is optimised when manipulation is administered at a 45° angle to the fibre orientation while using moderate massage pressure modalities (Turchaninov, 2014b) underscoring the importance of practitioner knowledge of fibre direction in soft tissues. Turchaninov (2014b) argues that the electrophysiological changes in soft tissue and the entire body that result from CAM treatment are the same phenomena that Traditional Chinese Medicine (TCM) called Qi.

Turchaninov (2014b) explains how the mechanical stimuli of massage modalities with moderate pressure, such as compression, petrissage, and deep friction benefit clients with "pain relief, peripheral vasodilation with increasing venous and lymph drainage, micro-traumatisation of soft tissues, and cellular stimulation".

These processes occur over time highlighting the importance of extended treatment for OA symptoms.

Massage has two analgesic effects on the body, the release of endogenous opiate substances (for example, endorphins) and counterirritation. Endorphins are one of a number of opiate substances that block pain signals and lead to "the runner's high." Counterirritation is related to gate-control theory of pain. Gate-control theorises two types of nerve fibres that conduct pain stimuli to the nervous system. With chronic conditions pain stimuli travel slowly on C fibres in the nervous system because C fibres are not myelinated. When massage stimulates receptors in the skin and connective tissues, sensations travel on myelinated A fibres and travel more swiftly.

In short, the stimuli from massage bombard the pain relay systems and inhibit chronic pain stimuli (Turchaninov, 2014b).

Four mechanisms affect peripheral vasodilation during massage:

- a) the mechanical treatment pushes blood and lymph and aids venous return in the treated tissue;
- b) while peripheral receptors in treated skin and tissues send afferent (sensory) messages to the CNS during massage, there are additional pathways (axon reflex) that send afferent messages directly (and more quickly) to vascular structures in the treated area;
- c) after releasing ischemic compression, reflex vasodilation occurs and it is more effective when the pressure is held 15-30 seconds and applied more than once in the same area (Turchaninov, 2014b); and
- d) reflex vasodilation is caused when massaged tissues release vasoactive substances (chemicals released from endothelial cells) into the circulatory system to control vessel diameter (Turchaninov, 2014b).

Micro-traumatisation is caused from friction, vibration, and compression modalities causing small areas of inflammation and tiny hemorrhages in tissue and capillaries. These deep tissue modalities stimulate local metabolism leading to healing for 24-48 hours after the massage ends. Neutrophils enter the areas of damage from circulatory system and macrophages follow cleaning cellular debris and releasing enzymes that create cytolysis (membrane destruction) in damaged cells. Initially the trauma from massage is worse but it signals fibroblasts to migrate into the area and restore normal tissue structures (Turchaninov, 2014b).

Cellular stimulation includes fibroblast activity, new capillaries on endothelial cells, and collagen deposits from fibroblasts. Massage stimulates present and migrated fibroblasts to produce collagen and extracellular matrix to repair micro tears. Repeating the mechanical pressure on tissues in follow-up sessions provides extended collagen production and appropriate orientation of the fibres (Turchaninov, 2014b).

To trigger long term vasodilation kneading and percussion are most effective.

Kneading should be done separately at three levels- skin, superficial muscles, and deep muscles. Practitioners can begin work on the opposite side of the body using vasodilation techniques to prepare the body for work in the area of trauma. A very important aspect of treatment is to modify treatment for each individual client (Turchaninov, 2011).

Lowe's (2006) argument that massage and stretching are useful for muscle spasm reduction, reducing inflammation, and to reduce compression on painful joints is an important benefit for knee OA since the knee is a critical load bearing joint. Page (2012) points out that stretching during rehabilitation is commonly used to lengthen muscles, improve ROM, or align healing collagen fibres. Page notes that benefits of stretching are individual to different populations and some stretches are better before or after intense activity during athletic participation. All kinds of stretching increase ROM, but proprioceptive neuromuscular facilitation (PNF) stretching is more beneficial in the short term (Page, 2012). PNF stretching activates stretch reflex, reciprocal inhibition, and autogenic inhibition (for example, active assisted stretching, hold-relax, contract-relax-antagonist-contract). Other types of stretching include static stretching, dynamic stretching, and passive stretching (Stretching-Exercises-Guide, n.d.).

Thermal modalities of heat and cold are within massage scope of practice and are common modalities of treatment (Brandt, 2004; Brousseau et al., 2011; Tosh, 2014). The benefits of thermal therapies were questioned in a review of three studies (Brousseau, et al., 2011). The authors argued that while thermotherapies are safe, if applied carefully, there was no significant benefit of using heat, but there were indications that cold had slight indications of effectiveness for reducing edema, improved ROM, and improved strength and function for knee OA. They did note, however, that the studies were not high quality and more research is needed to verify the usefulness of these modalities for OA treatment.

Identified benefits of cryotherapy (cold) are constricting blood vessels and blocking nerve impulses that signal pain. Ice packs and direct ice massage on affected areas or acupoints are commonly used. Heat therapy is used during rehabilitation and results in reduced pain and stiffness with increased mobility, but a previously mentioned caution is that heat may increase inflammation in knee OA. Applications of heat packs are common in massage venues, and both treatment modalities can easily be self-administered at home by patients as needed (Brousseau et al., 2011).

### **Additional Modalities for Knee OA Treatment**

An important way to manage knee OA symptoms and slow progression is to educate patients in self-care and lifestyle practices to improve quality of life such as balancing activity and rest, improving nutrition, losing weight, managing stress and depression, exercising regularly (Arthritis Foundation, n.d.; Atkins & Eichler, 2013; Brandt, 2004; Medical Research Network, n.d.; Rattray, 2011), and removing OA triggers such as foods with inflammatory properties (Dohemy, 2008). For example, losing one pound of weight can result in relief of four pounds of pressure on a knee with OA (Arthritis Foundation, n.d.). Brandt (2004) argued that education empowers patients to manage their own health and benefited those with diagnosed OA 20-30% more than the use of non-steroid anti-inflammatory drugs (NSAIDs) alone. Common treatment modalities for knee OA consist of: a) physical therapy; b) supportive tools; c) medications; d) medical interventions; and e) complementary and alternative medicine (CAM) treatments. Each is described briefly below.

#### **Physical Therapy**

Physical therapy with targeted exercises has been effective for OA treatments (Chen et al., 2013; Medical Research Network, n.d.; Rattray, 2011). Some of the specific benefits include postural and biomechanical correction, joint alignment, proprioception training, muscle control, and gait training (Loudon, Goist, & Loudon, 1998).

#### **Use of Supportive Tools**

Tools, such as braces, shoe inserts, and footwear are common recommendations to support joints and counteract gait patterns that develop to compensate for pain or for hereditary misalignments (Rattray, 2011; Tosch, 2014).

More recently, unloading braces were developed to bring articulations into alignment and pulsed electrical stimulation (PES) devices are available that can be used with unloading braces (Harrington et al., 2011).

#### **Pharmacological Treatment**

Medications such as acetaminophen (Tylenol), nonsteroid anti-inflammatory drugs (NSAIDs), or steroids (Atkins & Eichler, 2013; Medical Research Network, n.d) are commonly used for OA symptom relief. Khalsa (2002) argues that NSAIDs actually accelerate joint destruction by suppressing proteoglycan synthesis by the chondrocytes in cartilage and accelerate cartilage damage.

#### **Medical Interventions**

Medical interventions (Medical Research Network, n.d.; Rattray, 2011) such as injections of synthetic synovial fluid into joint capsules (Rattray, 2011) are used to decrease pain and the effects of grinding bone ends. Surgeries (for example, angulation osteotomy or joint replacement with prosthetics) (Atkins & Eichler, 2013; Rattray, 2011) are used when pain is severe and chronic.

#### **Complementary and alternative medicine (CAM)**

CAM treatments such as mind and body practices (for example, acupuncture, massage, yoga, tai chi, qi gong), supplements and herbal remedies are used to avoid side effects of drug use and surgery (Atkins & Eichler, 2013; Chen et al., 2013; Perlman et al., 2006; Rattray, 2011; Tosch, 2013).

Some of the more common mind and body practices consist of massage (addressed in the previous section of the paper), acupuncture, yoga, tai chi, and qi gong. While some studies exploring the efficacy of acupuncture for knee OA and other joints find encouraging results other studies have conflicting results. Khalsa (2002) reported on a study that found benefits for hand OA while practicing yoga. Information from the National Center for Complementary and Alternative Medicine (hereafter NCCAM) stated that yoga is generally low impact and may benefit OA conditions, but overstretching can be a problem and clearance by a doctor is recommended before using yoga with OA (NCCAM, n.d.). Tai Chi is a safe health practice and one study found that Tai Chi reduced pain, improved physical function, lessened depression, and improved quality of life for patients with knee OA.

Qi Gong is another safe body practice that includes physical movements, meditation, and breathing exercises. One research study to date, however, found inconclusive results for improving knee OA with Qi Gong practice (NCCAM, n.d.).

### Supplements for OA

Glucosamine-chondroitin is a supplement often recommended for OA because it does not have serious side effects such as those common with medication. Studies have shown benefits by using this supplement that is an element of natural joint fluid and is believed to stimulate cartilage production, reduce inflammation and slow the progression of OA (Tosch, 2014). There appears to be some controversy, however, about the efficacy of this supplement and the rigour of studies that explored its use for OA (NCCAM, n.d.).

### Herbal Remedies

Because herbal remedies may contain other compounds and have questionable safety, NCCAM (n.d.) cautions against their use until more research is available. Khalsa (2002), however, provides information about topical salves, foods, and spices that may be useful as analgesics and to reduce inflammation. Salves of castor oil may be able to penetrate and warm tissues to increase circulation, improve nutrient delivery, and increase movement. Arnica flower salve is helpful for sore joints and Khalsa reporting using arnica with witch hazel, turpentine, pine tar and sulfur for use with general trauma healing.

Some herbal remedies provide the same benefits as medication such as celebrex and viox that are used for inflammation and pain of arthritis. These two medications operate by inhibiting COX-2 (a biochemical that causes inflammation) in the body. Natural herbs, spices, and foods that inhibit COX-2, of which some have analgesic properties, are green tea, cabbage, celery, chives, currants, turmeric, boswellia gum, curcumin, cayenne, California poppy (a Native American herb), willow bark, and rhubarb (Khalsa, 2002).

### Conclusion

Researching OA of the knee in this paper was of interest because the author has this condition and is interested in focusing on the pathology, treatment options, and self-care recommendations for the condition. It is the goal of the author to apply this knowledge both to massage practice as well as for self-care and self-empowerment.

The information on physiology and pathology of knee OA, symptoms, treatments, and self-care is useful information for client education, and elderly populations present with OA conditions.

Particularly useful information from the paper was about the healing mechanisms stimulated with massage and the accompanying techniques that activate these results. This information can be useful for massage on many conditions in any practitioner's massage practice.

### REFERENCES:

- Atkins, D.V. & Eichler, D.A. (2013). The effects of self-massage on osteoarthritis of the knee: A randomized, controlled trial. *International Journal of Therapeutic Massage and Bodywork*, 6(1): 4-14. Retrieved from <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3577640/>
- Arthritis Foundation. (nd). *Osteoarthritis*. Author. Retrieved from <http://www.arthritis.org/conditions-treatments/disease-center/osteoarthritis/>
- Brandt, K.D. (2004). Non-surgical treatment of osteoarthritis: A half century of "advances." *Annals of the Rheumatic Diseases*, 63(2): 117-122. Retrieved from <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC1754874/>
- Brosseau, L., Yonge, K.A., Welch, V.I., Marchand, S., Judd, M., Wells, G.A., & Tugwell, P. (2011). Thermotherapy for treatment of osteoarthritis. The Cochrane Collaboration. Wiley. Retrieved from [http://scholar.google.com/scholar\\_url?hl=en&q=http://www.update-software.com/pdf/CD004522.pdf&sa=X&scisig=AAGBfm21ldkTowBIFTAuv6TRva6W0YZkQ&oi=scholar](http://scholar.google.com/scholar_url?hl=en&q=http://www.update-software.com/pdf/CD004522.pdf&sa=X&scisig=AAGBfm21ldkTowBIFTAuv6TRva6W0YZkQ&oi=scholar)
- Chen, X.L., Mao, J.J., Frenandes, S., Galantino, M.L., Guo, W., LaRicca, P., Teal, V.L., Bowman, M.A., Schumacher, H.R., & Farrar, J.T. (2013). Integrating acupuncture with exercise-based physical therapy for knee osteoarthritis: A randomized controlled trial. *Journal of Clinical Rheumatology*, 19(6): 308-316. Retrieved from <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3782092/>
- Doherty, K. (2008). Anti-inflammatory diet: Road to good health? WebMD. Retrieved from <http://www.webmd.com/food-recipes/features/anti-inflammatory-diet-road-to-good-health>
- Griffith, S. (Monday Sep 8, 2014). Were Ötzi the iceman's tattoos an early form of 'acupuncture'? Scientists believe 5,000-year-old skin etchings were therapeutic. *Mail The Cochrane Collaboration*. <http://www.dailymail.co.uk/sciencetech/article-2478420/Were-tzi-icemans-tattoos-early-form-acupuncture-Scientists-believe-5-000-year-old-skin-etchings-therapeutic.html>
- Harrington, T.J., Hungerford, D.S., Lawrence Ford, T., Deveshwar, S., Mines, C.M., Shjeinkop, M.B., Schechtman, J., Principe, J.R., Faust, G.W., Zizic, T.M. (2011). *New options for treating osteoarthritis of the knee. A Supplement to Rheumatology News*. Elsevier. Retrieved from <http://www.bionicare.com/clinical-studies/options-treating-osteoarthritis-knee/>
- InnerBody. (n.d.). Knee joint. Author. Retrieved from [www.innerbody.com/image/skil16.html#full-description](http://www.innerbody.com/image/skil16.html#full-description)
- Kean, W.F., Tocchio, S., Kean M., Rainsford, K.D. (2013). The musculoskeletal abnormalities of the Similaun iceman ("Ötzi"): Cues to chronic pain and possible treatments. *PubMed.gov/ U.S. National Library of Medicine, National Institute of Health*. Retrieved from [www.ncbi.nlm.nih.gov/pubmed/23096483](http://www.ncbi.nlm.nih.gov/pubmed/23096483)
- Khalsa, K.P.S. (2002). Remedies for osteoarthritis. American Massage Therapy Association. Retrieved from <https://www.amtamassage.org/articles/3/MTJ/detail/1768>
- Levy, J.N., Lano, T. & Zieske, H. (1972). Effects of repetitive bursts of vagal activity on heart rate. *Circulation Research*, 30: 186-195. Doi: 10.1161/01.RES.30.2.186. Retrieved from <http://circres.ahajournals.org/content/30/2/186.full.pdf>
- Lippert, L.S. (2011). *Clinical kinesiology and anatomy, 5th ed.* Philadelphia: F.A. Davis Company.
- Loudon, J.K., Goist, H.L., & Loudon, K.L. (1998). Genu recurvatum syndrome. *Journal of Orthopedic & Sports Physical Therapy*, 27(5): 361-367.
- Loudon, J.K., Jenkins, W.I., & Loudon, K.L. (1996). The relationship between static posture, and ACL injury in female athletes. *Journal of Orthopedic & Sports Physical Therapy*, 24:91-97.
- Lowe, W. (2006). Recognizing osteoarthritis. *Massage Today*, 6(10): 1-4. Retrieved from [http://www.massagetoday.com/mpacms/mt/article.php?id=13486&no\\_paginate=true&no\\_b=true](http://www.massagetoday.com/mpacms/mt/article.php?id=13486&no_paginate=true&no_b=true)
- Medical Research Network (n.d.). *Osteoarthritis*. Author. Retrieved from <http://www.medicalresearchnetwork.com/osteoarthritis>
- National Center for Complementary and Alternative Medicine (NCCAM). (n.d.). Osteoarthritis and complementary health approaches. NIH. Retrieved from <http://nccam.nih.gov/health/arthritis/osteoarthritis>
- National Sleep Foundation. (n.d.). Fibromyalgia and pain. Retrieved from: <http://sleepfoundation.org/sleep-disorders-problems/fibromyalgia-and-sleep>
- Page, P. (2012). Current concepts in muscle stretching for exercise and rehabilitation. *International Journal of Sports Physical Therapy*, 7(1): 109-119. Retrieved from <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3273886/>

Perlman, A., Sabina, A., Williams, A.L., Njike, V.Y., Katz, D.L. (2006). Massage therapy for osteoarthritis of the knee: A randomized controlled trial. *Archives of Internal Medicine*, 168(22): pp. 2533-2538. Retrieved from <http://archinte.jamanetwork.com/issue.aspx?journalid=71&issueid=20250>

Perlman, A., Ali, A., Njike, V.Y., Hom, D., Davidi, A., Gould-Fogerite, S., Milak, C., & Katz, D.L. (2012). Massage therapy for osteoarthritis of the knee: A randomized dose-finding trial. *PLoSOne* 7(2): e30248. doi:10.1371/journal.pone.0030248. Retrieved from <http://www.plosone.org/article/info%3Adoi%2F10.1371%2Fjournal.pone.0030248>

Rattray, F. (2000). Osteoarthritis. In, Rattray, F. & Ludwig, L. (Eds.), *Clinical massage therapy: Understanding, assessing and treating over 70 conditions*, (pp. 637-645). Toronto: Talus Incorporated.

Rothschild, B.M., Xiaoting, Z., & Martin, L.D. (2012). Osteoarthritis in the early avian radiation: Earliest recognition of the disease in birds. *Cretaceous Research*, v. 35: 178-180. DOI: 10.1016/j.cretres.2011.12.008

Stretching-Exercises-Guide. (n.d.). PNF stretching. Retrieved from <http://www.stretching-exercises-guide.com/pnf-stretching.html>

Tosch, H (2014). Massage therapy for osteoarthritis. *Massage Therapy Journal*: 76-89. Retrieved from <http://www.amtamassage.org/articles/3/MTJ/detail/2807>

Turchaninov, R. (2010). How massage therapy heals the body, Part I: Piezoelectrical phenomenon in the soft tissue. *Science of Medical Massage*, 2(1). Retrieved from <https://www.scienceofmassage.com/2010/01/how-massage-therapy-heals-the-body-part-i/>

Turchaninov, R. (2011). How massage therapy heals the body, Part III: Vasodilation mechanisms. *Science of Medical Massage*, 3(4). Retrieved from <https://www.scienceofmassage.com/2011/10/how-massage-therapy-heals-the-body-part-iii-vasodilation-mechanisms-2/>

Turchaninov, R. (2014a). How massage therapy heals the body, Part IV: The phenomenon of pain and massage therapy: Gate-control theory of pain. *Science of Medical Massage*, 6(3). Retrieved from <https://www.scienceofmassage.com/2014/08/how-massage-therapy-heals-the-body-part-iv/>

Turchaninov, R. (2014b). Research & massage therapy, part 2: Why does massage benefit the body? *MassageTherapy.com*. Retrieved from [http://www.massagetherapy.com/articles/index.php/article\\_id/236/Research--Massage-Therapy](http://www.massagetherapy.com/articles/index.php/article_id/236/Research--Massage-Therapy)

Walker, R. (2011). Finding the middle ground: Moderate pressure during massage offers a powerhouse of health benefits. *Body Sense*. Retrieved from <http://www.bodysensemagazinedigital.com/1/50186/6>



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## New BUPA provider requirements

BUPA has recently reviewed its criteria for providers and introduced some changes which took effect on June 1.

Although it's mostly business as usual, there is one key change that will impact all new BUPA providers and many current providers.

BUPA now requires remedial massage providers to hold at least \$2 million dollars professional indemnity insurance per claim (i.e. this means each and every claim, not claims in the aggregate).

Current BUPA providers have until 30 June 2017 to transition to the new limits. If you wish to remain eligible for provider status with BUPA, you will need to ensure that you have at least \$2 million professional indemnity insurance next time you renew your insurance policy.

New applicants for BUPA provider status will need to comply with the \$2 million professional indemnity requirement now.

AMT recommends that all providers review the BUPA Ancillary Provider Terms and Conditions:

**<http://www.bupa.com.au/staticfiles/BupaP3/For%20Providers/MediaFiles/PDF/Bupa%20Our%20Ancillary%20Provider%20Terms.pdf>**

# Surgery Under the Microscope: Osteoarthritis and Arthroscopy

by Rebecca Barnett

In 2002/13, 33,682 Australians underwent arthroscopic knee surgery (ACSQHC, 2016).

However, over the last 20 years, the efficacy of arthroscopic surgery for knee osteoarthritis has begun to look pretty shaky. The evidence from clinical trials suggests the procedure offers patients with osteoarthritis no relief from pain or improvement in function.

A 2002 controlled trial (Moseley et al, 2002) that compared the treatments of 180 people with osteoarthritis of the knee, some of whom had an arthroscopy (arthroscopic debridement or lavage) and others a placebo surgery, found no difference in self-reported pain and function two years after the treatment between groups. The researchers concluded that the outcomes after arthroscopic lavage or arthroscopic débridement were no better than those after a placebo procedure.

A Canadian study of patients (Kirkley et al, 2008) with moderate to severe osteoarthritis of the knee found arthroscopic surgery was no better than physiotherapy and a home exercise program. This trial, conducted between January 1999 and August 2007, compared 86 patients assigned to arthroscopic surgery with 86 control patients who only received tailored physiotherapy and home exercise prescription.

At the end of two years, patients assigned to arthroscopic treatment in addition to optimised physical therapy had no greater improvements in pain, stiffness and function than the control group. The researchers concluded that arthroscopic surgery for osteoarthritis of the knee provided no additional benefit to optimised physical therapy.

A 2007 review (Siparsky et al, 2007) of 18 studies found that knee arthroscopy "should not be used as a routine treatment for all patients with knee osteoarthritis".

A 2008 Cochrane review (Laupattarakasem et al, 2008) concluded that "there is 'gold' level evidence that arthroscopy has no benefit for undiscriminated osteoarthritis (mechanical or inflammatory causes)". Three RCTs were included with a total of 271 patients.

The most recent systematic review, published in the British Medical Journal in June 2015 (Thorlund et al), seems to have put the final nail in the arthroscopy coffin concluding that: "The small inconsequential benefit seen from interventions that include arthroscopy for the degenerative knee is limited in time and absent at one to two years after surgery. Knee arthroscopy is associated with harms. Taken together, these findings do not support the practice of arthroscopic surgery for middle aged or older patients with knee pain with or without signs of osteoarthritis."

## REFERENCES:

- ACSQHC. (2016). *Knee pain*. Retrieved April 27, 2016, from <http://www.safetyandquality.gov.au/our-work/knee-pain>, accessed 27/04/2016
- Kirkley, A., Birmingham, T.B., Litchfield, R.B., Giffin, J.R., Willits, K.R., Wong, C.J. et al. (2008). A randomized trial of arthroscopic surgery for osteoarthritis of the knee. *The New England Journal of Medicine*, 359, 1097-107. Available as free full text: <http://www.nejm.org/doi/pdf/10.1056/NEJMoa0708333>
- Laupattarakasem, W., Laopaiboon, M., Laupattarakasem, P. & Sumananont C. (2008). Arthroscopic debridement for knee osteoarthritis. *Cochrane Database of Systematic Reviews*, Jan 23 (1), CD005118. Available as free full text: <http://onlinelibrary.wiley.com/doi/10.1002/14651858.CD005118.pub2/abstract>
- Moseley, J.B., O'Malley, K., Petersen, N.J., Menke, T.J., Brody, B.A., Kuykendall, D.H. et al. (2002). A controlled trial of arthroscopic surgery for osteoarthritis of the knee. *The New England Journal of Medicine*, 347, 81-88. Available as free full text: <http://www.nejm.org/doi/full/10.1056/NEJMoa013259>
- Siparsky, P., Ryzewicz, M., Peterson, B. & Bartz, R. (2007). Arthroscopic treatment of osteoarthritis of the knee: are there any evidence-based indications? *Clinical Orthopaedics and Related Research*, 455, 107-12.
- Thorlund, J.B., Juhl, C.B., Roos, E.M. & Lohmander, L.S. (2015). Arthroscopic surgery for degenerative knee: systematic review and meta-analysis of benefits and harms. *British Medical Journal*, 350, h2747. Available as free full text: <http://www.bmj.com/content/350/bmj.h2747>

## Making Massage Research Easy

by Dana Scully

### BIOMED CENTRAL

As busy massage therapists, finding the time for research can be a frustrating prospect, but BioMed Central makes it easy.

#### What is BioMed Central?

BioMed Central is a publisher of open-access journals. They are owned by Springer Science & Business Media, an international publishing company that focuses on science, technology and medicine (STM).

Articles in the hundreds of journals published by BioMed Central are FREE for all to use. As long as the article is cited properly, it can be used and distributed without restriction.

All articles undergo a stringent ethical evaluation and are peer-reviewed for quality assurance.

#### How to access BioMed Central

Accessing BioMed Central's articles is almost too easy. Just visit the website at [www.biomedcentral.com](http://www.biomedcentral.com) and type a query into the search bar (located in the top right hand corner)! No other navigation is necessary! It's truly that simple.

If you research often or need to return to a previous day's search results, you may benefit from registering and receiving a login, but registration is not necessary.

#### What are the Benefits of Registering?

Again, registering is not necessary, but it does have its benefits. Registration allows the user to save search results and return to them at a later time. This can be a huge time-saver when doing heaps of research or when searching similar subjects often.

By registering you can also sign up to have relevant articles and alerts emailed to you.

This keeps you up-to-date with current research in subject areas that interest you without having to go looking for it!

When completing the registration process (or at any time) you can click into the My Email Alerts tab and choose to receive emails from the plethora of subjects available. Again—so simple!

Ever wanted to comment on an article or write a rebuttal? Registration also allows you to do this. You can take part in conversations, ask questions and share your experiences with other health professionals.

If you've written an article you want to share, registration enables you to submit your work to BioMed Central for publication to any one of its hundreds of journals!

#### How is BioMed Central Relevant to Massage Therapists?

No more trolling through dozens of websites looking for articles. BioMed Central brings current information right to your inbox and makes searching simple and fast! Health information is at your fingertips and only a single click away.

We're all time poor but BioMed Central makes it easier for us to research client issues, stay up-to-date and take part in science, technology and medicine discussions without taking too much time out of our busy workdays.

#### ADVANCED SEARCHING 101

Using a search engine or a database can be time-consuming. Advanced searching can cut your time in front of a screen and get you back to your clients fast!

As evidence-based massage therapists it is increasingly important to research current information, health conditions, treatment options and more but as busy professionals we are often too time poor to conduct a useful search.

Research gets thrust to the bottom of the 'to do' list.

There are ways to reduce the time spent searching for relevant information yet still help you build knowledge that will ultimately improve client outcomes. You just need to know a few tricks of the research trade.

#### Keywords

Most of us start our research by typing a keyword into a search engine's search bar. Keywords are words or phrases relevant to our subject matter, for example when searching for new articles on any type of massage, type massage into a search engine's search bar.

Often a spyglass icon denotes a search bar. Type your keyword into the bar next to it and then click the spyglass.

If the database you are searching has a keyword locator, use it. It will help you refine your search using words most often found in that particular database. Even Dr. Google has its own keyword locator!

If you're just starting out and struggling to find relevant words or phrases, try one of the many free keyword search websites like Word Stream at <http://www.wordstream.com/keywords> or Word Tracker at <http://www.wordtracker.com>.

If you find your search returns too many results, limit your search by using additional relevant terms. For example instead of searching for massage, try a phrase like massage therapy or lower back massage.

Sometimes you may have the opposing issue of too few results. In this case expand your search by being less specific. If you were searching for lower back massage for post-partum pain relief, try searching post-partum pain relief instead.

### Subject Headings

Subject headings are similar to keywords but they are often database specific. It can be difficult to search subject headings if you don't know in advance what subjects the database recognises. For example the Yellow Pages phone book is a database of phone numbers. If you look for a Lymphatic Drainage Therapist in an old paper phone book, you probably won't find one unless you look under the heading Massage Therapist (or even sometimes Physiotherapist). In this instance it is often better to just use keywords.

Some databases like PubMed use a health specific subject-heading guide known as MeSH (Medical Subject Headings). PubMed's MeSH search will provide you with a helpful subject heading locator dropdown box. To get results for entries in the dropdown box, scroll to the entry you are looking for and click on it. If you don't see an entry for what you are looking for, try a keyword search instead.

### Boolean

Boolean operators are connecting words that a search engine recognises that either limit or expand a search. Improve your search results by using any one or many of these words in your search.

**AND**—is a search limiter. Include the word AND (in all capitals) between all words that you want the search engine to look for.

massage AND lower back pain

*Search results will include only results that include both massage and lower back pain.*

**OR**—is a search expander. Including the word OR (in all capitals) between search terms indicates that you want the search engine to search for either term.

massage OR lower back pain

*Search results will include results that have either massage or back pain, but not necessarily both.*

**NOT**—is a search limiter. Include the word NOT (in all capitals) between your main search term and terms you want excluded.

massage NOT lower back pain

*Search results for massage will exclude anything with lower back pain.*

You can even use **more than one Boolean operator** at a time.

massage AND lower back pain OR lumbo-sacral pain NOT pregnancy

*The search results will include sites for massage and lower back pain, as well as massage and lumbo-sacral pain, but will not cite any result that includes pregnancy.*

### Phrases

Most search engines allow you to search for specific phrases or passages by enclosing your phrase words in quotation marks ("insert search phrase here"). Have you ever written a quote but forgot to note the author's name? With phrase searching you can type the quote, enclosed by quotation marks, and the search engine will find the author for you!

Some databases and search engines use automatic Boolean operators or proximity locators instead to search. Proximity locators search words that are typed near one another. For example, massage therapy would be searched as two single words ("massage" and "therapy") and as a phrase ("massage therapy") because the words are next to one another. Thus your results would include all entries that have either massage or therapy in it.

### Truncation

Truncation expands your search by including various word endings. For example, instead of searching massage AND massaging AND massaged, you can simply add an asterix after the root of massage e.g. massag\* and your results will include all entries with the various endings of massage.

### Stop Words

Stop words are insignificant words that can affect your search results.

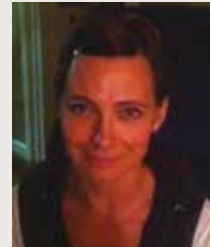
Some common stop words are:

**a in are**  
**an of be**  
**the on**

Most databases ignore these words. Others may return results that include them. For example, if you are searching for *massage in Western civilization* in a database that doesn't ignore stop words, then any article with the word in in it would be listed in your results. Yikes!

Make a habit of excluding these from your search to improve the quality of your results.

And there you have it, Advanced Searching 101! Simple tips to help you save time when researching so you can get back to what you do best—massage! Research is a necessary but all too often time-consuming part of a massage practice. Don't let the lack of time keep you from researching better ways to help your clients. Use these advanced search tips to reduce the time you spend doing research, improve your knowledge and skills, and get back to your clients in half the time!



*Dana Scully has been a member of the AMT since 2001. As owner of Soothe the Soul Massage Therapy Australia, Dana is not only passionate about client health and well-being but also about research education for massage therapists.*

# 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. Providers must also meet Medibank's Diploma duration requirement of one year to be eligible.
A.C.A 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. Providers must also meet HCF's Diploma duration requirement of one year to be 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 up to four practice addresses. Medibank Private will only issue provider numbers for three practices.

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

June 2016		CEUs
4-5	The Final Frontier - Working within Endangerment Sites. Presented by John Sharkey. Sydney, NSW Contact Budiman 0402 059 570 or terrarosa@gmail.com. Register at www.terrarosa.com.au	70
4-6	Oncology Massage Module Two. Presented by Tania Shaw. Maroochydore, QLD Contact Kylie Higgins 0408 077 123 www.oncologymassagetraining.com.au	105
4-6	Arches and Legs - FRSB. Presented by Julie Hammond. Perth, WA Contact 0415 707 130 or info@anatomytrainsaustralia.com. www.anatomytrainsaustralia.com	105
6-7	Modern Cupping Therapy. Presented by Bruce Bentley. Brisbane, QLD Contact 03 9576 1787. www.healthtraditions.com.au	70
6-8	Oncology Massage Module One. Presented by Bronwyn Sutton. Wagga Wagga, NSW Contact Kylie Higgins 0408 077 123 www.oncologymassagetraining.com.au	105
7-9	Oncology Massage Module One. Presented by Gillian Desreux. Tauranga, New Zealand Contact Kylie Higgins 0408 077 123 www.oncologymassagetraining.com.au	105
10-14	Advanced Certificate in Integrated Cupping Therapy. Presented by Bruce Bentley. Townsville, QLD Contact 03 9576 1787. www.healthtraditions.com.au	175
10-12	Master Class in Traditional East-West Cupping. Presented by Bruce Bentley. Townsville, QLD Contact 03 9576 1787. www.healthtraditions.com.au	105
11-13	Arches and Legs - FRSB. Presented by Julie Hammond. Sydney, NSW Contact 0415 707 130 or info@anatomytrainsaustralia.com. www.anatomytrainsaustralia.com	105
11-12	Certificate of Pregnancy Massage. Presented by Catherine McInerney. Perth, WA Contact 03 9571 6330 or info@pregnancymassageaustralia.com.au www.pregnancymassageaustrlia.com.au	70
11-15	NurtureLife® Pregnancy Massage Practitioner. Presented by Catherine McInerney. Perth, WA Contact 03 9571 6330 or info@pregnancymassageaustralia.com.au www.pregnancymassageaustrlia.com.au	175
11	Rocktape Introduction Course - Full Day. Presented by Rocktape. Gold Coast, QLD Contact 08 9379 3400 or education@rocktape.com.au. rocktape.com.au	35
11-12	BioTensegrity, Anatomy for the 21st Century. Presented by John Sharkey. Sydney, NSW Contact Budiman 0402 059 570 or terrarosa@gmail.com Register at www.terrarosa.com.au	70
13-15	Practitioner of Pregnancy Massage. Presented by Catherine McInerney. Perth, WA Contact 03 9571 6330 or info@pregnancymassageaustralia.com.au www.pregnancymassageaustrlia.com.au	105
13-14	Modern Cupping Therapy. Presented by Bruce Bentley. Townsville, QLD Contact 03 9576 1787. www.healthtraditions.com.au	70
15	North Shore and Northern Beaches Branch Meeting. Belrose, NSW. Contact Brenda 0410 353 913	15
15-19	Short Course in Certified Infant Massage Instruction. Presented by Glenda Chapman. Adelaide, SA Contact 02 6262 4346 or support@iaim.org.au www.iaim.org.au Class runs 15, 16, 17 and 19 June (No Class runs on Saturday 18th)	140
17	Evidence Based Relaxation Therapy: Physiological & Psychological Benefits. Presented by Judy Lovas. Melbourne, VIC Contact 0419 433 961. Register at www.artandscienceofrelaxation.com	15
17	Rocktape Introduction Course - Half Day. Presented by Rocktape. Sydney, NSW Contact 08 9379 3400 or education@rocktape.com.au rocktape.com.au	20
17-21	Advanced Certificate in Integrated Cupping Therapy. Presented by Bruce Bentley. Airlie Beach, QLD Contact 03 9576 1787. www.healthtraditions.com.au	175
17-19	Master Class in Traditional East-West Cupping. Presented by Bruce Bentley. Airlie Beach, QLD Contact 03 9576 1787. www.healthtraditions.com.au	105
18-19	Myofascial Cupping Technique™. Presented by David Sheehan. Adelaide, SA Contact 03 9481 6723 or info@comphs.com.au www.comphs.com.au/	70
18	Mid-North Coast Branch Meeting. Port Macquarie, NSW. Contact Kristy Baird 0411 181 898	15
18-19	Chi-Acupressure. Presented by Master Zhang Hao. Strathfield, NSW Contact 0416 286 899. www.chihealing.com.au	70
19	Rocktape Introduction Course - Full Day. Presented by Rocktape. Launceston, TAS Contact 08 9379 3400 or education@rocktape.com.au rocktape.com.au	35
19	Massage for Asthma and Breathing Pattern Disorders. Presented by John Bragg. Randwick, NSW Contact 0410 434 092 or john@johnbragg.com.au www.johnbragg.com.au	35
20-21	Modern Cupping Therapy. Presented by Bruce Bentley. Airlie Beach, QLD Contact 03 9576 1787. www.healthtraditions.com.au	70
23-27	Short Course in Certified Infant Massage Instruction. Presented by Glenda Chapman. Perth, WA Contact 02 6262 4346 or support@iaim.org.au www.iaim.org.au Class runs 23, 24, 25 and 27 June (No Class runs on Sunday 26th)	140
24-26	Oncology Massage Module Two. Presented by Amy Tyler. Castle Hill, NSW Contact Kylie Higgins 0408 077 123 www.oncologymassagetraining.com.au	105
25	Evidence Based Relaxation Therapy: Physiological & Psychological Benefits. Presented by Judy Lovas. Thirroul, NSW Contact 0419 433 961. Register at www.artandscienceofrelaxation.com	15
25-26	Modern Cupping Therapy. Presented by Bruce Bentley. Rockhampton, QLD Contact 03 9576 1787. www.healthtraditions.com.au	70
25	Rocktape Introduction Course - Full Day. Presented by Rocktape. Canberra, ACT Contact 08 9379 3400 or education@rocktape.com.au rocktape.com.au	35
26	Rocktape Introduction Course - Full Day. Presented by Rocktape. Donnybrook, WA Contact 08 9379 3400 or education@rocktape.com.au rocktape.com.au	35
28	Illawarra Branch Meeting. Corrimal, NSW. Contact Linda White 0417 671 007	15

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SHOULDER



LOWER BACK



KNEE



ANKLE



## ACCREDITED KINESIOLOGY TAPING FULL DAY COURSES

**Gold Coast**  
11th June

**Launceston**  
19th June

**Canberra**  
25th June

**Donnybrook WA**  
26th June

**Melbourne**  
3rd July

**Central Coast NSW**  
9th July

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September 23-24,  
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Milsons Point Sydney

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# CONFERENCE PROGRAM

## FRIDAY 23 SEPTEMBER

### PRE-CONFERENCE WORKSHOPS

9.00am	Registration and arrival tea/coffee	
	Workshop	Speakers
9.30am – 5.00pm	TMJ	Til Luchau
	Tricky Tarsals	Jenny Richardson
	Working the thorax	Michael Solano

## SATURDAY 24 SEPTEMBER

7.30am – 8.45am	Registration and arrival tea/coffee	
	Event/Workshop	Speakers
9.00am – 9.45am	Conference opens: welcome, fun and filibustering	Peter Berner
9.45am – 10.45am	Why what's between your ears is more important than your sore back: new insights from pain neuroscience	Dr Tasha Stanton
10.45am - 11.15am	Morning tea and trade exhibit	
11.15am – 12.00pm	Massage and eating disorders	Sarah Fogarty
12.00pm – 12.30pm	Researching massage therapy patients in Australia - an update on AMT's research partnership with ARCCIM	Suzy Ladanyi
12.30pm – 1.30pm	Lunch and trade exhibit	
1.30pm – 2.15pm	Celebrating our past	Tamsin Rossiter
2.15pm – 2.45pm	Building our future: Launch of AMT's new strategic plan	Rebecca Barnett
2.45pm – 3.15pm	Afternoon tea and trade exhibit	
3.15pm – 3.45pm	Clinician Heal Thyself: Adventures in self care	Derek Zorzit and Alan Ford
3.45pm – 4.45pm	The Great Debate: "That we need to remove the term 'massage' from our professional title and replace it with something more credible"	
4.45pm	Program close	
6.30pm	Pre-dinner drinks	
7.30pm	Gala dinner	

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# SPEAKERS



## PETER BERNER MC

Peter Berner is a stand up comic, TV presenter, radio host, writer, artist, cartoonist and social commentator. He has written and hosted the twice Logie nominated political satire BackBerner, The Einstein Factor (ABCTV) and You Have Been Watching (Foxtel). He also conceived, wrote and presented Peter Berner's Loaded Brush, a documentary centred around his entry into the Archibald Prize.

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## TASHA STANTON KEYNOTE ADDRESS | Why what's between your ears is more important than your sore back: new insights from pain neuroscience

Dr Tasha Stanton is a Senior Research Fellow at the University of South Australia, Adelaide, and Neuroscience Research Australia, Sydney, and she currently holds an NHRMC Early Career Fellowship (2014-2018). She has received over \$1.7m in competitive research funding and has been a keynote/invited speaker at 25 national and international conferences. Her research focuses on clinical pain neuroscience, with a specific focus on cortical body representation, somatosensation, multimodal illusions, and pain.

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## SARAH FOGARTY PLENARY | Massage and eating disorders

Sarah Fogarty is a remedial massage therapist and researcher with over 17 years of experience. She is also an adjunct research fellow at Western Sydney University and has worked on a number of studies involving complementary medicine and eating disorders. She has presented her work at over ten international and national conferences, including both complementary medicine and eating disorder conferences.

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## SUZY LADANYI PLENARY | Researching massage therapy patients in Australia - an update on AMT's research partnership with ARCCIM

Suzy Ladanyi is a Registered Nurse and Lecturer in the Faculty of Health at the University of Technology Sydney, where she is the Course Coordinator for Undergraduate and Postgraduate Critical Care Nursing. Her PhD studies are associated with women's use of massage. She is an Associate Member of the Australian Research Centre in Complementary and Integrative Medicine (ARCCIM).

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## MICHAEL SOLANO PRECONFERENCE WORKSHOP | Working the thorax

Michael Solano completed a double major in Human Movement and Psychology at the University of Melbourne before going on to complete an osteopathy degree at RMIT in 1992. He has been in private practice for over 23 years. He has also been involved with undergraduate and postgraduate education since 2005.

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## TIL LUCHAU PRECONFERENCE WORKSHOP | TMJ

Til Luchau is a popular presenter and author of the bestselling Advanced Myofascial Techniques guidebooks. His regular Myofascial Techniques column has appeared in Massage & Bodywork magazine since 2009, and his articles have been published in magazines and peer reviewed technical journals.

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## JENNY RICHARDSON PRECONFERENCE WORKSHOP | Tricky tarsals

Jenny is the owner of Canberra Myotherapy and has been practising massage and myotherapy for 10 years. She is passionate about understanding how the body works and using this to help clients with chronic pain. Jenny is a perpetual learner and is bringing together material from a range of sources for her workshop "Tricky Tarsals".

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## TAMSIN ROSSITER PLENARY | Celebrating our past

Tamsin has been a member of AMT for over 20 years and became a life member in 2014. She is a past president of AMT and currently sits on AMT's Ethics and Education Committees. She has a keen interest in the professional and ethical practice of massage therapy, and co-authored AMT's Code of Practice. As a long-term, dedicated industry advocate, she is uniquely placed to take us on a journey celebrating AMT's rich history.

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## REBECCA BARNETT PLENARY | Building our future

As AMT Secretary, Rebecca Barnett has been at the coalface of professional advocacy for ten years. Her proudest achievements include the release of the AMT Code of Practice and the establishment of AMT's internationally acclaimed classified massage therapy research database. She remains committed to the advancement of the massage profession, and is optimistic about the future.

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## DEREK ZORZIT PLENARY | Clinician Heal Thyself

Derek has run a thriving rehabilitation and massage therapy business in Canberra since 1993. During this time, he has also worked with Olympic athletes and elite sports teams, including the Brumbies and the Wallabies. He was AMT Massage Therapist of the year in 2011.

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## ALAN FORD PLENARY | Clinician Heal Thyself

Alan has been involved in health and wellbeing since 1978, operating a busy private practice in Canberra. He volunteered at two Olympics as a massage service provider and has previously presented at many AMT conferences and members days. He is a former AMT president and was AMT Massage Therapist of the year in 2005.

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## PRECONFERENCE WORKSHOPS

### TMJ

#### Presented by Til Luchau

In this hands on workshop, Til will demonstrate a range of myofascial techniques that will dramatically improve your ability to work with TMJ pain, ear and sinus issues.

### TRICKY TARSALES

#### Presented by Jenny Richardson

The feet are the base for the rest of the body. Do you know how to really get someone's whole foot moving again, not just the range of motion at the ankle? Learn how to assess the movement of the foot and ankle, mobilise the joints and work on fascial densifications that restrict ROM. Understand how the patterns of movement of the foot affect the knee, hip and upper body. Feet are fun – you can see a lot of change in a short time if you know where to go to find the restrictions.

### WORKING THE THORAX

#### Presented by Michael Solano

What if everything you knew about breathing and anatomy was thrown out? In this workshop, Michael will share some insights from his explorations of embryology, specifically how having an understanding of the concept of form following function has revolutionised his approach to treatment. He will lead you through a series of palpatory exercises and techniques that will change the way you examine and treat your patients. You will discover aspects of the sternum and upper ribs that will unlock spinal and cervical tensions more effectively than hours of massage. A combination of myofascial and post-isometric release techniques will be applied to the different layers of the thorax, cervical spine and diaphragm.

## ACCOMMODATION

Here are a few options that offer affordable rates close to Luna Park:

- Carnarvon Lodge is located in Kirribilli  
<http://www.carnarvonlodge.com/en/rooms.php>
- Glenferrie Lodge is located in Kirribilli  
<http://glenferrielodge.com/home/>
- Rydges is located in North Sydney  
<http://www.rydges.com/accommodation/sydney-nsw/north-sydney/rooms-and-suites/>
- Harbourview Hotel is located in North Sydney  
<http://viewhotels.com.au/northsydneyharbourviewhotel/rooms/>

## TRANSPORT

Luna Park is located at Milsons Point, under the northern end of the Sydney Harbour Bridge. It's super easy to get to by train, ferry, bus or car. To plan your trip and view public transport timetables visit <http://www.transportnsw.info/>

### TRAVELLING BY TRAIN

Milsons Point train station on the north side of the Harbour is the closest to Luna Park. From the station, Luna Park is an easy five minute stroll downhill towards the Harbour.

### TRAVELLING BY BUS

Many North Shore bus routes pass the nearby North Sydney Station and/or terminate at Milsons Point (just a five minute stroll from Luna Park).

### TRAVELLING BY FERRY

There are regular Luna Park services to and from Circular Quay on the following routes: Darling Harbour/East Balmain, Woolwich/Balmain and Parramatta.

### TRAVELLING BY CAR

Luna Park has its own car park. Entry to the car park is via Paul Street, just off Alfred St South, Milsons Point. All day parking costs \$35.



## ■ PRECONFERENCE WORKSHOP PREFERENCES (FRIDAY 23 SEPTEMBER)

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

- \_\_\_ TMJ  
\_\_\_ Tricky tarsals  
\_\_\_ Working the thorax

## ■ WORKSHOP ALLOCATION

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

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

**REGISTRATION CLOSING FRIDAY 16 SEPTEMBER 2016**

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 \_\_\_\_\_

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AMT  
PO Box 826 Broadway NSW 2007  
or email [info@amt.org.au](mailto:info@amt.org.au)**

## Complementary Health Seminars



# DVDs

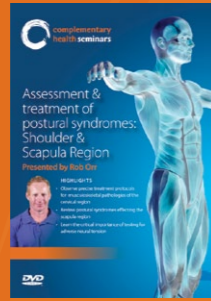
Head to [www.comphs.com.au/store](http://www.comphs.com.au/store) to view movie trailers.

### Assessment & Treatment of Postural Syndromes: Shoulder/Scapula region (2 DVDs)

Presented by Rob Orr  
\$69.00

The 'bread and butter' region for many manual therapists, Rob will focus on musculoskeletal conditions of the shoulder, but also importantly, spend time reviewing postural syndromes effecting the scapula region that has a direct effect on the glenohumeral joint and other musculoskeletal syndromes.

Adverse neural tension is often over-looked and Rob will review this condition and how as manual therapists we are able to correctly assess for an unstable scapula which is sometimes due to abnormal movement tracking.

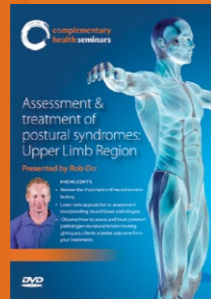


### Assessment & Treatment of Postural Syndromes: Upper Limb region (2 DVDs)

Presented by Rob Orr  
\$69.00

In recent times, manual therapists are changing their client Assessment approach to now incorporate testing for neural tissue pathologies. Neural tension tests assess the mobility of neural tissue in the extremities and spinal canal. Positive adverse neural tension tests suggest poor mobility of neural tissue, resulting in clients presenting with pain and decreased range of motion.

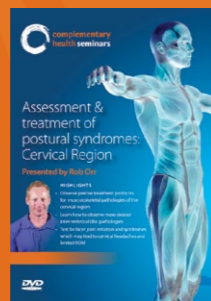
Reports of improved treatment outcomes following neural tension assessment and treatment suggest that adverse neural tension should be considered as a possible source of pain and dysfunction.



### Assessment & Treatment of Postural Syndromes: Cervical region (2 DVDs)

Presented by Rob Orr  
\$69.00

Join Rob Orr (Soft Tissue Lecturer, Victoria University) as he presents an easy to follow detailed two part presentation seminar firstly covering a theoretical review of specific regions with a focus on altered biomechanics and various regional postural syndromes which can cause dysfunction. The second part of the recorded seminar will involve the assistance from an audience volunteer with Rob demonstrating a variety of Assessment approaches and Treatment options with a multi-camera production allowing the viewer a bird's eye view of the action.



This recorded seminar on DVD focuses on a number of musculoskeletal pathologies which will include the more sinister inter-vertebral disc pathologies and spinal nerve root encroachment leading to neck and referred pain down the upper limb. Facet joint irritation and syndromes which can lead to cervical headaches, stiffness and decreased range of motion.

### Assessment & Treatment of Postural Syndromes: Thoracic region (2 DVDs)

Presented by Rob Orr  
\$69.00

Thoracic back pain can occur as a result of trauma or sudden injury, or it can occur through strain or poor posture over time. The most common cause of thoracic back pain appears to originate from muscular irritation or other soft tissue problems. These can arise from lack of strength, poor posture, prolonged sitting at a computer, using a backpack, overuse injuries (such as repetitive motion), or trauma (such as a whiplash injury caused by a car accident or as a result of a sports injury).

Presenter, Rob Orr (Victoria University) will discuss causes of Thoracic pain, as well as ways in which we, as Soft tissue therapists can have a positive impact on alleviating pain by various treatment options. In addition to treatment, Rob will also discuss lifestyle changes for the client which may assist, along with samples of corrective exercises and stretches for the client during the technical demonstration segment of the webcast.

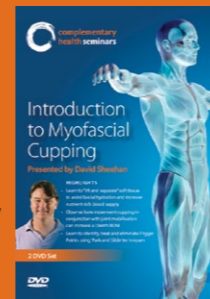


### Introduction to Myofascial Cupping (2 DVDs)

Presented by David Sheehan  
\$69.00

The Myofascial Cupping technique provides profound benefits for your clients, particularly with assisting the body in maintaining Range Of Motion, eliminating Myofascial Trigger Points and reducing restrictive and sometimes painful fascial adhesions commonly found from repetitive movement originating from sports and the workplace.

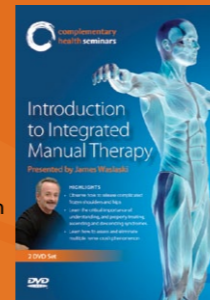
By reducing fascial adhesions, while encouraging optimal hydration levels of soft tissue, Myofascial Cupping can assist in reducing the incidence of injury and maintaining functional soft tissue. Join Myofascial Cupping's Founder, David Sheehan as he presents a strong argument for the inclusion of this unique group of cupping techniques which incorporate myofascial release and joint mobilisation.



### Introduction to Integrated Manual Therapy (2 DVDs)

Presented by James Waslaski (USA)  
\$69.00

Manual Therapists have realised for years that specialising in just one modality is no longer sufficient to treat complicated musculoskeletal pain conditions. Integrated Manual Therapy presented by Massage Hall of Fame's James Waslaski brings together the work of leading manual therapists in order to eliminate the cause of complicated pain conditions, rather than treating just the clinical symptoms.



This Box Set (2 DVDs) of James Waslaski's work will open your eyes to new and innovative ways to approach both the way you assess clients and how you ultimately treat the under-lying causes, not just the symptoms.

# 2016 Complementary Health Seminars CATALOGUE

## HANDS-ON WORKSHOP

### MYOFASCIAL CUPPING HANDS-ON WORKSHOP – LEVEL 1

Presenter: David Sheehan

The Myofascial Cupping technique provides profound benefits for your clients, particularly with assisting the body in maintaining Range Of Motion, eliminating Myofascial Trigger Points and reducing restrictive and sometimes painful fascial adhesions commonly found from repetitive movement originating from sports and the workplace. By reducing fascial adhesions, while encouraging optimal hydration levels of soft tissue, Myofascial Cupping may assist in reducing the incidence of injury and maintaining functional soft tissue.

View introductory video at [www.comphs.com.au/store](http://www.comphs.com.au/store)

#### INCLUSIONS

- Current evidence-based research supporting the benefits associated with Myofascial Cupping.
- Use of equipment, infection control and contra-indications.
- Anatomy of the fascia and its inter-relationship with the musculo-skeletal system.
- After thorough demonstrations and discussion, students will practice exact area specific sequences including correct direction and amount of negative pressure to be applied.
- Specific clinical applications including the treatment for Myofascial Trigger Points, Plantar Fasciitis and various shoulder conditions will be explored.

Gold Coast – Saturday 21 May & Sunday 22 May 2016 – 9.30am to 4.30pm – \$450  
Hobart – Saturday 4 June & Sunday 5 June 2016 – 9.30am to 4.30pm – \$450  
Adelaide – Saturday 18 June & Sunday 19 June 2016 – 9.30am to 4.30pm – \$450  
Sydney – Saturday 16 July & Sunday 17 July 2016 – 9.30am to 4.30pm – \$450  
Melbourne – Saturday 30 July & Sunday 31 July 2016 – 9.30am to 4.30pm – \$450

PROFESSIONAL DEVELOPMENT POINTS: 20 - AAMT, ANTA, MAA; 70 - AMT; 14 - IRMA, ATMS  
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ORDER: [www.comphs.com.au/store](http://www.comphs.com.au/store) or call 03 9481 6724



## HANDS-ON WORKSHOP MANUAL LYMPHATIC DRAINAGE

**Presenter: Michelle Vassallo**

Learn to work smarter not harder using Manual Lymph Drainage (MLD), an invaluable massage technique taught in a fun and engaging and hands-on setting. MLD is a profound and well-indicated therapy, which can be used in many situations where other modalities are contraindicated. It is light, gentle, rhythmic and very specific in the delivery techniques and is far easier on the body of both the massage therapist and client than other remedial massage techniques.

Manual Lymphatic Drainage (MLD) is a highly specialised technique that can be used to treat many injuries and pathologies. It can be performed as a preventative technique that bolsters our bodies' ability to rejuvenate and resist all types of stress.

MLD not only stimulates the vital functions of the skin, tissues and internal organs, but also serves to eliminate cellular waste and stimulate the parasympathetic relaxation response inhibiting muscle tonus and pain. It provides an excellent tool for massage therapists when regular massage is contraindicated.

### INCLUSIONS

- All areas of the body will be reviewed and students will be provided with an understanding of the lymphatic system and the implications and complications that are associated with MLD
- Illustration for students from a clinical perspective on how to achieve complete evacuation of lymph nodes and thus achieve complete drainage to specific areas
- Review of current research in the area and the efficacy of MLD within this research
- Demonstration of exact area specific sequences including amount of pressure applied and examination of "0 pressure" points within these

By the end of this two day course, you'll possess the ability to understand and perform a full lymphatic drainage with confidence and skill.



### WORKSHOP VENUES

**Melbourne** – CHS Education HQ - Titan Storage Building - 159 Heidelberg Rd, Northcote, Melbourne VIC 3070

**Sydney** – The Centre - 14 Frances Street, Randwick NSW 2031

**Gold Coast** – Firm n Fold - 18 Leda Drive, Burleigh Heads QLD 4220 (off-street parking)

**Adelaide** – CCF House - 1 South Road, Thebarton SA 5031

## MASTERCLASS WEEKEND: BALANCING THE SHOULDER COMPLEX AND PELVIC REGION

### DAY 1: ASSESS & TREAT THE SHOULDER REGION INCLUDING "FROZEN SHOULDER"

The shoulder complex can be one of the most difficult areas of the body to treat for the manual therapist.

This updated and timely workshop will help you become a highly skilled and extremely effective shoulder technician, focusing on the theory behind frozen shoulder & frozen scapulae, then we move straight into assessment & treatment of this condition.

The assessment aspect of the seminar will focus on GHJ mobility, scapulae mobility, scapulohumeral rhythm, scapulae thoracic rhythm, & muscle/joint range of motion testing. The treatment aspect of the seminar will mainly consist of myofascial releasing techniques, myofascial cupping, & myofascial stretching.

The combination of the different modalities is aimed at restoring ideal pain free mobility back to these regions.

### DAY 2: BALANCING THE PELVIS

Ideal lumbopelvic stability & a strong/stable flexible hip joint provided through correct neuromuscular ring patterns plays a significant role in lumbar stabilisation & maintaining ideal lumbar spinal posture. Ideal lumbar spinal posture is important for the muscle length tension relationship, correct force transfer & absorption of forces through the lumbar spine, de-loading compression rates to the facet joints, de-loading compression rates to the intervertebral disc, which in turn help maintain a healthy opening at the intervertebral foramen.

Rob will begin the day reviewing the anatomy of the region with current evidence-based research to strengthen the arguments for specific treatment protocols which will lead students into the hands-on component of the workshop that will assist in correctly assessing the pelvic region and using correct treatments in a clinical setting.

Finally, Rob will offer suggestions for take-home corrective exercises and stretches for your clients.

### About your presenter: **Rob Orr** (Soft Tissue Lecturer, RMIT University)

Rob Orr is a Myotherapist working in private practise focusing on musculoskeletal pain management, sports injuries, assessment & correction of altered biomechanics leading to musculoskeletal pain & dysfunction, corrective exercises & corrective stretching. He also lectures at RMIT University in the Sport & Science Department focusing on orthopaedic assessment, corrective exercises & treatment for specific musculoskeletal conditions. Rob's educational background comprises of a postgraduate certificate in musculoskeletal pain management, advanced diploma of Myotherapy, and a diploma of sports science. In addition to his teaching, Rob maintains a soft tissue practice and has been treating clients for 14 years, been involved in multiple sports clubs, corporate health and the New Zealand Institute of Sport.

### DATES & TIMES

**Gold Coast** –

Saturday 11 June & Sunday 12 June 2016  
– 9.30am to 4.30pm – \$450

**Melbourne** –

Saturday 9 July & Sunday 10 July 2016  
– 9.30am to 4.30pm – \$450



**Level One**      **Gold Coast** – Saturday 18 June & Sunday 19 June 2016 – 9.30am to 4.30pm – \$450

**Melbourne** – Saturday 15 & Sunday 16 October 2016 – 9.30am to 4.30pm – \$450

**Level Two (go to [www.comphs.com.au/store](http://www.comphs.com.au/store) for full details)**

**Melbourne** – Saturday 26 & Sunday 27 November 2016 – 9.30am to 4.30pm – \$450

**PROFESSIONAL DEVELOPMENT POINTS:** 20 - AAMT, ANTA, MAA; 70 - AMT; 7 - IRMA, ATMS

**REGISTER:** [www.comphs.com.au/store](http://www.comphs.com.au/store) or call 03 9481 6724

### About your presenter: **Michelle Vassallo** (Lecturer, RMIT University)

Director of Rhythm Massage Development, Michelle Vassallo studied her Diploma of Remedial Massage at Victoria University, graduating valedictorian of her year.

She currently lectures in a variety of remedial subjects at RMIT University, and specializes in Manual Lymphatic Drainage (MLD), self care for massage therapists and research literacy. Michelle also delivers seminars as a guest lecturer and workshop presenter for various national massage associations in Australia and Canada.

Michelle believes educating therapists empowers them to continue not only their professional development, but also their personal journey. She is a passionate and dedicated educator who can guarantee a dynamic and fun learning experience for all her students.



## CREAMS & BALMS



### MyoPro SuperGlide Massage Cream

MyoPro SuperGlide Massage Cream is 100% Paraben Free and made from the highest quality, natural ingredients with no short-cuts. To reduce bruising, muscle aches and inflammation, we have added pure Arnica, Spanish Rosemary and Nutmeg, plus much more! You will love the effortless glide, moisturizing and non-greasy finish.

Active Ingredients: Arnica, Rosemary Spanish, Clove, Basil Methyl Chavicol, Wintergreen, Peppermint Arvensis, Nutmeg, Camphor Natural and Lavandin

**Size: 400gms – Price: \$21.50**  
(or \$16.50 for 12+ items)

### MyoPro Classic Massage Cream

MyoPro Classic Massage Cream is made from the highest quality, natural ingredients with no short-cuts. Perfect for Myofascial Release, Rolling and other deep-tissue techniques that require a smooth glide with constant grip. And being low-scent and paraben-free, our MyoPro Classic is the perfect all-rounder for clients with sensitive skin.

Ingredients: Purified Water, Sweet Almond Oil, Macadamia Oil, Cetearyl Oliviate, Sorbitan Oliviate, Glycerine (vegetable oil-derived), Xanthan Gum, Rosemary Spanish, Lavandin, Benzyl Alcohol, Dehydroacetic Acid

**Size: 400gms – Price: \$20.50**  
(or \$16.00 for 12+ items)

### MyoPro Post Treatment Balm

MyoPro has been formulated in consultation with aromatherapy professional, Ron Guba. Ron is Australia's leading proponent of aromatic medicine.

Ingredients include high strength Arnica with cooling Peppermint, Melaleuca and Wintergreen combined with Clove, Basil and Rosemary in Beeswax, Organic Cocoa Butter and Almond Oil makes for a perfect blend for treating bruising and cooling soft tissue after a rigorous treatment.

**Size: 50gms – Price: \$12.50**  
(or \$9.50 for 24+ items)

**ORDER:** [www.comphs.com.au/store](http://www.comphs.com.au/store) or call 03 9481 6724