

Chairperson's Message

by Annette Cassar

Chairperson's Message	1
Secretary's Report	3
Meet AMT's new Chairperson: Michelle McKerron	6
Upright and uptight: the invention of posture <i>by Tom Jesson</i>	8
Creating a recruiting strategy: why it's not ok to stay silent <i>by Linda Serrano</i>	14
Is pain science just a pain in the gluteus maximus? <i>by Aran Bright</i>	18
Interview: Michelle Vassallo on Manual Lymphatic Drainage	20

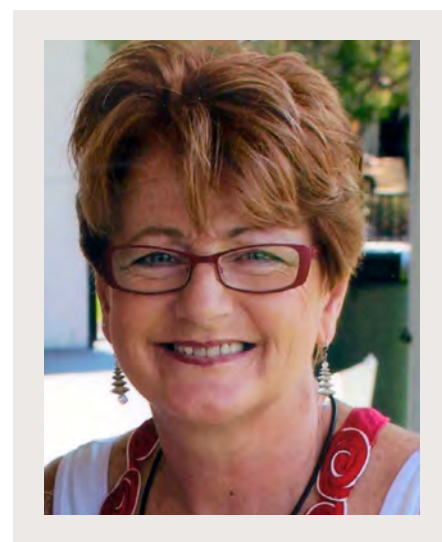
This will be my final message as Chairperson of AMT. I don't mean to come over all ominously Pauline Hanson on you but, by the time you get to read this, I will have handed the reins over to Michelle McKerron at the Annual General Meeting in Perth!

I would like to share my report from the AGM as my parting message as Chairperson of AMT.

2016 year was a milestone for AMT- we celebrated our 50th anniversary and what a celebration it was, culminating in the Annual Conference in September.

Luna Park was such a spectacular setting for AMT's golden anniversary conference, which was one of the best received in AMT's history. Despite wanting to devote some time to looking back on AMT's rich history and achievements, this was also an event with some firsts: it was the first time AMT has webcast a conference. It was genuinely thrilling to be able to share the celebrations with AMT members right across the country, tuning in live via their Internet browsers. Judging by the feedback we received, those who joined the event via the webcast genuinely felt like they were a part of proceedings, forming a connection with the celebrations that was beyond all our expectations. It was exciting to see members interacting via social media and reporting back live on their experiences of the webcast.

Having the live capture of the event also allowed AMT to publish conference plenary sessions on our YouTube channel for the first time, thus preserving those historical moments for current and future



generations of AMT members. If you haven't looked at the conference sessions on YouTube yet, I would encourage you to check them out.

Life memberships were presented to two valued members of AMT, Leonie Dale and Alan Ford. Both members were recognised for their exceptional contributions to the massage therapy profession and to AMT over the past 25 years.

The conference also gave us the opportunity to report back to members on AMT's ongoing research partnership with the Australia Research Centre in Complementary and Integrative Medicine (ARCCIM). Rebecca Barnett presented some preliminary data from the patient survey undertaken as part of the ongoing study. The message from the survey is clear and unequivocal - whether the government formally recognises massage therapy as a health



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service or not, massage therapists are at the front line of treating Australians with musculoskeletal conditions and chronic pain. For those who did not see Rebecca's presentation, there is a comprehensive report in the December 2016 journal. You can also view the full presentation on AMT's YouTube channel (<https://www.youtube.com/channel/UCRJENFpS1dZl66oTSH4UIRw>).

Along with the various activities associated with the 50th anniversary, AMT continued its customary advocacy work on behalf of members and the industry at large. We began rolling out a fairly extensive industrial relations campaign aimed at raising awareness of workplace entitlements, and the prevalence of sham contracting and misclassification of massage therapists. This is a significant workforce development challenge that AMT is committed to tackling. We ran an information session as part of the conference and several preliminary workshops on employment law. To date, these awareness-raising activities and support have assisted four AMT members receive settlements of over \$60,000 for back pay and other entitlements. Work in this space is ongoing in 2017.

AMT also continued to represent massage therapists in negotiations with private health insurance companies. When BUPA proposed increasing professional liability insurance coverage to \$5,000,000 per incident, we immediately sought to negotiate the fund down based on data and comparisons with other related health professions. This resulted in the required limit being revised down to \$2,000,000 per incident. We also negotiated with our main insurance underwriter, Fenton Green, to contain the increased costs for members as much as possible.

Speaking of Fenton Green, after several years of dialogue with the insurer, the Board appointed them as AMT's official underwriter. Members can obviously still opt to use the underwriter of their choice but our relationship with Fenton Green allows AMT more negotiating power in terms of containing the costs of premiums over time.

2017 will see the gradual rollout of mandatory criminal checks for all practising members, an initiative that the AMT Board agreed to move forward with in late 2016. The introduction of mandatory criminal checks is part of AMT's broader commitment to public safety. The administrative infrastructure to collect and store criminal checks is under way and will be in place to begin receiving documentation by 1 July this year. New applicants will be required to undergo a criminal check to be admitted to AMT from July 1 this year and existing members will be required to comply by 1 July 2018.

Another initiative that the Board committed to in 2016 is the development of a comprehensive mentoring program. A mentoring partnership can be rewarding to both parties and will offer members an opportunity to develop communication skills, learn all aspects of a massage therapy business, expand viewpoints and consider new ways of approaching situations. The AMT board is very excited at the prospects of having this program in place for our members and will be working diligently during 2017 to get the program up and running. In the first instance, we plan to run a pilot mentoring scheme with currently enrolled massage therapy students.

I would like to finish this report by thanking all the staff at head office - Rebecca Barnett, Katie Snell, Valentine Guillemain, Rema Zogabe and Nicole Reed. I would also like to welcome our new recruit, Rita Pincelli, who started at AMT in March this year.

I would also like to thank the board for all of their support over the past four years: Michelle McKerron, Derek Zorzit, Dave Moore, Jenny Richardson and our newest member, Gabby Griffiths. These wonderful people have been very supportive and are great ambassadors for AMT.

On a very personal note I would like to thank Rebecca Barnett for her support encouragement and direction while I undertook this position as President/Chairperson. I had no experience chairing meetings or writing reports. Rebecca has made herself available at any time to help

me with this role. I have made friends for life and I'm truly grateful for everything the AMT has done for me.

My final duty as chairperson is to introduce Michelle McKerron who is AMT's new chairperson - please welcome Michelle as our newly appointed chairperson. Michelle has a thriving massage practice in Oyster Bay in the Sutherland Shire in Sydney. Her time is divided between a very supportive husband, four children and AMT, and somewhere between all this she has a social life. Michelle joined AMT as a student member over 20 years ago and took a position as member representative after serving as South Sydney branch secretary for several years. Michelle became a director four years ago. Michelle's kind, caring nature and her passion for the massage industry will be a great asset as chairperson for the association.

My time as Chairperson has been both challenging and rewarding. I thank all AMT members for the ongoing support of the work the Association does and look forward to continuing to serve you as an AMT director. ■amt

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June edition

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Secretary's Report

by **Rebecca Barnett**

You may recall that AMT undertook a membership survey in mid-2016 to prepare for the release of a new strategic plan. Although we are yet to formally release our renewed strategic plan, in the latter half of 2016 we began working on the major themes and projects that were identified in the planning process, including the survey of members. Workforce development was identified as one of the biggest challenges facing the massage therapy industry, manifesting as casualisation of the labour force; issues with burnout and short working life span as a massage therapist; underemployment; and underpayment. Recent media amply demonstrates that some of these challenges are applicable across the Australian workforce, with 20th century industrial law struggling to find an answer to, or keep pace with, the burgeoning gig economy for starters.

There are two pillars to AMT's approach to tackling these workforce development challenges: an industrial relations awareness campaign and the development of a structured mentoring/coaching scheme to support long-term, healthy careers in massage therapy.

AMT had already commenced its industrial relations awareness campaign back in 2015, publishing information about workplace entitlements, awards and the superannuation guarantee via the AMT journal and closed AMT Facebook group. However, the campaign really gained momentum in the second half of 2016 when AMT hosted a number of educational sessions and workshops around employment law, including a session at the 50th anniversary conference.

AMT continues to provide guidance and support to members about workplace issues on an ongoing basis. We have also provided support to employers who are working to ensure compliance with Fair Work and ATO provisions.

We hope to build on this momentum under our new strategic plan in the coming years, with the aim of creating more stable, long-term employment opportunities for massage therapists.

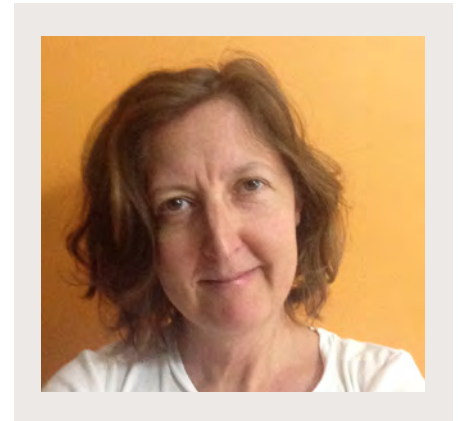
AMT is also working in earnest to develop the other pillar of our workforce development plan – a structured, mentoring scheme.

AMT remains at the forefront of ongoing negotiations with the private health insurance companies. At the time of writing this report, AMT was seeking clarification from Medibank Private regarding the status of rebates for mobile, in-home services provided by massage therapists.

Over the past 9 months, AMT has had cause to support and represent a number of members who were undergoing health fund audits, including one member who received a substantial demand for a refund of services from nib (over \$2000). This should serve as a salutary reminder to members that providing rebatable services is a serious professional responsibility and should not be treated frivolously or lightly: keep comprehensive client records, don't over-service and don't provide remedial massage receipts for treatments that are not remedial massage.

In spite of the virulent rumour mill, the Federal Department of Health has thus far shown no sign of moving to withdraw the government rebate on private health insurance cover for massage therapy. AMT's ongoing dialogue with private health funds also suggests that most private funds would continue to provide rebates for massage therapy, even if the government withdraws its support.

One of the major themes to emerge from the strategic planning survey undertaken in 2016 was the accessibility of continuing professional development.



With a growing membership nationally, access and equity to continuing education are becoming pressing issues for AMT to address. AMT has commenced a major review of the CEU system, with a focus on supporting members who may struggle to afford the costs associated with travelling to workshops from far-flung parts of the country. We were incredibly excited to express our commitment to this by webcasting the 2016 conference proceedings. We were extremely gratified by the sense of community and belonging that this engendered. Throughout 2017, we will be on the lookout for quality CEU opportunities that are accessible for free or low cost online and notifying members of alternative ways of achieving CE targets.

AMT also remains committed to using the online community we have established via our private facebook group to build a sense of connection and belonging to the Association. It is pleasing to watch friendships and networks develop via that medium. I encourage all members who are on Facebook to consider joining our thriving community – you're missing out on some engaging discussions and a lot of fun. (<https://m.facebook.com/groups/amtnetworking>)

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Meet AMT's new Chairperson: Michelle McKerron

Michelle McKerron joined AMT as a student member in 1996. She completed her training at Loftus TAFE in Sydney and then went on to complete a Health Science degree at Wollongong University.

Michelle has owned and operated a busy clinic in Oyster Bay in Sydney's south for twenty years. In her time as an AMT member, she has served as the secretary of the South Sydney branch of AMT; as the AMT member representative; as an AMT director and, from the close of the 2017 AGM, Chairperson of AMT!

You can read an extended profile of Michelle in the October 2015 AMT newsletter: www.amt.org.au/downloads/newsletters/October-2015-e-newsletter.pdf#page=4

In the interview below, we ask Michelle about her new role, the function of the AMT Board more generally and where AMT is going.

What is a Chairperson?

The Chairperson of AMT is (somewhat self-explanatorily) the member of the Board who is designated to chair Board meetings and direct proceedings. However, from watching the previous Chairperson of AMT, I am fully aware that the role is broader than just the conduct of meetings and encompasses leadership, guidance and representation of AMT's values and aims.

I am assuming that I will learn a lot whilst being in the position so my aim is to approach it in a similar way to how I approach my massage therapy work - with care for people, listening to issues, researching best options and working towards the best outcome for the Association and therefore, the membership.

What does the Board do?

The Board is here to represent the membership! It is made up of AMT members who are convinced that massage therapists need to be represented out there in the big ugly world of health funds, government bodies and the public!

The current AMT Directors are:

- Annette Cassar
- Subhadra Gerard
- Gabby Griffiths
- Michelle McKerron
- Dave Moore
- Jenny Richardson

We are incredibly excited to welcome new AMT Director, Subhadra Gerard, who joined the AMT Board after the 2017 AGM. Subhadra is from Perth and will help to give a much-needed voice to our valued West Australian AMT members.

What I do acknowledge and very much respect in my fellow Board members is that being a director is a voluntary role, with many hours of phone calls, research and reading, and attending meetings and networking. We work closely with the wonderful team in Head Office to ensure that members of AMT are being represented to an extremely high standard.

Where is AMT headed?

AMT is in a solid position of advocacy, with many connections that have been hard fought for and won over many years (way before my time on the Board). We are eager to help members in less-than-lawful employment situations and we want to invest time boosting the morale of our membership (you are really great massage therapists and you have a special place in our communities across Australia. Our research clearly shows that you are greatly valued by your clients). We also want to encourage the profession to bring care back to the forefront of our ideology - care of patients and care of ourselves.

Where do the members fit in?

The members are the beating heart of AMT. It is so exciting to see our membership hit over 3000 and we know this growth has come because you respect the decisions made by your representatives.



We welcome member input so, whenever possible at a meeting, conference or on the AMT Facebook page, we encourage you to start conversations about issues that are arising in your workplace, community or in the industry at large. We are here to help!

Any there any particular challenges facing the Board short term?

Yes. The Board is not currently fully representative of the AMT membership. For example, we do not have anyone under 35 on the Board and yet we have a large proportion from that demographic within the membership! We also have a history of strong Board representation in NSW, Victoria and Canberra but have struggled to extend the Board's reach in other states. Thankfully, we now have our first representative from Western Australia and we look forward to building on this to achieve truly national representation.

In the coming months, we will be looking to recruit interested, motivated members to go against the current trend in society and volunteer to help drive AMT's agenda.

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Sydney	21 & 22 Oct

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Sydney	29 Jul-2 Aug (5 day)
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Upright and uptight: the invention of posture

by Tom Jesson

When did we start telling each other to stand up straight? How did posture become so loaded with meaning? And what can the history of this strange idea tell us about how we approach health and pain today?

From military to civilian life, and into medicine



Print by Jacob de Gheyn II from the military manual 'The Exercise of Arms'

According to historian Sander Gillman (2014), the injunction to stand up straight has its roots in the development of the military drill formation in the sixteenth century. Postures like the one shown in the Flemish engraving, 'The Exercise of Arms', started as practical instructions on how to best handle weapons like muskets and pikes. But Gillman says that by the end of the eighteenth century they had taken on a broader meaning as the way to mould a man into a soldier. Posture became a way to transform a person into someone different, and a way to enforce discipline.



Tiberio Fiorillo as Scaramouche

These ideas moved into civilian life throughout the eighteenth century. Neopolitan actor Tiberio Fiorillo found fame in London as a "posturemaster", teaching comportment to the wealthy and fashionable. In his famous dictionary, Samuel Johnson described the posturemaster as "one who teaches or practices artificial contortions of the body", suggesting that, to Johnson at least, 'good posture' wasn't a natural state but an imposed one.

As posture became more of a feature in civilian life, notions of good and bad postures took on greater meaning. In the nineteenth century, posture became closely associated with ideas of health and illness, with trends like Swedish gymnastics and German *krankengymnastics* - antecedents of modern physiotherapy - introducing the idea of ideal posture and pathological postures, like the familiar kyphotic, lordotic, flat back and sway back. The middle classes in particular spent their money on self-care books, which sold in their millions, teaching them how to stand up straight.

And with notions of illness go notions of morality: Gillman (2014) writes that by the middle of the nineteenth century, "the line between [posture] and moral position had become completely blurred".



Swedish gymnastics: health-oriented calisthenics.



German physician Moritz Schreiber was concerned about the effects of the Industrial Revolution on the health and moral development of children, so he put these weird things round their heads.

In 1855, German anatomist Christian Wilhelm Braune brought the study of posture to medicine by dropping a plumb line down the backs of his research subjects as they stood to attention, and measuring the various results. According to historian William McNeill (1995), this quantification of posture became the basis for the discussions of the 'straight line inside the body' that inform modern orthopaedics.

Having broken out of the military and into civilian life, by the end of the 1800s posture had become infused with meaning, not only about discipline but also about health and illness, and morality and decay. It had also become medicalised. Then came a remarkable few decades of what historians David Yosifon and Peter N. Stearns (1998) call the posture wars.

Posture wars!



Corsets and other restrictive clothing helped keep posture in check.

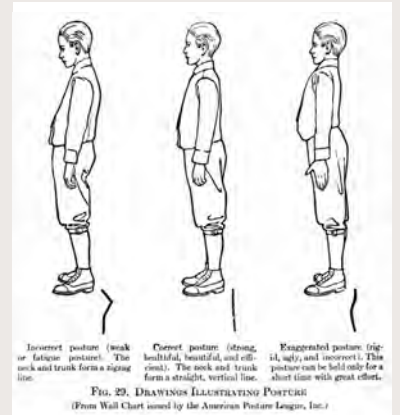


American actress Clara Bow in flapper dress.

The people of the nineteenth century had been aided in their efforts to sit and stand up straight by their stiff, more formal clothes (such as corsets, jackets and greatcoats) and by their upright, less accommodating furniture. But towards the end of the nineteenth century, clothing and furniture became less restrictive. This reflected a wider ideological shift in society away from propriety and towards being more relaxed and comfortable. It was closely linked with the rise of consumerism: relaxed, pleasure-seeking people buy more stuff. And so corsets gave way to the deliberately loose, unconstraining dress of the flappers and springy sofas replaced hard backed chairs in the living room. As a result, people started slouching and slumping.

But no cultural change goes unchallenged. Many people fought hard to protect traditional habits and practices from the rise of consumerism and relaxation of discipline. Posture became a kind of battleground for a cultural counter-attack that would last well into the 1950s: the posture wars.

This counter-attack consisted of endless medical and moral arguments for good posture, particularly targeting children and their anxious parents. Posture became a focus of parenting manuals and, in 1890, half of children were identified as having 'abnormal' spinal curvatures. By 1920, the school had become the primary site for posture correction. Jessie Bancroft, one of the founders of the American Posture League, encouraged teachers and school nurses in her book *The Posture of School Children* to develop their acuity in spotting children with poor posture. Yosifon and Stearns (1998) describe the postural correction programmes run in American public schools as a "crusade". American colleges began to assess, photograph and correct students' postures on enrolment, leading to scandal decades later when photographs of naked students were discovered in the archives of Ivy League schools. The use of schools as a battleground for the posture wars was, according to Yosifon and Stearns, motivated by a desire to reinforce discipline on young people.



Literature distributed by the American Posture League.



The nude posture photos were rediscovered in the 1970s. In 1995, journalist Ron Rosenbaum, himself photographed when he was a student, investigated this bizarre practice.

In these more relaxed times, etiquette was no longer a credible argument for keeping good posture, and so medical justifications were used instead. Posture was seen as an important part of good health and the body was conceived as a machine that should be kept in alignment. Slouching and slumping was said to constrain the organs from performing their proper function. This medicalisation involved the codifying and quantifying of posture in, for example, the Bancroft test (1938) or Iowa posture test (1940). Exercises became the main method of correction and, in America, Bancroft drew on the German, Swedish and military exercise systems that had emphasised posture during the nineteenth century.

The association of posture and morality continued, and perhaps increased; bad posture was associated with "sneaky people, cowards and criminals".

One way that people reasoned this out was by linking poor posture to a weakness of character and a lack of self-control. We see the same logic today in discussions of obesity.

Yosifon and Stearn (1998) assert that a key driver of this medicalisation was simply professional interest. Medicine and medicine-adjacent disciplines began to incorporate posture as a way of increasing the social importance of their own disciplines. For example, in 1927, chiropractors began to run *Miss Perfect Spine* contests, mixing ideas of health and beauty to promote their new discipline. An early physiotherapy textbook, *Lectures on massage and electricity in the treatment of disease* (Dowse 1891), advocated that parents check for spinal curvatures yearly because “it is impossible to exaggerate the importance of detecting the malady early”, and provided instructions on best sitting posture to maintain a healthy spine. The writer, a physician, explains:

“My experience has led me to the conclusion that any form of curvature, no matter how slight, gives rise to some spinal cord and brain irritability, and variability of function of the spinal cord.” (Dowse, 1891)



Miss Perfect Posture 1956. A lot going on here.

To modern eyes, the most unpleasant strain of this history was the association of posture with national or racial superiority. Increasing immigration was one aspect of the rapid societal change in this period, and anxiety about this seems to inflect posture discourse. The American eugenicist B G Jefferis said that “perfect posture is the antithesis of illness and moral decay” (1894). Psychologist William Sheldon used the Ivy League nude photos to develop his theories of ecto-, endo- and mesomorphic body types, and their relation to social hierarchies. In 1922, Campbell noted in the *Lancet* that:

“some primitive races who have the squatting habit [...] keep the knees and back bent and have a carriage and gait not much better than that of the higher apes. As a general rule, the more highly civilised the people the better is the carriage.” (Campbell, 1922)

European racial science employed the concept of the plumb line to demonstrate that Eastern races were weaker and more corrupt. These ideas found their extremes in Europe, Russia and China, where fascist, Stalinist and Maoist societies explicitly associated posture with their various political projects. Marxism saw the upright posture as “the moral orthopaedics of human dignity” (see Bloch and Caspers, 1988); fascism saw it as a defining trait of the Aryan *ubermensch*.

Posture defeated?

In the end, liberal consumerism and the ‘relaxed mode’ prevailed. Slouching, once novel and rebellious, has become so ordinary that during his tenure the most powerful man in the world, Barack Obama, routinely sat in the Oval Office with his feet up on his desk.



Rebel without a cause. James Dean seems never to have been photographed sitting up straight.



Coolmander-in-chief.

Yosifon and Stearn (1998) claim that the posture wars were won abruptly in the sixties, with the ‘virtual disappearance’ of posture talk from moral, medical and childrearing discourse. For example, in 1967 physician J P Keeve wrote a “myth busting” anti-posture article in the *Journal of School Health*, sounding remarkably like a retro Adam Meakins (Keeve, 1967). It’s interesting to see that ideas that seem edgy and counterintuitive now have actually been around for half a century.

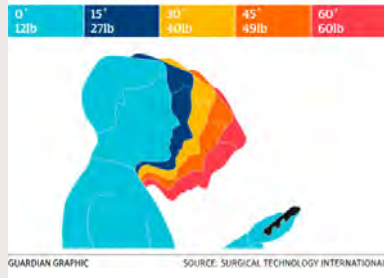
Another favorite focus of misguided concern by school personnel and excessively worried parents, is the matter of posture and fitness. We still hold the notion, research findings to the contrary, that a healthy child should, somehow, perform his daily duties much more successfully if he tried to resemble and alert West Point Cadet—preferably at attention. There are no scientific facts to substantiate the benefits of this aesthetic ideal, yet a great deal of attention is devoted to “correcting faulty posture” in many school systems. (3) In fact, the myths surrounding efforts to do something to or for the musculoskeletal system of children are stronger than ever today. I would like to use this subject of good

Nothing new under the sun: J P Keeve would have killed on Twitter.

But we know that posture didn’t go away. Most physiotherapy textbooks continue to devote a few columns to it, and most physios still assess it, although in more (spuriously?) sophisticated terms, such as scapula positioning, pelvic tilt and segmental stiffness. As recently as a decade ago a series of physiotherapy trials tested postural training and education in schools with children as young as nine, admonishing them not to be like the cartoon character “Lazy Leo, who makes his discs very unhappy by being lazy and doing everything wrong” (Geldhof et al, 2007). The researchers put posters in classrooms, trained teachers to spot and correct poor posture, and recruited a cadre of children to snitch on others, just as the American Postural League did 100 years ago. It seems that posture is still, at times, a covert means of controlling and disciplining children, and that physiotherapy can be complicated.

The burden of staring at a smartphone

Effective weight on the spine as forward tilt increases



GUARDIAN GRAPHIC SOURCE: SURGICAL TECHNOLOGY INTERNATIONAL

‘Text neck’, based on the idea that human evolution forgot to give us bodies that are capable of looking downwards at an object.



Upright™: policing is replaced by self-policing.

The wider culture, too, still expresses anxieties about social change through posture, for example in fears of new technologies causing “text neck”, or longer working hours necessitating standing desks. Devices like *Upright™* attach to the wearer’s lumbar spine and vibrate when their back starts to curve. Our culture is still contaminated by some paranoid or punitive ways of thinking about posture.

What are today’s posture wars?

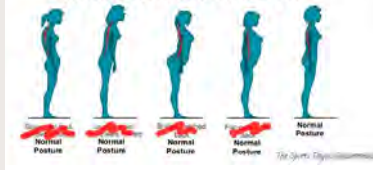
Lessons for manual therapy

We have seen how health professionals drew on ideology from the wider culture about discipline, health and anxiety about change, repackaged this ideology as scientific, and incorporated it into practice. Our preoccupation with posture might be waning but what has taken its place? I want to give three ideas. We needn’t look far to find the first.

1. The emperor’s new posture?

Current physios who kick against the idea of posture did not break free from ideology, they just moved with the tide of history. In other words, seemingly ‘progressive’ ideas about posture are still just as influenced by culture.

LET’S STOP ALL THESE POSTURE CHARTS WE ARE ALL DIFFERENT BUT WE ARE ALL ‘NORMAL’ YOUR BEST POSTURE IS YOUR NEXT ONE



Normal Posture – Adam Meakins

Adam Meakins infographic on normal posture shows the triumph of the “relaxed mode”. It also underscores the triumph of liberal consumerism in the way it champions the individual: we are all normal, there is no one right way to be; you are your own unique person. If we look for this individualism, we can see it in the way we approach other things too. We want our patients to be able to ‘independently self manage’ and fear that manual therapy and other passive treatments will cause patients to become ‘dependent’. We tend not to consider that interdependence, or even positive dependence—what David Nicholls calls connectivity (Nicholls et al, 2016)—are potentially more social, holistic aims.

2. The Emperor’s new units of production?

Let’s look at another graphic, this one produced by the Chartered Society of Physiotherapy in partnership with health insurance company Aviva to “help keep staff safe, healthy and productive at work”.



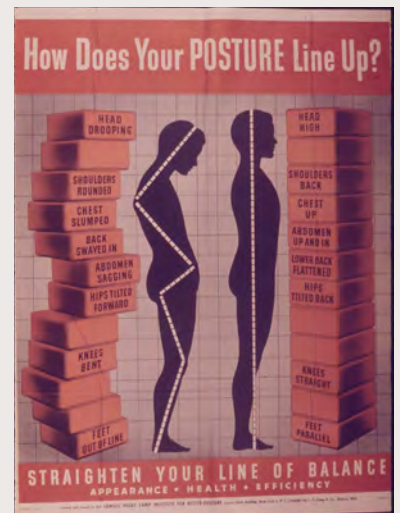
The Chartered Society of Physiotherapy is keeping us safe, healthy and productive at work.

The CSP says it welcomes Aviva’s recognition that physiotherapy is “key in reducing or even preventing the time people need to be absent from work”. This recalls the association of good posture, beginning in the 1920s, with Fordist efficiency—the body as a productive machine.

Social scientist David Harvey says that in modern societies, the value of a person is defined by their ability to be productive economically; by extension, sickness becomes ‘the inability to work’ and health is ‘the ability to work’ (Harvey, 2000). This particular CSP campaign attempts to maximise the individual’s status as a productive employee, rather than change the working conditions that prevent employees, and patients in general, from living healthy and fulfilling lifestyles in the first place.

3. The Emperor’s new reductionism?

Finally, let’s consider how posture discourse used the metaphor of the body as a structure with its own alignment, the plumb line—later developed into the body as a machine.



The “straight line inside the body”

Physiotherapists are doing everything they can now to rid themselves of this metaphor, and pain science is rushing in to fill the vacuum. But pain science relies on its own reductive metaphor: according to historian David Morris, it is the idea that pain is electrical impulses running through our circuitry. Physiotherapists use this metaphor in practice: for example, both proponents and opponents of manual therapy now speak in terms of cascades of ascending and descending impulses. And ‘therapeutic pain neuroscience education’, developed by clinicians such as Dave Butler, Lorimer Moseley and Adriaan Louw, uses neuroscience metaphors to ‘explain pain’ to patients.

But physician and poet Shane Nielson (2016) says the circuitry metaphor omits the meaning of pain. Admittedly, pain neuroscience education, especially *Explain Pain*, accounts for individual factors but it does this by incorporating them into the clinician's metaphor. This belief makes your cortisol do this; that behaviour makes your PAG/RVM do that. But what would pain education look like without using a single circuitry metaphor? Is it possible to meet those in pain **at** their meaning—be it religious, superstitious, emotional—and work there, with them? Or must we always set the terms: lordosis, sway back, flat back; alarm signals, synapses, pain orchestra?

The past can illuminate the present. It shows us that the things we value, the assumptions we make, and the metaphors we use are human-made and of their time. I'm not trying to suggest that the things I discussed here—posture variation, workplace health and pain science—are unscientific or illegitimate. In fact, I deliberately chose things I believe in and advocate myself so as not to pick easy targets. I think it is the things we take most for granted that deserve most scrutiny. Hopefully, more physiotherapists and manual therapists will consider the history of our discipline, not just to congratulate ourselves on how far we have come but to critique current practice and reach a deeper understanding of why we do what we do. ■amt

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Tom Jesson is a third year physiotherapy student at Northumbria University in Newcastle, UK. In a previous life he worked as a teacher in Seoul, South Korea. When not procrastinating about his dissertation by writing history articles, Tom likes climbing and hiking.

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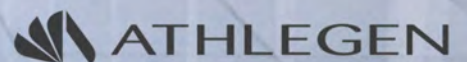
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Creating a recruiting strategy: why it's not ok to stay silent

by **Linda Serrano**

Did you know that misleading job and business opportunity advertisements can constitute a civil or criminal offence under the Australian Consumer Law? This essentially means that the Australian Competition and Consumer Commission (ACCC) has powers to issue penalties of up to \$1.1 million against infringers. These penalties can be imposed on companies that mislead or deceive job seekers about the availability, nature, and terms and conditions related to employment. Job seekers who have suffered loss or damage as a result of such advertisements may also be able to seek damages.

But don't just take my word for it. Here are the most pertinent sections of the Australian Consumer Law:

1. Section 18 contains wide-ranging prohibitions against misleading or deceptive conduct. For this section to apply, it is not necessary to prove that anyone has been misled; rather, it is the impression created in the minds of the audience that is relevant regardless of the intended message. **Silence can be just as misleading as overt statements.**
2. Section 31 specifically prohibits a company from doing anything likely to mislead people about the availability, nature, terms or conditions of employment. This is the primary section of the ACL which outlaws misleading or deceptive advertisements relating to employment. It also has a criminal counterpart, under s.153 that carries steep penalties. (<https://www.accc.gov.au/system/files/Misleading%20job%20and%20business%20opportunity%20ads.pdf>)

And that's not all. If you are engaging staff under the wrong classification - for example misclassifying an employee as a contractor - you may be up for investigation by the Australian Tax

Office (ATO) for tax and superannuation purposes. Anyone can report their employer to the ATO if they feel that they are not being paid correct entitlements under the Superannuation Guarantee, therefore it pays to ensure that you are complying with superannuation obligations.

On top of the tax and super obligations incumbent on employers, the Fair Work Ombudsman (FWO) can investigate your employment practices and ensure workplace laws are being met. FWO can also impose some hefty penalties for non-compliance.

Therefore, it clearly pays to get this stuff right from the very beginning, not stay silent and ignore your obligations as an employer. As the ACCC states, silence can be just as misleading as overt statements. You need to ensure that you create a recruitment strategy that aligns with your business, your clients and staff to all work in unison.

Below are five key principles to ensure that you create a compliant recruitment strategy.

1. Define the job

The first step is to get a clear understanding of the job you want to fill and the tasks you need completed.

2. Decide on the type of employment

You will need to decide on the type of employment the position requires, that is, whether the position is full-time, part-time, fixed-term or casual. This is important because it will determine the pay and conditions of the employee. Please note that, under the Health Professionals and Support Services Award 2010 (the relevant award for massage therapists), there are no provisions for commission-only payments or piece rates per massage performed. However, an employee can be paid commission on top of their base hourly rate as an incentive at any time.

(https://www.fwc.gov.au/documents/documents/modern_awards/pdf/ma000027.pdf).

Please check the Fair Work website for further information regarding awards and entitlements www.fairwork.gov.au. If you're unsure, you can also call the FWO help line during business hours on 13 13 94.

3. Create a job description

Before you can advertise a role anywhere, you need to work out the requirements and employment conditions of the job so you can write the job description. Here is a list of things to consider:

- Positions that don't involve an employer/employee relationship should be advertised under the following classifications: self-employment, business opportunities, independent contractors, independent agents/sub-agents. If you're having trouble ascertaining whether the role is genuinely for an independent contractor or an employee, the ATO's contractor/employee decision tool should help. (<https://www.ato.gov.au/Calculators-and-tools/Employee-or-contractor/>). One really basic rule of thumb is that contractors set the terms, arrangements and rates for the work they do, not the other way around. If your role involves you setting the rate of pay and controlling how the work is performed, then the person you are engaging is really not an independent contractor.
- There are a number of ways that advertisements can mislead. Information about remuneration, the work involved, work conditions, future prospects and expected financial returns can all be presented in misleading ways. The exact terms of remuneration should be specified in the job advertisement to avoid misleading job seekers.

Advertisers who overstate remuneration or other important aspects, or who mislead by omission, risk prosecution and heavy penalties under the Australian Consumer Law.

- It is common to see embedded links in online advertisements that point job seekers to further information about the actual position or the company advertising the vacancy. Any linked information is subject to the same regulations as the advertisement itself. Statements on a linked website which mislead the job seeker are just as illegal as those in the advertisement.
- A good advertisement will focus exclusively on the essential skills and abilities needed to do the job. A discriminatory advertisement can limit the range of applicants you attract. Employers are required by law to avoid discrimination on the basis of protected attributes when recruiting staff. You can only refer to personal characteristics, such as age, sex, marital status or race, if they are part of the genuine requirements of the job. This is pretty rare though. So, it is illegal to advertise for a massage therapist based on gender unless you can prove a specific occupational requirement (For example, it may be OK to advertise for a female therapist in a shelter for women but it's definitely not OK to advertise for a female therapist at a run-of-the-mill clinic offering services to the general public).
- Make sure you include the company name, the full name of the person to get in contact with and their contact details in your job description. Ensure there is an address or location specified and ensure that the job ad adequately displays the nature of the work or the position e.g. Remedial Massage Therapist.

4. Advertise the role

To attract the most suitable people for the job, you need to make sure that they:

- hear about the opportunity
- find the job appealing
- can relate and match the role to their expectations, skills and experience.

This means you should put some careful thought into where you place your advertisement for maximum impact.

5. Interview and recruit

There are some great tips on how to prepare for interviewing job candidates here, including lots of helpful classes of questions (cultural fit, motivation, teamwork etc):

<https://www.thebalance.com/sample-job-interview-questions-for-employers-to-ask-1918494>

It's also worth checking on the Australian Human Rights Commission website to ensure that you don't ask any interview questions that are discriminatory or illegal: <https://www.humanrights.gov.au/quick-guide/12081>

There some examples of some commonly asked illegal questions here:

<https://www.businessinsider.com.au/11-illegal-interview-questions-2013-7?r=US&IR=T#have-you-ever-been-arrested-1>

You will obviously also need to conduct reference checks before making your final decision so make sure your questions focus on the key attributes required for the position.

Once you have decided on employing the suitable candidate, it is time to make a formal offer with a letter of offer/contract. The Fair Work website has lots of fantastic templates available to help you prepare a letter of offer:

<http://www.fairwork.gov.au/Templatesformschecklists/Letter-of-engagement-full-time-part-time.doc>

<http://www.fairwork.gov.au/Templatesformschecklists/Letter-of-engagement-casual.doc>

You should also ensure that you follow up with candidates who were not successful with a call/email letting them know why they were not successful.

Conclusion

Staying silent is not an option. There are ways to ensure that your recruitment strategy aligns with your business goals. This will help you to find the right people to support your clients and your business, while staying compliant with Fair Work requirements and the Australian Consumer Law.

For further information regarding advertising a role or developing a recruitment strategy, please contact hello@naturaltherapistjobs.com.au or visit www.naturaltherapistjobs.com.au.

Visit the ATO website for information about contractors, employees, superannuation and tax obligations: <https://www.ato.gov.au>

Download the ACCC brochure on misleading advertisements and business opportunities:

<https://www.accc.gov.au/system/files/Misleading%20job%20and%20business%20opportunity%20ads.pdf>

Check out the Fair Work Ombudsman resources and templates for small business:

<https://www.fairwork.gov.au/find-help-for/small-business>

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Linda Serrano is the Founder of Natural Therapist Jobs. During her time as a Remedial Massage Therapist, she stumbled across the roadblock of not knowing where to look for reputable roles within the industry. With her background in Human Resources and Recruitment, gained from working internationally and within Australia, she decided to create a platform to ensure quality roles and resources were available to connect practitioners/therapists with employers.

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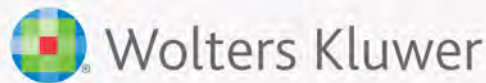
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Is pain science just a pain in the gluteus maximus?

by Aran Bright

It is all about helping people, not just science ...

If you are reading this, there is a very good chance that you are one of Australia's professional, dedicated massage therapists. You've spent days, weeks, months and years up to your elbows in oil or balm, rubbing, kneading and pressing bodies in an ongoing search for trigger points, tight tissue and that elusive "sore spot". You likely have aches and pains of your own: sore back, shoulders and hands are pretty commonplace in our profession. Pain is something you deal with every day - if it is not your own, then it is your clients' pain you're faced with.

So, you'd think it would make sense to know as much about pain as possible?

Hopefully it won't surprise you that massage therapists are not the only professionals who deal with pain: physiotherapists, psychologists, GPs, rheumatologists, neurologists, paramedics and researchers/scientists are just some of the other professionals who work with people in pain on a daily basis. Thankfully, we are currently seeing more cooperation between different fields and this is leading to a new wave of understanding about pain.

But this new wave of understanding can actually be a bit of a "pain" in itself because it is upturning many of the concepts and convictions we have so long held as gospel in the field of massage therapy. At the forefront of this wave is the recognition that humans are complex and irreducible, with a huge capacity for change and growth depending on a multitude of factors. In fact, it is basically impossible to know every single factor that may affect an individual's pain experience. The best we can hope to do is identify the most significant factors and support positive change by tailoring our treatments and interactions towards addressing these

individual factors in partnership with our client.

Science can be immensely helpful in supporting clinicians to identify the most significant factors in people with pain. And the wonderful news is, a lot of the current science is (almost) common sense!

So what are the big factors?

Most people who develop pain will heal just fine - this is really important to recognise and acknowledge. It is completely normal for people to recover from a painful experience. As an example, a 2008 study of Australian's that presented to primary healthcare practitioners for lower back pain showed that 72% (of nearly 1000 people) returned to pre-injury levels of pain and function within 12 months (Henschke et al, 2008). This is really important because, if someone comes to you with back pain, you want to inform and reassure them that it is completely normal to have pain and recover to normal function but it may just take some time.

But that does leave the 28% who did not recover to baseline. The reasons cited in this study were old age, compensation claims, higher pain intensity than average, previous injury, depression and perceived risk of persistence. Of these factors, a massage therapist may be able to assist with pain intensity, some of the general effects surrounding depression and, perhaps most importantly, the perceived risk of persistence.

When someone comes to receive a treatment from you, they listen to you and respect you as a highly trained health professional. In other words, what you say matters. We know that touch can help reduce pain intensity, even if it is only a mild effect over a brief period. But any pain reduction is a good thing.

However, we can also have a huge impact on our clients' beliefs around their pain and this really matters.

Beliefs around pain really matter

Self-efficacy is a personal belief in someone's *effectiveness*. In sport, this would be a belief in how well someone will perform in competition. For someone in pain, this is a belief in how well they can manage their pain and potentially get better. Why is this important?

A 2004 study of 400 patients examining self-efficacy, fear avoidance and pain intensity as predictors of disability, showed that high levels of self-efficacy were the best indicator of reduced levels of disability (Denison. et al, 2004). Pain intensity was only a useful indicator of ongoing disability in a small group of the total patients in the study. Fear avoidance behaviour (behaviour that demonstrates fear of movement) was also a better indicator of disability than pain intensity. In other words, the findings of this study was that **the beliefs of people with subacute and chronic musculoskeletal pain have more of an effect on disability than the amount of pain they are experiencing!**

What is the relevance to massage therapy?

I am definitely not suggesting that we start counselling clients about their pain but rather that we must recognise that most people will recover fully from pain and injury given enough time. As massage therapists, we can make our clients feel more comfortable while nature does its thing.

For the client, having a strong sense of positive belief around their body and their pain is a really important part of recovery. Conversely, a client being fearful about their pain and their body increases the likelihood of ongoing disability and pain. It's important to remember that the amount of pain someone experiences at any given time is not a particularly good indicator of long-term outcomes.

We have an ethical obligation to carefully consider what we are doing as massage therapists. Are we supportive health care professionals working with our clients to develop a sense of self-efficacy, self-belief, confidence and empowerment? Or are we cultivating a sense of fear and fragility around our clients that we know can actually make their pain worse?

Empowering through touch, movement and language

We may have come to believe that our job is to break up adhesions, release knots and stretch fascia: almost like some sort of human jackhammer, we are here to resolve our clients' issues through the application of external force (and generally the more, the better). However, the science is beginning to make it clear that the effects of massage are much less to do with the application of force to change body tissues and more to do with the response of the client's nervous system.

Pain is a product of the nervous system and our best tools to reduce pain and improve function (to use chronic lower back pain as an example) are actually a combination of touch, movement and language (Kamper et al, 2015). The evidence clearly shows that combinations of exercise, manual therapy, psychology and medical management are more effective than any one of these interventions in isolation. The take home message for massage therapists is that touch on its own is less effective.

Positively framing a client's situation, allaying any fears they have and giving them a plan to manage their pain should be key components of any massage therapy session. Massage therapy should be aimed at normalising sensation and function, so avoid any techniques that work from the basis of "breaking up tissue" and instead focus on triggering the nervous system to reduce muscle tone and sympathetic stimulation. Encourage movement, either during your session or between sessions. Walking, swimming, running or anything else that will encourage relaxed, comfortable movement should be recommended for both pain reduction and improved function.

Nocebo and neuroplasticity

Above all, don't give clients reasons to worry. We now know that a huge number of apparent postural "dysfunctions" and "misalignments" are imaginary/unhelpful constructs, completely normal human variations, or not linked to pain in any discernable way. Drawing a client's attention to some dysfunction that they don't understand is only going to heighten their sense of frailty and fear, which can actually increase the likelihood of pain and loss of function as discussed earlier.

"When someone comes to receive a treatment from you, they listen to you and respect you as a highly trained health professional. In other words, what you say matters"

Talking up problems and issues that you identify through your client assessments is not helpful. If there is something that you are legitimately concerned about then refer your client for further investigation. But don't speculate on the cause of an injury. Instead support your clients, remind them that recovery is normal and that being active - even with pain - is nearly always the best strategy.

By fostering confidence and reducing fear, you will be encouraging a fundamental restructuring of the client's nervous system that will down-regulate pain responses. This is generally what is understood to happen with the placebo effect. But, if we make a client believe their situation is dire, we can actually have the opposite effect, known as the **nocebo** effect, which is associated with structural changes to the nervous system that can increase a client's pain intensity.

Conclusion

Yes, pain science can be a pain in the gluteus maximus; it reminds us that our understanding of massage and its effects is constantly changing. It is also a reminder that we need to spend time staying up to date. Pain science also rewards us with great insights that have broad clinical application within our wonderful discipline.

To some extent, it frees us of the constraints imposed on our work by biomedicine but that's a subject for a whole other article.

However, we do need to learn more about pain so that we don't fall into the trap of unwittingly making our clients' situation worse by scaring them with overly technical assessments and language. Instead, we can build our clients' confidence and encourage them to be active, using pain science as a pillar of positive change in our clinical practice. ■amt

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Aran started his career as a massage therapist in 2002 after graduating from the Australian College of Natural Medicine in Queensland. In 2006, he completed his Diploma of Remedial Massage and, in 2007, his Bachelor of Health Science in Musculoskeletal Therapy. Aran has also graduated from University of Queensland with a Graduate Certificate of Sports Coaching, completed a Certificate IV in Fitness and an Advanced Diploma of Myotherapy.

He currently runs his own businesses Bright Health Training and Brisbane Workplace Massage with his wife Sheree.

Aran will be presenting a plenary session on pain science and two practical workshops on back pain and movement therapy at the AMT conference in October.

Interview: Michelle Vassallo on Manual Lymphatic Drainage

How long have you been in practice?

What originally attracted you to massage therapy?

I received my Diploma of Remedial Massage from Victoria University in 2002.

What drew me to massage was that I was a single mum running a business that I no longer loved. I needed to find an alternative career path and I had always been interested in massage. Up until that point, I had experienced many different types of massage and witnessed its ability to alleviate my aches and pains, and improve my sense of wellbeing. I also needed to choose a profession that would allow me to work for myself and give me the flexibility I needed to care for my son.

Where did the passion for Manual Lymphatic Drainage (MLD) come from?

Interestingly, the first MLD class I attended led me to call my teacher and question the validity of this particular modality as part of our massage diploma. She promised me that I would find something of value if I continued to attend the classes. I also needed to pass the unit to graduate anyway!

After ten weeks of training I had not only come to understand the validity of the modality but I had also developed a real love of the technique. The light pressure and soft touch required to deliver MLD appealed to my sense of self care as a massage therapist. The slow nature of the work really found a place in my body and the relaxation effect for me as the therapist was evident. I loved delivering this form of treatment and delighted in the fact that the complicated nature of the routine meant that I had to be 100% present right throughout the delivery - quite often the time would pass without me even noticing.

Delivering MLD was akin to a moving meditation. I could see the results and understood at a deep level that what I was doing was not only good for my client but good for me as well.

What do you believe are some of the overlooked clinical indications for MLD?

There are so many clinical indications for MLD that when I list them at the beginning of each class, students are always surprised to hear its broad applications.

MLD can be used for the following:

fluid retention, lymphoedema, sinusitis, hay fever, post dental treatment, pre and post liposculpture, pre and post breast surgery, post plastic surgery of all types, neurology, pain relief, anti inflammatory, as part of the RICE protocol, gastroenterology and digestive disorders, carpal tunnel, chronic fatigue syndrome (myelitic encephalomyelitis), fibromyalgia, pre and post surgery, post sporting, all types of bruising and oedema during pregnancy.

What does the current evidence say about the clinical efficacy of MLD?

There is a growing body of research that illustrates the efficacy of MLD in a clinical setting. Some of the most groundbreaking research has been conducted by Neil Piller, a lymphology professor at the Department of Surgery, School of Medicine, Flinders University. In 2006, Professor Piller published his research findings from both clinical trials and case studies in an article in *Massage Australia* magazine (2006, Issue 53). The most relevant of the research findings stated that:

- MLD is able to promote both subjective and objective improvements in Lymphoedema

- patient response was very positive in terms of how a limb affected by lymphoedema feels post MLD
- even a single MLD session is beneficial to the lymphatic system.

What advice would you give to massage therapists wondering how they would integrate MLD into their clinical practice?

The best advice I could give is to learn a style of MLD that allows you to pick and choose specific sequences that can be seamlessly integrated into your other favourite techniques and approaches. The other side of that coin is that you absolutely must regularly practice the style you have learned.

Read as many textbooks and research articles as you can and look for research that supports the way you are using MLD; talk to other professionals using MLD techniques; educate your clients to understand and embrace the use of MLD as a way to support their recovery, and to heal from illness and injury; and most importantly have MLD yourself so that you can speak of the effects with a deeper understanding than just the theory alone.

You have a particular interest in research literacy and have developed classes for massage therapists on that subject. Why should massage therapists engage with research?

When I was studying for my diploma, research literacy was part of the training. Many of my fellow students couldn't understand why this was included in our study and they refused to see the benefit of having some knowledge of the underlying scientific principles of what we do. But I was excited by having some sort of empirical evidence to show my clients and, for me, it was also a way to validate my reasoning for choosing some treatment protocols over others.

As far as I am concerned, art and science are two sides of the same coin in terms of the practice of massage therapy. We are practicing the 'art' side of the coin every time we step up to the massage table to deliver a treatment. However, we must also acknowledge the science and do our best to make sure we are abreast of the latest understandings and developments in our field.

Above all, research helps us to foster curiosity: don't we all want to understand more about what we do and why it works?

Last year, AMT released some preliminary data from a patient study that clearly shows that massage therapists are taking a strong primary care role in treating people with various pain conditions. Do you think this kind of primary care role is also emerging with MLD?

I have been a teacher of MLD for well over a decade now so I do have some insight into how it has increased its profile within the healthcare sector and in the general community.

Many clients who would not have known what an MLD treatment was ten years ago are now actively seeking MLD as a specific treatment protocol. The public is gaining understanding of the wide range of pathologies it can be used to treat and, as such, massage therapists are being called on to deliver MLD as a specialised intervention.

The best evidence of this growth in demand is coming from the healthcare sector: MLD is now being offered in many clinics and hospitals as part of the pre and post surgery protocol.

However, the most direct evidence I have for MLD emerging as part of primary care comes from a university clinic that I was asked to oversee in 2016 at Royal Melbourne Institute of Technology. It was the first of its kind in Australia - the clinic was dedicated solely to MLD. We had upwards of 14 student therapists delivering two MLD sessions every Wednesday afternoon and most of those 28 sessions were booked out. Students were being called upon to treat a diverse range of issues and this gave them the confidence and skill to use MLD across a wide range of situations and clients.

I saw two things during my time at the RMIT clinic: students gained a greater confidence and understanding of the modality, and how to use it in the primary care role; the clients who attended the clinic emerged with a new sense of knowledge of their lymphatic system and the massive role it plays in our overall health and wellbeing.

What do you think are the main barriers to further integration of MLD in primary care?

At this stage, there is still not enough therapists who are able to confidently deliver MLD to their clients.

The other mitigating factor is that we need to increase the amount of quality research being undertaken to illustrate empirically the absolute benefit of this amazing modality!

What do you say to massage therapists who may be stuck in a "no pain, no gain" mentality?

Two words: Deep tissue = deep issue.

You need to educate your clients to understand that eliciting pain is not necessarily going to be better for them in the long run. For too long, MTs and the public have assumed that massage has to hurt to be good for you or to have a therapeutic benefit. Where is the scientific evidence to support this assumption?

We also need to educate therapists better on the self care front. How many years do you think you can successfully treat from this paradigm and not have it affect your overall health and wellbeing? Our bodies and hands are our tools so we need to treat them with respect and consider our own comfort level first before anything else. We are not going to be able to treat anyone effectively for very long if we are ignoring our own bodies in the process. Be kind to yourself and be kind to your clients by showing them a different path they may not have known existed.

■amt



Michelle Vassallo is a director of Rhythm Massage Development, teaching workshops on Manual Lymphatic Drainage, Self-Care for Massage Therapists and Research Literacy. She currently lectures in a variety of remedial subjects at both Victoria University and RMIT University. She also delivers seminars as a guest lecturer and workshop presenter for various national massage associations in Australia and Canada. Michelle will be presenting a workshop on Manual Lymphatic Drainage at the AMT mini-conference in October.

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	<p>ARHG recognises members with Nationally Recognised Qualifications in Remedial Massage, Myotherapy and Traditional Chinese Medicine Remedial Massage who have completed at least 200 hours of supervised clinic. Existing providers remain eligible.</p> <p>They require you to use their provider number. This number is AWXXXXXM, where the 5X's are your 5-digit AMT member number, for example AW12345M. Members with a 4-digit member number use AW0XXXXM, where the X's are your AMT member number.</p>
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	
GMHBA	Railway & Transport Health Fund Ltd	
HBF	Reserve Bank Health Society	
health.com.au	St. Luke's Health	
Health 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 HLT52015, HLT50302/07 Diploma of Remedial Massage, HLT52115, HLT50102/07/12 Diploma of Traditional Chinese Medicine Remedial Massage, HLT52215, 22248VIC Advanced Diploma of Myotherapy, 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 Health Science (Soft Tissue Therapy). Existing Senior Level One and Two providers remain eligible.
BUPA		BUPA recognises members with HLT52015, HLT50302/07 Diploma of Remedial Massage, HLT52115, HLT50102/07/12 Diploma of Traditional Chinese Medicine Remedial Massage, HLT52215, HLT50202/07/12 Diploma of Shiatsu and Oriental Therapies, 22248VIC Advanced Diploma of Myotherapy, 21920VIC or 21511VIC Advanced Diploma of Remedial Massage (Myotherapy). Existing providers remain eligible. Providers must also meet BUPA's \$2million professional indemnity insurance requirement to be eligible.
CBHS Health Fund Ltd		CBHS recognises all AMT practitioner levels.
The Doctor's Health Fund		Doctors' Fund recognises members with HLT52015, HLT50302/07 Diploma of Remedial Massage, Advanced Diploma of Applied Science (Remedial Massage), Advanced Diploma of Health Science (Soft Tissue Therapy), 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 or 5-digit AMT membership number.
GU Health		GU Health recognises members with HLT52015, HLT50302/07 Diploma of Remedial Massage, HLT52115, HLT50102/07/12 Diploma of Traditional Chinese Medicine Remedial Massage, HLT52215, HLT50202/07/12 Diploma of Shiatsu and Oriental Therapies, 22248VIC Advanced Diploma of Myotherapy, 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 Health Science (Soft Tissue Therapy). Existing Senior Level One and Two providers remain eligible.
HCF		HCF recognises members with HLT52015, HLT50302/07 Diploma of Remedial Massage, 21920VIC or 21511VIC Advanced Diploma of Remedial Massage (Myotherapy), 22248VIC Advanced Diploma of 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 HLT52015, HLT50302/07 Diploma of Remedial Massage, HLT52115, HLT50102/07/12 Diploma of Traditional Chinese Medicine Remedial Massage, HLT52215, HLT50202/07/12 Diploma of Shiatsu and Oriental Therapies, 22248VIC Advanced Diploma of Myotherapy, 21920VIC or 21511VIC 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

Calendar of Events

June 2017		CEUs
2-3	Clinical Orthopedic Manual Therapy of the Low Back and Pelvis. Presented by Joe Muscolino. Bondi Junction, NSW Contact terrarosa@gmail.com www.terrarosa.com.au	70
4-5	Clinical Orthopedic Manual Therapy of the Upper Extremity. Presented by Joe Muscolino. Bondi Junction, NSW Contact terrarosa@gmail.com www.terrarosa.com.au	70
10	Rocktape Movability Course - Full Day. Presented by Rocktape. Brisbane, QLD Contact 08 9379 3400 or education@rocktape.com.au rocktape.com.au	35
11	Rocktape Introduction Course - Full Day. Presented by Rocktape. Townsville, QLD Contact 08 9379 3400 or education@rocktape.com.au rocktape.com.au	35
17	Mid-North Coast Branch Meeting. Port Macquarie, NSW. Contact Leigh Stevens 0434 084 501	15
17-18	Chi-Acupressure Massage. Presented by Master Zhang Hao. Strathfield, NSW Contact 0416 286 899 www.asrt.edu.au	70
24	Rocktape Introduction Course - Full Day. Presented by Rocktape. Gold Coast, QLD Contact 08 9379 3400 or education@rocktape.com.au rocktape.com.au	35
27	Illawarra Branch Meeting. Corrimal, NSW. Contact Linda White 0417 671 007	15
30	The Shoulder Online Workshop. Developed by Bradley Collins Contact info@thetherapyweb.com www.thetherapyweb.com This course can be started anytime throughout the year and can be completed at your own pace	25
July 2017		CEUs
15-19	Advanced Certificate in Integrated Cupping Therapy. Presented by Bruce Bentley. Melbourne, VIC Contact 03 9576 1787 or 0435 410 799 www.healthtraditions.com.au	175
15-17	Master Class in Traditional East West Cupping. Presented by Bruce Bentley. Melbourne, VIC Contact 03 9576 1787 or 0435 410 799 www.healthtraditions.com.au	105
18-19	Modern Cupping Therapy. Presented by Bruce Bentley. Melbourne, VIC Contact 03 9576 1787 or 0435 410 799 www.healthtraditions.com.au	70
18	Blue Mountains Branch Meeting. Lawson, NSW. Contact Ariana 0425 285 610	15
21	Evidence based Relaxation Therapy: Physiological & Psychological Benefits. Presented by Dr Judy Lovas. Sydney, NSW For information and bookings go here	15
22-23	Acu-Reflexology. Presented by Master Zhang Hao. Strathfield, NSW Contact 0416 286 899 www.asrt.edu.au	70
25	Illawarra Branch Meeting. Corrimal, NSW. Contact Linda White 0417 671 007	15
26-27	Hot Stone Massage. Presented by Master Zhang Hao. Strathfield, NSW Contact 0416 286 899 www.asrt.edu.au	70
31	Headaches Online Study Module. Developed by Bradley Collins. Contact info@thetherapyweb.com www.thetherapyweb.com This course can be started anytime throughout the year and can be completed at your own pace	25
August 2017		CEUs
9	Gua Sha Day. Presented by Bruce Bentley. Sydney, NSW Contact 03 9576 1787 or 0435 410 799 www.healthtraditions.com.au	35
11-13	Master Class in Traditional East West Cupping. Presented by Bruce Bentley. Sydney, NSW Contact 03 9576 1787 or 0435 410 799 www.healthtraditions.com.au	105
11	Evidence based Relaxation Therapy: Physiological & Psychological Benefits. Presented by Dr Judy Lovas. Griffith, ACT For information and bookings go here	15
11-15	Advanced Certificate in Integrated Cupping Therapy. Presented by Bruce Bentley. Sydney, NSW Contact 03 9576 1787 or 0435 410 799 www.healthtraditions.com.au	175
14-15	Modern Cupping Therapy. Presented by Bruce Bentley. Sydney, NSW Contact 03 9576 1787 or 0435 410 799 www.healthtraditions.com.au	70
18-20	Onsen Techniques ® Volume III - Structural Assessments and Treatments of the Cervical and Thoracic Spinal Regions. Presented by Jeff Murray. Kingscliff, NSW. Contact info@beyondmassage.com.au www.beyondmassage.com.au	105
19	Mid-North Coast Branch Meeting. Port Macquarie, NSW. Contact Leigh Stevens 0434 084 501	15
29	Illawarra Branch Meeting. Corrimal, NSW. Contact Linda White 0417 671 007	15
31	Understanding Fibromyalgia Online Study Module. Developed by Bradley Collins. Contact info@thetherapyweb.com www.thetherapyweb.com This course can be started anytime throughout the year and can be completed at your own pace	25
September 2017		CEUs
7	Blue Mountains Branch Meeting. Penrith, NSW. Contact Ariana 0425 285 610	15
26	Illawarra Branch Meeting. Corrimal, NSW. Contact Linda White 0417 671 007	15
30	The Shoulder Online Workshop. Developed by Bradley Collins. Contact info@thetherapyweb.com www.thetherapyweb.com This course can be started anytime throughout the year and can be completed at your own pace	25

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AMT Regional Mini Conference 2017

Canberra Rex Hotel
150 Northbourne Avenue
Braddon ACT

Friday 20 October - Sunday 22 October

Join us in our nation's capital for AMT's second regional mini-conference, with a program of Plenary sessions and 1½ day workshops for the Friday and Saturday, and an optional 1-day post conference workshop on Sunday.

CONFERENCE PROGRAM

Friday 20 October

7.30AM – 8.45AM	Registration and arrival tea/coffee
9.00AM – 9.30AM	Chairperson's Welcome – Michelle McKerron
9.30AM – 10.30AM	Patient Engagement: A new name for old tools – Lisa Fiddes
10.30AM - 11.00AM	Morning Tea
11.00AM – 11.45AM	Is pain science really a pain for massage therapists – Aran Bright
11.45AM – 12.30PM	Recognise and refer: how to identify and respond to suspect moles and skin lesions in the clinic
12.30PM - 1.30PM	Lunch

Breakout Workshops

1.30PM – 3.00PM	Lumbar Pain – a back causing pain or a back that feels painful? – Aran Bright Manual Lymphatic Drainage (MLD) – Michelle Vassallo What lies beneath: a clinical approach to treatment of the neck and shoulder – Lily Chiu
3.00PM – 3.30PM	Afternoon Tea
3.30PM – 5.00PM	Breakout workshops continued

Saturday 21 October

9.00AM – 10.30AM	Breakout workshops recommence
10.30AM - 11.00AM	Morning Tea
11.00AM – 12.30PM	Breakout workshops continue
12.30PM - 1.30PM	Lunch
1.30PM – 3.00PM	Breakout workshops continue
3.00PM – 3.30PM	Afternoon tea
3.30PM – 5.00PM	Breakout workshops continued
6.30PM - 9.30PM	Gala dinner

POST CONFERENCE WORKSHOP

Sunday 22 October

8.30AM – 8.50AM	Registration and arrival tea/coffee
9.00AM – 11.00AM	Interception – why you are the best person you could ever hope to meet
11.00AM - 11.30AM	Morning tea
11.30AM - 1.30PM	Workshop continues
1.30PM - 2.15PM	Lunch
2.15PM - 3.45PM	Workshop continues
3.45PM - 4.15PM	Afternoon tea
4.15PM	Close

SPEAKERS



Lisa Fiddes

Keynote Address: Patient Engagement: A new name for old tools

Lisa has been an educator for over ten years. She enjoys studying and, after completing two Bachelors of Health Science (Natural Medicine and Myotherapy), went on to study a Master of Preventive Medicine, a Master of Clinical Research, and a Graduate Certificate in Chronic Condition Management. She is a Director of the Myotherapy Association of Australia and is the current convenor for the Victorian Massage and Myotherapy Network, a group of RTO educators who meet regularly to discuss issues and share resources related to training and education within the massage industry.



Aran Bright

Plenary: Is pain science really a pain for massage therapist?

Conference workshop:

Lumbar Pain – a back causing pain or a back that feels painful?

Post Conference workshop: Interoception – why you are the best person you could ever hope to meet

Aran started his career as a massage therapist in 2002 after graduating from the Australian College of Natural Medicine in Queensland. In 2006, he completed his Diploma of Remedial Massage and, in 2007, his Bachelor of Health Science in Musculoskeletal Therapy. Aran has also graduated from University of Queensland with a Graduate Certificate of Sports Coaching, completed a Certificate IV in Fitness and an Advanced Diploma of Myotherapy. He currently runs his own businesses, Bright Health Training and Brisbane Workplace Massage, with his wife Sheree.



Michelle Vassallo

Conference Workshop: Manual Lymphatic Drainage (MLD)

Michelle Vassallo is a director of Rhythm Massage Development, teaching workshops on Manual Lymphatic Drainage, Self-Care for Massage Therapists and Research Literacy. She currently lectures in a variety of remedial subjects at both Victoria University and RMIT University. She also delivers seminars as a guest lecturer and workshop presenter for various national massage associations in Australia and Canada.



Lily Chiu

Conference Workshop: Clinical Approach to the Treatment of the Neck and Shoulder

Lily has been a Remedial Massage Therapist and Myotherapist for over 23 years. She has practised from Olympic Park Sports Medicine Centre and North Balwyn Physiotherapy Centre in Melbourne for 20 years. Lily has travelled internationally with elite athletes for the 2004 Athens Paralympic Games and 2008 Beijing Paralympic Games. Her work in the Polyclinics at the 2006 Melbourne Commonwealth Games and the 2000 Sydney Olympic Games (Melbourne Polyclinic) were also hometown highlights.

Lily began teaching in 2009 and currently lectures at Melbourne Institute of Massage Therapy (MIMT). Her teaching has extended to provide professional development presentations and workshops to qualified therapists as well.



Colin Rossie

Post Conference workshop: Interoception – why you are the best person you could ever hope to meet

Colin Rossie is a Certified Advanced Rolfer®, Rolf Movement Integration practitioner, remedial massage therapist and Fascial Fitness instructor. He is a life member of AMT and a foundation member of the Fascia Research Society. In addition to ongoing Rolfing and remedial massage training, his continuing education has included visceral manipulation; neural mobilisation with physiotherapists, osteopaths and Rolfers; Fascial Fitness Training; and Rolf Movement training.

CONFERENCE WORKSHOPS

Lumbar Pain – a back causing pain or a back that feels painful?

Presented by Aran Bright

Lumbar pain is a huge burden on society, monetarily, socially and physically. Anyone who experiences long-term back pain knows how much of an impact it has on their life and the others around them. As massage therapists, we see a lot of back pain so we need to be armed with the best knowledge about what is going on with clients' backs and what we can do about it.

This course will examine four topics:

1. **Armed (with knowledge) and not dangerous** – the real story about back pain, what does the research tell us, what is going on with backs in Australia and what can we do about it?
2. **Interconnectivity** – how the professional connection between therapist and client is at least as important to client outcomes as the physical treatment. How do you establish this connection ethically and safely, and “work it” for both client and therapist outcomes.
3. **Manual techniques for lumbar pain** – working from neurological principles to manage pain, instill confidence and minimize physical stress on the client and therapist. Direct and indirect methods will be explored, including soft tissue and joint focused techniques.
4. **Movement based approaches for lumbar pain** – using movement to build confidence and resilience to reduce pain and the likelihood of disability. When should we reduce movement and when should we encourage it?

Manual Lymphatic Drainage (MLD)

Presented by Michelle Vassallo

Manual Lymphatic Drainage (MLD) is a highly specialised technique that can be used to treat many injuries and pathologies. 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.

This workshop covers the many dimensions of Manual Lymphatic Drainage and will include:

- an understanding of the lymphatic system, and the implications and complications that are associated with MLD
- demonstration 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

What lies beneath: a clinical approach to the treatment of the neck and shoulder

Presented by Lily Chiu

Our hands are frequently in contact with the soft tissue of the neck and shoulder. But have you stopped to think about how well we know what lies beneath?

In this hands-on workshop, we will review the palpation of surface anatomy and assessment techniques of the cervical spine and its relationship with the shoulder girdle, and how they may contribute to dysfunction.

We take a few steps back from the techniques we have learned to refresh our palpation of the anatomy, unlock the secret to how to access deeper structures safely, applying assessment techniques so that we can use the techniques we already know.

Improved palpation of the anatomy and understanding the anatomical areas to avoid will give depth to our practice, a refreshed view of treatment strategies and associated pathologies such as TMJ syndrome, carpal tunnel, thoracic outlet syndrome and radicular pain.

Better anatomy and better palpation will lead to better practice.

POST CONFERENCE WORKSHOP

Interoception – why you are the best person you could ever hope to meet

Presented by Aran Bright and Colin Rossie

Interoception is the term used to describe the internal sensory experience of your own body. A burgeoning body of research is beginning to show links between interoception and wellbeing. It has become a field of vast interdisciplinary inquiry, from neurophysiology, to somatic anthropology and mind/body medicine.

In this workshop, we will look at how you can reconnect or grow your connection to your internal interoceptive world and then how you can work with massage therapy to help your clients deepen their internal connections.

To explore this process, we will be looking at activities that will include:

- Meditation and mindfulness
- Exercise and movement
- Qi Gong practices
- Partner activities
- Massage techniques

This will be development for both you as a therapist and techniques you can use for your clients.

Accommodation at Canberra Rex Hotel

AMT has negotiated special conference room rates with Canberra Rex Hotel.

King Room \$185.00 (includes full buffet breakfast)

Crown Suite \$230.00 (includes full buffet breakfast)

To book your accommodation, please call Canberra Rex Hotel on 02 6248 5311.

Don't forget to mention the AMT Conference when you make your booking.

AMT Head Office is happy to keep a register of members interested in twin share arrangements. Please call the office on 02 9211 2441 to register your interest.

Parking

Canberra Rex Hotel offer complimentary parking for their guests, however, it is subject to availability.

The Rex is conveniently located adjacent to public transport and we encourage all Hotel guests to make use of this environmentally friendly option.

Transport

Canberra International Airport is approximately 8 kilometres away from the Rex Hotel.

Northbourne Avenue is serviced by a regular bus service daily. For more information visit www.transport.act.gov.au

Local taxi services may be booked through the Canberra Rex Hotel front desk team.

Registration

You can register online with a credit card by visiting <http://bit.ly/amt2017> or use the registration form provided. The PDF of the registration form is fillable.

<http://bit.ly/amt2017>

AMT Regional Mini Conference 2017

Registration Form

To register online, please visit <http://bit.ly/amt2017>

Name _____

Company name _____

Address _____

Email _____ Contact number _____

AMT membership number _____

If you are not a member of AMT, please tell us which association you belong to:

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

CEUs

You will be rewarded with 50 CEUs for each day of the conference you attend. For those of you just tuning in to the live webcast, if you're willing to send us a 500 - 1000 word summary of your key learnings, you'll earn 20 CEUs. Just take some notes as you go.

Registration fees

Your registration fee includes morning and afternoon teas and lunch. Prices include GST. Take advantage of our earlybird savings by completing your booking before Friday 11 August.

Conference dinner

A Conference Dinner ticket is included in all 2-day conference registrations. If you are attending the post-conference workshop only but would like to attend the dinner, you will need to purchase a ticket separately.

PLENARY LIVE WEBCAST: October 20 9.00am - 12.30pm		
Earlybird rate	After August 11	
\$30.00 <input type="radio"/>	\$50.00 <input type="radio"/>	
TWO-DAY CONFERENCE: October 20 - 21		
Earlybird rate	After August 11	Student Rate
\$480.00 <input type="radio"/>	\$540.00 <input type="radio"/>	\$380.00 <input type="radio"/>
POST-CONFERENCE WORKSHOP: October 22		
Earlybird rate	After August 11	Student Rate
\$230.00 <input type="radio"/>	\$260.00 <input type="radio"/>	\$190.00 <input type="radio"/>
EXTRA DINNER TICKETS		
\$80.00 <input type="radio"/>	Number of extra dinner tickets:	

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

- Vegetarian
- Lactose Intolerant
- Gluten free

TOTAL: \$

CONFERENCE WORKSHOP PREFERENCES

Please number your workshop preference, with one being your first choice:

- ___ Lumbar Pain - a back causing pain or a back that feels painful?
___ Manual Lymphatic Drainage
___ What lies beneath: a clinical approach to treatment of the neck and shoulder

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 ON FRIDAY 6 OCTOBER 2017

I have enclosed my cheque or money order (made out to AMT) OR please debit my Visa Mastercard

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 4 weeks prior – less \$30 administration fee
- Cancellation less than 4 weeks but more than 2 weeks – less 15%
- Cancellation less than 2 weeks but more than 1 week – less 25%
- Cancellation less than 1 week – less 50%
- No refund will be given after the event

EFT PAYMENT DETAILS

PLEASE USE YOUR NAME UNDER THE TRANSACTION DESCRIPTION SO WE CAN IDENTIFY THE PAYMENT AND SEND THIS FORM BACK TO AMT
Account Name: Association of Massage Therapists Ltd
BSB: 062-212
Account Number: 1034-0221

OFFICE USE ONLY Date received _____ Receipt no. issued _____

Please return to:
AMT
PO Box 826 Broadway NSW 2007
or email info@amt.org.au

<http://bit.ly/amt2017>