In Good Hands

The Newsletter of the Association of Massage Therapists (NSW) Ltd

March 2002

YOU AND THE NEW PRIVACY ACT

Since 21st December 2001 Massage Therapists have acquired a new status as 'health service providers' with a **legal obligation** to protect the privacy of their clients' personal information.

Below is a summary only and **not** a full statement of obligations. Members are strongly urged to read the full guidelines and National Privacy Principles (NPPs) for themselves. Copies can be downloaded from www.privacy.gov.au or obtained from the Office of the Federal Privacy Commissioner.

What is health information?

Health information is personal information, including information about an individual's health or disability at any time (that is past, present or future). It also includes an individual's expressed wishes regarding future health services and the health services provided, or to be provided, to the individual.

Health information includes any information collected by a health service provider during the course of providing treatment and care to an individual, including:

- medical information
- personal details such as name, address, treatment dates, billing information
- information generated by a health service provider, such as notes and opinions about an individual and their health.

The NPPs apply to health information held in any form, including paper, electronic, visual and audio records.

Collecting information from your clients

- You must use only fair and lawful ways to collect health information either directly from the client or from another source
- Each client must know why you are collecting information about them and who else you might give it to
- You must have your client's permission before soliciting information about them from another source **and** must make your client aware of the content of that information on request
- Information collected by you must be restricted to information necessary for your professional needs
- You must take reasonable steps to ensure the individual is aware of the above points

Storage and maintenance of information

- The information you hold and use must be accurate, complete and up-to-date
- You need to take reasonable steps to protect it from misuse and loss and from unauthorised access, modification or disclosure

Use and disclosure of information

You can only disclose health information on your client if it is for a directly related secondary purpose within the client's expectations, if you have their consent, or where there are specified law enforcement or public health and public safety circumstances.

Access by the individual client to information

If an individual asks, give them access to the health information you hold about them unless particular circumstances apply that allow you to deny access – these include where there is a serious threat to life or health.

Continued overleaf …

Office Hours: Monday-Friday 10.00 am - 4.00 pm. Level 1 Suite B, 304 King Street. Newtown 2042.
Postal Address: PO Box 792, Newtown 2042 Ph. (02) 9517 9925 Fax (02) 9517 9952
E-mail: massage@amtnsw.asn.au Web Page: www.amtnsw.asn.au

Openness

A short, easy to read document (for example, a sign in the clinic) that sets out your policies on how you manage health information must be available to anyone who asks for it.

Consent about how an individual's health information is handled

(Please note that the Privacy Act does not cover consent for treatment.)

The client must:

- provide the information voluntarily (e.g. the client allows you to photocopy notes and send them to another practitioner)
- be adequately informed, (e.g. why you are sending the notes and how they will be used)
- have the capacity to understand, provide and communicate their consent. Consent may be **express** or **implied.**

Express consent refers to consent that is clearly and unmistakably stated and can be obtained either in writing, orally or in any form where the consent is clearly communicated. As a general rule, if a health service provider needs or wants consent and is in doubt about whether an individual is giving consent or not, it is preferable to seek express consent.

Implied consent occurs when health service providers reasonably rely on implied consent by individuals to handle health information in certain ways. For example, a client presents to a massage therapist and discloses health information that is written down by the therapist during the consultation. This will generally be regarded as giving implied consent to the therapist to collect the information for certain purposes. The extent of these purposes will usually be evident from the discussion during the consultation.

Where there is open communication and information sharing between the therapist and client, consent issues will usually be addressed during the course of the consultation. If the discussion has provided the client with an understanding about how their health information may be used, then it would be reasonable for the therapist to rely on implied consent.

Important NSW requirement coming in shortly (in addition to the NPPs)

You must retain your client's health information for 7 years from the last visit for an adult or until the client has attained the age of 25 years in the case of a child.

NEWS FROM THE STATE COUNCILLORS

HUNTER John Cavanagh

In the lead up to the festive season about 28 members availed themselves of the knowledge and expertise of AOK Health who presented a workshop on the relevance of mediBall in rehabilitation. The hands-on (or seats on!) approach resulted in a shopping frenzy at the conclusion of the session when AOK offered product prices too good to be missed.

In February, an anatomy tutorial was held in the wet lab at Newcastle University. The event was well attended with a number of North Coast members making the trip down for a valuable and productive program.

Recently I reviewed the insurance status of members in the region. I was astonished to find that, out of 92 members, only 46 had insurance coverage (in other words, only half!). Obviously, this means that their clients cannot claim health fund rebates. Many of these uninsured members stated that 'it's too expensive for the work I do'. I have, however, been advised that a special rate is available for therapists who work part-time.

At our January meeting we welcomed some new faces to the Branch and provided one of the best night's entertainment that an AMT meeting can offer! Ian Melville facilitated a session on Planning and Marketing in your Business. Ian is a massage therapist as well as an accomplished public speaker. He presented an interactive session which he commenced by asking everyone present to tell the group what their product or service is, what they are selling and how they would expect the public to really understand and buy it. His tips on marketing and advertising included an advertising success schedule chart to enable you to reliably map the success and costs of any marketing program. Ian's approach was relaxed and humorous enabling all to feel free to participate.

During the meeting the gripe of CEUs arose yet again. There certainly appears to be a lack of appreciation of the continuing education philosophy. I feel that more needs to be done to clarify the reasoning behind CEUs. A number of issues arose out of the discussion that warrant some consideration. These will be discussed in the next Newsletter.

Our next meeting will be in March and includes the AGM and election of a new committee. We are hoping for a few new faces.

ACT Malcolm Coulter

ACT branch held a reasonably well attended local meeting on 15th November closely followed by a Members Day on 18th November. The Members' Day was attended by four therapists: Robert Brown, Alan Ford, John Mason and myself. The idea was for therapists to swap treatments and generally network. We achieved this goal albeit on a very small scale.

Alan Ford and I have discussed our next Members Day which will be a Stretch and Strengthening Exercise Workshop. There will be notice of the date and format once we have finalised the details.

We also discussed the formulation of an ACT Members' Register that will list local members according to their speciality and location. This will benefit members, other health professionals and the general public. More information will be forthcoming once the details have been finalised.

On 25th November I assessed the graduating students of the Certificate in Massage Therapy course at Om Shanti College. All the students displayed a very good standard of practice with Ian de Plater being the outstanding student.

In December the ACT Sports Massage Team was asked to support the annual ACT Triathlon conducted around Lake Burley Griffin. Simon Whitehead, Kate Murtagh, Fred Lederer and Matt Lillie donated their time to this event which was greatly appreciated by the athletes and the organisers.

The Sports Team is gathering a solid reputation and in late December received requests to support two National Championships held in Canberra in January. The first was the Australian Women's Fast Pitch Softball Championships in which all States competed. As this event coincided with school holidays, it was difficult to find available therapists. However, Sue Stewart, Megan Brown and Rob Carew provided a free massage therapy service for four days. The organisers provided a massage tent that afforded a perfect view of matches to keep the volunteers entertained between massages. The grateful recipients of treatments included players, umpires, coaches, managers and support staff.

The second event was the Australian Tennis Veterans Championships held at tennis centres around Canberra. We were asked to provide a full massage service throughout the event, for which therapists received payment from competitors. The team of therapists consisted of Megan Brown, Rob Carew, Fred Lederer, Matt Lillie, Colleen Minehan, Kate Murtagh, Mick Smith, Lynn Spratt, Sue Stewart and Anthony Tutalo.

We rostered two therapists on duty for almost the entire event. This was the largest event yet handled by the Team and proved to be highly successful. It demonstrated that the Region has the capability and the enthusiasm to support local and national elite sporting events.

TEN THINGS ARTICULAR THERAPY HAS TAUGHT ME

By John Pollard, D.C.

This is the second instalment of a two-part article. Please see the December 2001 issue of In Good Hands for the first five 'things'!

6. FIXING THE ANKLES IS CRITICAL FOR FIXING THE KNEES AND HIPS

If I had one wish for Articular Therapy it would be for someone to ***please*** tell Mark Phillippoussis that his knee tears are coming from his ankle. Until he gets his ankle corrected with Articular Therapy his career is only one hypermobile tear away from being over. Yes, he could undergo surgery but, until the ankle is corrected, the knee will continue to tear. And if they cement his knee together he will tear his hip instead.

It is very difficult correcting the 'tight lumbars' you often encounter if there is an ankle or foot problem below it. Typically this would be ankle pronation on the fixated hip side but it often doesn't look that way in the beginning. You have to go through a few tensegrity shifts before the true pattern presents itself. In fact if you do find a demonstrably bad ankle, you should change your treatment focus towards this ankle.

By treating the ankle and asking the client to continue performing their exercises, the client will get the fastest possible response. In fact, the most objective standard for treating articular problems begins by starting with the feet and ankles. The proper balance of the foot and ankle is the foundation for all acts of mobility. Everybody's feet have to touch the ground. However, from there the way that people move the rest of their articulations daily varies considerably.

7. FIXING THE HIPS IS CRITICAL FOR FIXING THE LOWER BACK

It's funny … I am a chiropractor and yet rarely - and I **mean** rarely - do I give in to the so-called 'lumbar role' of chiropractic fame. If Articular Therapy has taught me anything it is that the hips are the be all and end all of the lower back. I would even go so far as to say that if the hips are balanced, it is almost impossible for something to go wrong mechanically with the lumbar spine. You may discover this for yourself when you start locating the specific major fixations in the hips of your low back patients, especially the one-sided fixations.

It is also worth pointing out that Articular Therapy must be a two-person process. First, the therapist assesses the correct side of the major hip fixation. S/he initiates treatment and loosens the tight joint to the degree possible during the given treatment time. Then, between treatments, the client has to continue loosening the fixated hip by practising hip circle exercises twice a day. This process and the degree of change that occurs in the primary fixated joint will be a predictor of how many more treatments might be indicated for the specific and individual client's problem. Both therapist and client should generally agree on the quality, character and chronicity of the problem articulations.

8. FIXING THE SHOULDERS IS CRITICAL FOR FIXING NECK PROBLEMS

Articularly speaking, the neck is resting upon and between the articular tensions of the shoulders. If there is a moderate fixation (or more) in the shoulder, the neck cannot rest comfortably on this articular foundation. Once you know how to determine a fixated shoulder you can easily see how it acts as an anchor pulling the neck forward. Joint movements in non-typical positions by the client with a fixated shoulder will mandate that the neck be held uncomfortably. If your client spends too much time like this they will certainly be in your office for a spastic neck. They may have suffered episodes for quite a few years.

In my experience most people with neck tension, which has its origins in shoulder tension, are very keen to know when a shoulder problem is actually the cause of their neck problems. When clients clearly understand the connection they are quite happy to follow through with the number of treatments and the exercises required to correct their fixations. Which leads me neatly into my next finding …

9. CLIENTS ARE HAPPY TO DO EXERCISES CONSISTENTLY WHEN THEY SEE THE POINT

How high is your client compliance with the exercises you are recommending right now? "Don't ask," you say? Or have you basically given up even attempting to demonstrate exercises because you know your clients will not do them anyway? Or even worse, when a keen client does ask for exercises, can you give them ones that are absolutely targeted to their problem? Or do you just hand them a sheet of generic exercises that you and I would never do?

One of the best aspects of Articular Therapy is that exercise is a critical component of the system. No AT exercises means no Articular Therapy. Not only that, every exercise recommended by AT is guaranteed to improve joint function. If the client **does** the AT exercises, they will get better and be happy with the result. If they **don't** do the exercises they will remain exactly as you left them last visit and you will be happy to inform them of this fact. But this second option is rare in my practice. I can honestly say that I have 90% follow through with the exercises I recommend. Why? Because I make AT exercises a top priority: they are part of my exam, part of my treatment and the proof for my follow through. There really can't be treatment without them.

However, do no fall into the trap of thinking that exercise alone can treat fixations. It cannot, will not and never could. By definition, a joint fixation alters the active contraction or expansion of a muscle. Because the joint becomes fixated first, the muscle will compensate and adapt as long as it can but even that becomes impossible after a point. You cannot exercise a fixated joint to mobility. You must treat the fixated joint with Articular Therapy to loosen it first, but then, once you have loosened the joint, the client **must exercise to restore a fixated joint to mobility**. No exercise means no return to mobility or, at the very least, a slower and more expensive path to mobility. If the client is not doing their exercises you can easily tell. It also means that they are not all that committed to the recovery process. Client exercising equates to 50 percent of the treatment during the active care stage (1-6 weeks) and 60 percent during the rehabilitation stage (6 weeks to 6 months).

The beauty of articular therapy testing procedures is that they are so obvious that even the client can tell. This is a major advantage because the keen client will pick up on this immediately and therefore compliance with exercises is very high. However, I do find that once the client does balance their articulations equally and the pain is long gone, compliance drops dramatically. What can you do?

10. A LOT OF ARTICULAR PAIN ACTUALLY COMES FROM A STRESSED OR DAMAGED DIGESTIVE ORGAN

Digestive disorders are truly the missing link, answering a lot of questions about the difficult client and where their pain might be coming from. For example, sudden onset lower back pain where the client can no longer walk because of a 'slipped disc' (especially when they wake up to it from nothing the night before) comes from an open ileocecal valve. Pains in the base of the right neck and/or the tip of the right scapula can often result from gallbladder or liver toxicity. Pains on the left side of the ribs and spine at the level of T-2 to T-4 are typically pancreas related. There is usually an accompanying history of a recent seafood meal of prawns or oysters, or perhaps chronic digestive problems or allergies.

Most chiropractors are aware that these problems exist. This is certainly where I learnt the concept. But Articular Therapy gives its practitioners specific points and ways to evaluate whether joint fixation or organ pain is causing a client's symptoms. Depending on your style of practice you may not want to involve yourself with the digestive problems of your clients. But it is still crucial to know the difference between articular pain and organ pain. At least you will know why your best massage treatment, which usually works fabulously on most people, is not helping at all or possibly even making the client's symptoms worse.

SPECIAL BONUS POINT: EVERY SUCCESSIVE ARTICULAR TREATMENT IS LIKE HAVING A NEW CLIENT, AT LEAST FOR THE FIRST FIVE OR SIX VISITS

I have learnt through long experience that the things I do during a treatment and the exercises my clients do in between treatments are going to create some serious change. This change is something I look for and expect, even though I am not exactly sure how these changes will manifest in the short-term. When change does **not** happen, I use this as part of a diagnosis as well. Sometimes 'getting well' too quickly is a sign that the area I had originally chosen to work on is not the cause or the most fixated area that needs to be treated. It takes five or six visits before I can usually find the 'normal bad' that people have. Usually they have been bad and getting worse for months or even years until finally something happens. At this point they are 'really bad' in which case they still wait a few weeks or go to other practitioners during that time with little result. By the time they get to me, they are what I call 'abnormal bad' and can be any kind of messed up. During the first 5 visits I am just hitting the high spots of their worst presenting tensions until things settle down a bit. Luckily, there is usually a dramatic difference in the client's symptoms and articular tension during these 5 visits too.

Therefore, I make a special effort to track and monitor a client's articular findings during the first five or six visits. It takes that long to get a complete and accurate assessment of the key problem areas. This is not due to a lack of skill or determination. It is just how long it takes for a 'typical' client to find their 'normal' fixation areas. Basically, it is whatever fixations are left after 5 or 6 visits. The remaining fixations are based on prior injuries or chronic patterns. The reason you want to keep records (apart from the obvious ones!) is that some changes are so dramatic you would not believe your memory unless they were written down.

I am also therapist enough to admit that I do not have close to a 100% success rate with my clients. I would be happy if I was hitting 80% success with those clients who are following through. But some clients drive you nuts and, whatever you do, there is still always something. However, I do know this: fascia has an incredible ability to heal when treated properly. Fascia is a life-giving system for the human body that very few people appreciate. I believe its anatomy and function should be the interest of bodyworkers everywhere because it explains so many of the incredible 'cures' that bodywork can provide. In particular I have been witness to some phenomenal reversals of articular damage. These are the kind of cases where I just had no hope of anything other than achieving pain relief. Yet, with treatment, I have seen what could only be described as dead joints return to life. You do not know how good something can be in the first place until you can recognise how bad things are and measure the changes in an objective manner.

AN EVENING WITH GPs

By Matt Dilosa

In February I was most fortunate to start practising at a busy Sports Medicine clinic in Sydney's southwest. It was established 7 years ago and has practitioners of Physiotherapy, Podiatry, Orthopaedics, Sports Medicine and Dietetics, most of whom are leaders in their field. The clinic has also always included a Massage Therapist.

Before taking on this position I was working 6 days a week from my home clinic. I viewed this new position as an opportunity to work with health professionals who, between them, boasted many collective years of knowledge and experience. My relationship with these professionals has developed into one of mutual respect and understanding. Now my working week comprises of 2_ days from home and 3_ days at the Clinic.

Bi-annually, the principals of the clinic hold an information evening, inviting General Practitioners from the local area to attend. Some of these GPs are already referring patients to the practice. The night consists of food, drink and guest speakers. As much as these evenings could be viewed purely as an exercise in public relations, they are also most informative for the Doctors and all those in attendance. Recently, I was invited to be one of the 4 guest speakers.

My initial reaction was both trepidation and enthusiasm but the opportunity to speak on behalf of my profession far outweighed any fears I may have harboured about facing a room full of doctors. The talk had to be of 20 minutes duration, accompanied by a Power Point presentation, with 10 minutes of question time at the end.

My first hurdle was that I had no idea what I would tackle in terms of content. Secondly, my idea of a power point was that you plugged electrical appliances into them. Full stop. (Oh! And by the way, I was given two days notice regarding the Power Point!).

After much consideration on potential subject matter, I decided there was no better place to start than at the beginning. With permission from Nicholas Stepkovitch, I was able to use excerpts from his opening address at the 2000 AMT Annual Conference. This was a great source of information, particularly regarding the history of Massage Therapy in Australia.

This led me to speak about where Massage Therapy is today and how we are placed in mainstream health care. I focused on the integral part Massage Therapy plays in elite sport as well as the efficacy of Massage for relaxation and stress management. Having sat on the final review committee for the establishment of National Competency Standards, I was able to articulate the intent of our profession to raise educational standards and awareness in the community. Further to this, I spoke of the wide acceptance of Massage Therapy by compensable bodies such as health funds, third party insurers, WorkCover and workers' compensation.

Overall, the evening was a success and delivering the talk was a most satisfying experience. As a direct result of the presentation I have scored 3 more referring Doctors and one who has become a regular client.

I have since delivered a short talk on the benefits of Massage Therapy for management of occupational stress to a group of nurses at Canterbury Hospital. Much to my amazement not one of the 15 nurses present had ever received massage of any kind. This indicates to me that there is much work yet to be done to lift our professional profile. I would encourage any member who is in a co-operative work situation to get out amongst your colleagues … and let the community see and hear you, and extol the positive changes Massage Therapy can make to their quality of life.

By delivering these talks I feel that I have lifted the profile of massage therapy and addressed some key issues for the mainstream medical fraternity, albeit on a small scale. I also have a broader understanding of the needs of the community. Better still … I now know there is much more to a Power Point than plugging in a toaster

HEALTH FUND STATUS

Health Funds and Societies	Status
ACA Health Benefits Fund (SDA Church)	1
AXA Australia Health Insurance	2
Commonwealth Bank Health Society	1
Gay and Lesbian Health Fund	2
Geelong Medical Benefits Fund	2
Government Employees Health Fund	2
Grand United Friendly Society	2
HCF	2
Independent Order of Oddfellows	1
Independent Order of Rechabites (IOR) Health Benefits	1
Manchester Unity	1A
MBF	3
National Mutual Health Fund	2
NIB	2
NRMA Health	2
NSW Teachers Federation Health Society	1
Queensland Country Health	1
Railway and Transport Hospital Fund	1
Reserve Bank Health Society	1
Victorian Workcover Authority	2
Westfund Health Fund	1

Status 1: All financial practitioner levels.
Status 1A: All financial practitioner levels with:
- One million dollars current insurance
- Current First Aid

Status 2: Senior Level 1, 2 and 3 members with:
- One million dollars current insurance
- Current First Aid

Status 3: As above. Must have sent a copy of a receipt to Head Office for verification.

- Members must be **financial** and have a commitment to ongoing education (average of 100 CEUs per year).
- Clients must be provided with a formal receipt clearly indicating the practitioner's name, AMT member number, practice address (no PO boxes), phone number, client's name, date of treatment and nature of treatment (i.e. remedial massage treatment).
- All health funds require our members' practice address. When you receive your next renewal form you will be asked to provide your practice or business address (no PO boxes). Failure to do so will result in your name being removed from the health fund listing.
- Please send a copy of one of your receipts to Head Office with your renewal form.
- Professional receipt books with the AMT logo are available from Head Office for $15.00.

A POSITIVE JOURNEY INTO NEGATIVITY

In the December 2001 issue of In Good Hands we ran an article on Magnetic Therapy by Hugo van Staden. Ever fearless, Diana Glazer embarked on her own journey into the sphere of attractions and repulsions.

By Diana Glazer

Magnetic Therapy – my levator anguli oris twitched, contracted and finally maintained hypertonicity - I sneered! But wait – I don't know anything about magnetic therapy, so in the interest of fair play and in the spirit of research I decided to find out more using information from Hugo's article in the December issue and my own search through the internet. The journey proved interesting and uncovered some fascinating facts totally unrelated to my initial intent! So please indulge me while I introduce a Dramatis Personae of Polarity Drama - the key players who have helped to shape the great, unfolding theatre of Magnetic Therapy:

Aesculapius: The Grand-Daddy of Healing

Aesculapius is considered to be the founder of this healing (magnetic) art. He was most probably a physician who practised around 1200 BC. Eventually, through myth and legend he became the Greek God of Healing. His incarnation as a God occurred when his father Apollo killed his mortal mistress after a fit of jealous rage and delivered their unborn child from her womb. He then gave his son to a centaur, to raise and to train in the art of healing. Here we have the typical dysfunctional family with the poor child being fostered out at an early age.

Ancient records relate his fame in Greek society and later, throughout the Roman Empire. He became so skilful that he kept his patients alive and was also able to raise the dead. Pluto, ruler of the dead, complained to Zeus, king of the gods, that he was being cheated out of dead souls. Naturally, Zeus did the decent thing and killed Aesculapius with a thunderbolt to stop him from making all men immortal.

The ancient symbol of Aesculapius is a knotted wooden staff around which a mystical snake is coiled. This has become the traditional symbol of medicine – a 2500 years old logo! The Cadeuceus, which shows twin snakes coiling around a slim staff, is often used today but is **not** the traditional symbol of medicine and does not have medical relevance. Actually, it is the symbol of trade after the god Hermes (Mercury) who was also the god of thieves … (I will leave a space here for you to form your own conclusions!).

Hippocrates: The Daddy(s) of Medicine

The Hippocratic Oath is said to be based on the work of Aesculapius. In fact the closest Aesculapius and Hippocrates come together is circa 500 BC when the legend of Aesculapius was born. This is also around the same time as Hippocrates was practising. The Oath does mention Aesculapius in the first line. It also mentions his father Apollo, his daughters Hygiena and Panacea and all the other gods and goddesses! In fact the Oath cannot be credited to Hippocrates directly because there may have been several men of the same name – but it is representative of his medical principles.

Aesculapius and Hippocrates were in fact poles apart! Aesculapius, the God of healing, used sacred snakes, dreams, the supernatural and massage to treat disease that was known to be a supernatural phenomenon. Hippocrates, the father of medicine, believed in objective observation, logical reasoning and massage to treat diseases which had natural causes that could be cured by rational methods.

Of course, we think of Hippocrates as the God of massage and always quote his saying that "anyone wishing to study medicine must master the art of massage".

Arthur Schopenhauer: The Keeper of the Poodle of Pessimism

Arthur Schopenhauer (1788 –1860) – what a gem of a man! Universally hated, even by his mother (she kicked him out of her home for upsetting her guests!). He was 'a lonely, violent and unbefriended man' who shared his bachelor's existence with a poodle. Arthur believed that people did not have individual wills but

were simply part of a vast and single will that pervades the universe and is wicked … and the source of all endless suffering.

His greatest contribution to mankind was to become famous as the philosopher of pessimism. His world was wretched, human nature was nasty and there was a constant drive to survive at the expense of others – so there is a universal and appalling war of all against all. But then, according to Bertrand Russell, Arthur told people that certain paragraphs in his first book were written by the Holy Ghost.

He believed that women "are directly fitted for acting as the nurses and teachers by the fact that they are themselves childish, frivolous and short-sighted; in a word, they are big children all their life long." They are an "undersized, narrow-shouldered, broad-hipped and short legged race … they have no proper knowledge of anything and they have no genius."

He was the first Western philosopher to have access to translations of philosophical material from India, both Vedic and Buddhist, by which he was profoundly affected. Thus he was knowledgeable about forms of energy (prana etc.) found in the body. Unfortunately his philosophy of science showed that he did not understand the new physics of light and electricity that had been developed. He disparaged the wave theory of light as a "crude materialism, and mechanical Democritean, ponderous and truly clumsy".

The God of Medicine

Franz Mesmer - The Boy Wonder of Hypnotism

Franz Mesmer, a German doctor, became interested in the effects of magnets on the body and announced that he could "magnetise" by manipulating a "magnetic fluid" in his patients – this he called healing by "animal magnetism". Mesmer's patients were placed in a wooden tub especially designed to store and transmit the magnetic fluid. Once in the tub Mesmer would suggest to his patients that when touched with the magnetic rod, they would become magnetised and go into a state of "crisis" from which they would emerge cured. His cure became so popular that later he "magnetised" trees so that patients could be healed by holding ropes hanging from branches.

A Royal Commission was set up to study Mesmerism in 1784. Members of the committee included:

- Benjamin Franklin, the American ambassador to France and expert on electricity
- Jean Bailly, astronomer and first mayor of Paris
- Lavoisier, the French chemist who first isolated oxygen and is considered to be the father of chemistry
- Dr Guillotin - inventor of the you know what, a device he considered a more humane death for condemned citizens. (Ironically, Lavoisier and Bailly lost their heads on the guillotine 10 years later).

The committee decided to disprove Mesmer's cures by replicating his sessions – this failed to cure Franklin's gout – or any other illnesses in the committee. The only one cured was a man who hugged the wrong tree! So the defenders of orthodox medicine took offence at Mesmer's outlandish practices and told him to stick to modern medicine – intensive bleeding and applying purgatives!

Later in life Mesmer came to regret using the word magnetism, believing that people assumed that he only used the application of magnets. In fact his practice seems to have consisted of massage or acupressure or healing and what we now call hypnotism. The nearest modern equivalents are those forms of therapy (mainly of eastern origin) that see healing as restoring of the balance of natural energies by means of physical manipulations. Like his eastern counterparts, he thought that the flow of animal magnetism came from the therapist into the patient. Like them, he thought that the subtle fluid (or eastern 'energy') was a medium that could be communicated from one nervous system directly to another and looked at (by the patient and therapist) to diagnose what was wrong, what should be prescribed and how long recovery would take.

He also claimed that although Animal Magnetism is so rarefied that it can penetrate all bodies without any appreciable loss of activity, it can nevertheless be

reflected by mirrors, concentrated in bodies and transported. He seemed oblivious to the apparent contradiction between these properties as applied to a physical substance.

Maximilian Hell - the Jesuit Star-Gazer

Mesmer gained his passion for magnets from his mate, Maximilian Hell. Max was born in Vienna in 1720, and with that name obviously needed to balance his life by becoming a Jesuit priest. He became a respected astronomer at the Jesuit observatory in Vienna and was elected to the most prestigious scientific academies of Europe. A lunar crater is named after him.

In 1767 he accepted an invitation to direct a scientific expedition to the Arctic Circle to gather data from the transit of Venus that crosses the face of the sun about twice a century. This effort was significant because it was among the earliest examples of international scientific cooperation with readings taken simultaneously in Vardø, Manila, Batavia, California, Peking, and Tahiti (another character involved in this effort might be familiar to you … Captain James Cook!).

In between his other passions Max believed that magnets had healing powers. By assuming very unconventional premises he started something quite remarkable - using lodestone he devised an arrangement of magnetic plates for the lessening of pain from diseases, including attacks of rheumatism from which he himself suffered. He met with considerable success in relieving the pain. He went on to shape steel magnets to conform to different body parts to make the treatments more powerful.

His magnetic medicine attracted Mesmer and influenced him to conduct his first attempts at healing with a steel magnet. Mesmer then chose to lessen the influence of the magnets and developed a different, but even more peculiar theory of healing based on circulating cosmic fluids in the body.

Max had his own problems – he was accused of altering his data during the 1769 transit of Venus and was vindicated, and his illustrious reputation recovered, a century later by modern astronomers. His exoneration and vindication on magnetic therapy awaits further evidence.

So is all this positive or negative?

Can I find anything in research to make me go out and buy a magnet or two for my arthritic thumb? Let's go back to the net:

- A double-blind study at Baylor College of Medicine, (1997) concluded that permanent magnets reduce pain in post-polio patients. Patients were asked to grade their pain on a scale from 0 to 10. The 29 patients with active magnets reported, on average, a significant reduction of pain (from 9.6 to 4.4), while the 21 patients with shams reported a much smaller average reduction (from 9.5 to 8.4). This is a substantial difference, and if the double-blind study was successfully conducted, cannot be explained by a placebo effect. The only fly in the magnet could be that both the doctors conducting the research had reported the successful personal use of magnets to relive their own pains prior to the study, raising doubts as to their objectivity
- Dr. William Jarvis, president of the National Council Against Health Fraud, had formerly dismissed magnet therapy as "essentially quackery." He now tentatively admits that it may have value for post-polio pain
- Transcranial magnetic stimulation, in which the patient receives hundreds of magnetic field pulses of 1 tesla or more, each only a millisecond in duration, has shown considerable promise as a means of treating depression. However, these forms of pulsed-field magnetic therapy are based on biological effects of induced electric fields, and are very different from the use of the static fields from permanent magnets
- Dr. Kyochi Nakagawa of Japan, claims that many of our modern ills result from 'Magnetic Field Deficiency Syndrome.' The earth's magnetic field is known to have decreased about 6% since 1830, and indirect evidence suggests that it may have decreased as much as 30% over the last millennium. He argues that magnetic therapy simply provides some of the magnetic field that the earth has lost
- Piezoelectricity – if you haven't come across it before, please put it inside your grey matter right now. This is one of the fundamental reasons why connective tissue massage (in its many forms) works so successfully. Piezoelectricity is an electric current produced by applying pressure to collagen fibres (amongst others). In simple terms we produce this current when we stretch or compress connective tissue. The cells in the vicinity of the charge respond by adding to, reducing or changing the matrix giving us the opportunity to strengthen or break down the tissue.

Now add this to another 'new' discovery - that connective tissue is continuous with the cytoskeletons of cells throughout the body. The cytoskeleton is the molecular scaffolding that gives each cell its characteristic shape and ability to move about. In other

words, the fibres and filaments that form the cytoskeleton of each cell do not end at the cell surface. Instead, they extend across the cell membrane, and connect to the extracellular fabric. Inside each cell, elements of the cytoskeleton attach to the nuclear envelope, and therefore connect to another matrix, called chromatin, that fills the nucleus and envelopes the DNA.

In other words our work on the outside of the body creates changes in piezoelectricity within connective tissue that influence the matrix and, through it, every cell in the body to make fundamental changes to boost our health. Is all this starting to sound familiar? Are your fridge magnets starting to look more attractive?

Claims of therapeutic effects of permanent magnets should still be regarded with considerable scepticism, however some results point to the possibility that in some cases, topical application of permanent magnets may be useful. Recent clinical studies and discoveries in molecular anatomy knowledge show us that an effect of static magnetic fields on the complex electrochemical processes of the human body is not impossible. Men of science may call this damned with faint praise. Body workers will know to keep an open mind.

If you are going on <u>your</u> journey of research perhaps you could look for some answers for me:

- Was being killed with a thunderbolt the connection Aesculapius had with electricity and magnetism?
- Was Mesmer the world's first tree hugger and was he responsible for the placebo effect?
- Which opera by Mozart contains mesmerism in a tribute to Mesmer?
- Was Schopenhauer's poodle male or female and why?
- What is the major benefit of the use of the magnetic Prostate Comfort Device for older men?
- Would refrigerator magnets advertising Pizza Hut be of equal placebo effect to those advertising your doctor or chiropractor?

The most entertaining and correct answer received by Head Office by the end of March will receive a fridge magnet from our 2001 Award of Excellence winner Mark Philip Deal.

The judge's decision will be final and probably negative.

Unspoken Rewards

By Andrea Ligt

In 1998 I joined the AMT as a student member. In 1999 I completed my Diploma of Remedial Massage and upgraded to general membership. It was during this period that I had an enormous desire to work in a voluntary capacity with disabled clients. At times I thought the opportunity would never arise until I received a phone call from a carer …

The 23rd November 1999 is a day I will remember always … a day of mixed emotions … excitement, self-doubt and enormous fear just to name a few. It was the day I was to give two Cerebral Palsy and Spasticity adults their first massage. I was so excited that my heart felt as if it would leap out of my chest cavity. My self-doubt came from not having a mentor who could share their knowledge and experience of working with disabled clients. My fear was overwhelming and had me on the verge of tears. How would I react to the appearance or behaviour of my clients? What if I insulted them with my reaction? This fear was so great I felt physically sick and my body was shaking violently when I parked my car in their drive. However, through all of this, my desire for this opportunity was unwavering.

One of the carers answered the door with a friendly smile and warm eyes to match. Behind the carer, sitting in their wheelchairs, were the two people I had come to see. They must have been angels because in one short moment my fear and self-doubt disappeared and I understood implicitly why my desire had been so strong.

The carers had been informed of my requirements - a warm quiet room, access to a microwave for my heat pack and a CD player were all organised. The carers brought the first client into the room, undressed them and spent several minutes finding the most comfortable position for them to lie down. The rest was up to me.

My knowledge of how to approach this situation was limited but my wisdom brought to mind the voice of one of my earlier teachers - *be still, close your eyes for a moment, lay your hands on the area you wish to work on and feel what the body is willing to allow. Do not force anything, do not push too hard or hold back too much. Feel the skin and then watch how it reacts under your touch.* Common sense also prevailed as their bodies constantly thrashed about and spasms occurred regularly and without warning. At this stage I could not communicate with either of my clients as one could not speak at all and the other could only make sounds, some of which I could understand. Their bodies would often thrash so hard I was fearful they would fall off the table. It was their first massage and their personal fear of the unknown was evident. We all survived that first time!

One thing that struck me from this very first visit was the fact that these special human beings have no privacy. They cannot feed, bathe or dress themselves. They cannot go to the toilet by themselves. They are wheeled, carried and hoisted by machines throughout the day. Their carers fill an amazing role in their lives and they handle them as gently as they can but privacy is a big ask. Even undressing them in preparation for the massage cannot be done with any covering or discreteness as their jerking movements do not allow it. The issue of draping takes on a whole new meaning in this context - such a simple a task and so important. It is not what my clients say when I cover their almost naked bodies (as I said earlier, one could not speak), it is what their eyes say … thank you for this small piece of dignity.

Almost two years have passed since our first monthly session. In the beginning my clients were extremely fearful of falling off the table. I would lean on them lightly throughout the massage to reassure them I was there and that they would not fall. They used to seem embarrassed by the constant writhing and thrashing of their bodies. I would make jokes about how I wasn't going to let them run away no matter how hard they tried. One would cough constantly due to a lack of control of saliva and would always be choking. Throughout the massage the legs would be crossed tightly at the ankles. The other client's legs were always bent and so we propped them up on two pillows and I massaged them in their bent position. Now, by the end of treatment, the legs stretch quite well and the bend is reduced by almost half.

The change that I have witnessed has come from many sources, not necessarily directly from the massage. Trust and rapport has built over a period of time. They know that I love to be with them and I won't hurt them. The routine has not changed substantially except now the massage is much firmer than it was initially. The client who could barely speak two years ago, now can thanks to the perseverance of the carers, teachers and their own determination. We have short conversations about the angels and fairies they see in the room. This special person has confirmed for me that there is an area on the back that is very ticklish and elicits roars of laughter every time I palpate it. (It is between the scapula and the spine -T5 to T7 - and feels like scar tissue on the rhomboid major). I have recently learnt that the jerking movements they both suffer from feel like the

beginning of a sudden fall. I relate this to the feeling I get sometimes when I am about to doze and my body jumps unexpectedly (a feeling not dissimilar to jumping out of a plane prior to opening the parachute). I cannot imagine experiencing that several times in any given hour of the day. I do not know if they feel pain when their bodies jerk but I do know that it frightens them each and every time.

After my first four or five sessions with these clients they began to anticipate my treatments with joy. Now when I arrive they are so excited that their eyes shine and dance, and they laugh loudly. When they are settled on the massage table in supine position, I begin by massaging their feet and within minutes the jerking and spasms stop. I use this time to have conversations with them. I always tell them that I have missed them. When they have been turned prone by their carers they are usually asleep within minutes. Their bodies lie completely still, their breath is shallow and there is a smile on their face and mine. I am so honoured and humbled to be fortunate enough to share this time with these two angels.

OXFAM TRAILWALKER

Oxfam Community Aid Abroad is an independent, not-for-profit aid organisation which works for the alleviation of poverty and promotion of social justice, empowering the world's poorest communities.

In support of Oxfam's efforts, the organisation runs a number of annual fundraising events including Walk Against Want, Taste of a Nation and the increasingly popular Trailwalker.

Oxfam Trailwalker is a unique endurance event where teams of four have 48 hours to complete a 100km trail along the Great North Walk from Hunters Hill to Brooklyn. Now in its fourth year in Australia, Trailwalker has helped to raise over $30 million internationally and continues to grow each year.

With over 300 teams competing in this year's event, we are aiming to offer participants a range of voluntary therapeutic support including osteopathy, podiatry, physiotherapy and of course massage therapy. Feedback from previous years has indicated that these services were invaluable to walkers and, in some cases, essential for their completion of the course.

The event runs over three days beginning at 10am on Friday May 24th and finishing when the last team comes in on Sunday May 26th. There are 9 checkpoints approximately 10kms apart at which therapeutic support is needed - these are located at Lane Cove, Thornleigh, Cherrybrook, Rosemead, Crosslands, Mt Kuringai, Berowra, Berowra Waters, Cowan and the finish line at Brooklyn. Shifts are generally 3-4 hours in length and will be considered towards your CEUs. They are also a great opportunity to network with fellow therapists in a fun environment.

Should you choose to volunteer your time and expertise at **Oxfam Trailwalker 2002** you will not only be helping the walkers involved but will also be showing your support for Oxfam Community Aid Abroad and its work around the world.

THE OXFAM TRAILWALKER 2002 ENDURANCE EVENT

is being held on

24th, 25th and 26th May, 2002

VOLUNTEER MASSAGE THERAPISTS URGENTLY NEEDED

to massage participants at checkpoints along the course in

Lane Cove, Thornleigh, Cherrybrook, Rosemead, Crosslands, Mt Kuringai, Berowra, Berowra Waters, Cowan and Brooklyn

Volunteers will receive **25 CEUs**

If you are interested in getting involved, please contact Sarah on

Ph: 8204 3900
or
Email: trailwalker@sydney.caa.org.au

For more information on Trailwalker go to

www.caa.org.au/trailwalker

LIPOMA NOT LYMPHOMA

By Monika Cole

A definition from the online dictionary of cell & molecular biology: a benign tumour is a clone of neoplastic cells that does not invade locally or metastasise, having lost growth control but not positional control. Usually surrounded by a fibrous capsule of compressed tissue.

From the online CancerBACUP site: A tumour develops when a group of cells escape from the normal orderly process of cell division and begin to multiply in an uncontrolled way. After enough time these abnormal cells reproduce to form a lump called a growth or a tumour. Tumours may be either benign or malignant. The two important differences between benign and malignant tumours are invasion and spread.

As they grow **benign tumours** simply push the surrounding normal tissues and organs out of their way. Sometimes pressure from a benign tumour may damage surrounding structures but the benign tumour never actually invades into those structures. By contrast **malignant tumours** eat into and destroy the normal tissue around them as they increase in size. **Benign tumours do not spread**. They may grow to a large size but they do not go to other parts of the body. Malignant tumours have the ability to spread by sending off seedlings of tumour which can pass through the blood or lymphatic system to other parts of the body.

My Story

I have recently recovered from surgery that removed a 7cm Lipoma, a benign tumour made up of fatty tissue from my left chest wall. I preface my story with the above definitions in the hope of explaining how I came about my theory as to the progression of this tumour.

Being a good massage therapist I know that if I feel any unusual lumps on my clients I should refer them to a Doctor. However, I am not inclined to follow my own advice. For 18 months I ignored 'a lump' which I found on my side! When it continued to grow I was forced to see a GP. A suspected Lipoma was the diagnosis.

The Procedure

I was advised to make an appointment with a surgeon to have 'it' removed as the mass would continue to grow and effect surrounding tissue. As it had adhered to my chest wall, the surgeon recommended removal as soon as possible.

The suspected Lipoma was removed under general anaesthesia because it was too large to remove under a local. I was given minimal details as to the tumour, but my mind was at all times questioning the reason for its growth and if it truly was as benign as they claimed it was. Pathology soon confirmed that it was, thank goodness!

During the whole event I was more concerned with getting the Pathology results back to confirm the benign diagnosis rather than to ask which tissue the Lipoma had adhered to.

Serratus Anterior

This muscle plays a very important role in the fixation of the scapulae. It is important in pushing tasks as it carries the scapulae forward. It also assists the Trapezius in supporting weights on shoulders and it aids in raising the arms above the horizon. Serratus Anterior occupies the side of the chest and the medial wall of the axilla.

When my stitches were removed I asked the surgeon where the Lipoma had been located and was informed that it had adhered to Serratus Anterior. It was at this time that I began to develop a theory as to why the Lipoma formed at this location and why I had been in such discomfort.

My Theory

I believe that the Lipoma started growing some time ago, as far back as 5 years previous when I fell on my side and jarred my shoulder. Or it could have been when I lifted a 34-kilo weight into a car boot and felt a sharp pain in my side. Regardless of when, I had discomfort in the area under my arm and around the lateral border of the scapulae for the last five years. Prior to my surgery I thought that the pain was due to overuse or bad posture. However, on reflection, the previous reason rings more true. Perhaps, due to a tear in the muscle fascia from one of my accidents, the cells regenerating for healing went out of control and starting feeding off the fatty tissue instead? Perhaps this is the reason why a Lipoma started to develop?

Recovery

Although I have some post operative tenderness, I am no longer experiencing the pain around my left shoulder and my ribs no longer hurt on palpation. I can now sleep comfortably on my left side without pain, which I had not been able to do previously.

In all of this I have learned a valuable lesson about my own body, one that I hope to transfer to others as a massage therapist. Never underestimate the signs our bodies give to us; think outside the square, and remember that although our physiology can at times be an enigma it is truly remarkable!

BOOK REVIEWS

Anatomy Trains

Thomas W. Myers - Churchill Livingstone 2001
A new book reviewed by **Diana Glazer**

If, like me, you are convinced that the power of massage therapy resides in knowledge of the connective tissues of the body rather than just the muscles, this book is for you.

The book has several unique features:

- ✓ A revolutionary look at the body as a whole machine rather than a collection of classified working parts
- ✓ A thorough discussion on aspects of connective tissue construction and physiology that allows us to influence change in the body
- ✓ An imaginative philosophy of muscles that accounts for antagonistic and synergistic interplay as well as linkage through their connective tissues to influence distal parts of the body. In essence, it takes our previous knowledge that local connective tissue adhesions 'pull' on distant fascia to create distortions and links it to a 'road' (or in this case 'rail') map of where to go looking for the initial injury.

This text is highly recommended for therapists who would like to view the body from a different perspective and would like to experiment with a new mindset in therapy planning and treatment. Someone using this as their first journey into connective tissue may benefit from revision of basic connective tissue anatomy and physiology before starting.

A word of advice – read the book from the very beginning rather than diving into your favourite muscle problem. Your brain needs to understand the concepts and philosophy, before the connection to your hands will work properly!

My only criticism has to do with the captions under the diagrams. These are simply a direct quotation from the text rather than finding another way to explain the same point. This makes some of the diagrams hard to understand.

Recommendation: a must for the professional, thinking massage therapist.

Myofascial Pain and Fibromyalgia Syndromes: A clinical guide to diagnosis and management

Peter E Baldry – Churchill Livingstone 2001
A new book reviewed by **Joel Morrell**

(This review replaces the planned article in the Fibromyalgia series because of the timely breadth of latest medical information assembled in it. The article on aligned syndromes will appear in our next Newsletter.)

After 30 years plus in pain management Dr Baldry has produced a somewhat amazing, excellent and erudite book. But it is not a book for Massage Therapists. It will be of great interest to all pain clinicians, many physiotherapists, and those acupuncturists who are immune to separatist semantics.

We are all prisoners of our past and some of us are prisoners of our success. I get many calls from individual therapists wishing to discuss MPS and FMS. My starting point is always to reassure myself that they know the difference between the two. It is well known that Myofascial Pain Syndrome is Acute/Regional/ and often very responsive while Fibromyalgia Syndrome is Chronic/Generalised/ and often very resistant to treatment. Thus I was not surprised to find that in a work of 400 pages (plus index) that Dr Baldry had written 350 on Myofascial Pain and its management, while the last 50 pages were left to two other contributors on Fibromyalgia Syndrome. He could not have chosen better with Yunus (FMS characteristics pp 350-379) but the work of Inanici (FMS management pp 379-399) is new to me.

So what are the strengths of this book? If you are not an acupuncturist, then you will revel most in Part 1 – Myofascial trigger point pain syndromes – pathophysiology and management. The initial chapter – The evolution of current concepts is the best piece of medical history I have ever read and I only wish I could have accessed this before the 2000 Conference. Just two gems are Kellgren finding tender points right back in the 1930s and Travell's discovering trigger zones on her own body. "No nerve existed, I knew, to connect those firing spots directly with my arm. I was baffled, but I did not discard the observation on the grounds that I could not explain it". That is the voice of a scientist.

This is followed by relevant neurophysiological mechanisms. This includes the first technical description of what is actually happening inside a trigger point that I have found credible (page 35). It also includes the rationale of Peter Baldry's own journey through injection of local anaesthetics (pre-1979), deep dry needling (1979-83), and his growing preference and support for superficial dry needling as the treatment of choice for myofascial trigger point pain – guess what the rest of the book is about?

The balance of part 1 is also an excellent overview of current medical thinking on many aspects of pain, including emotional, traumatic, litigation, compensation and treatment. There is an academic and well-disciplined approach to terminology precision (including a delightful aside about one author who in four articles changed his problem term four times while changing his own name three).

Two new to me were 'enthesopathy' for local irritation of a tenoperiosteal junction and 'complex regional pain syndrome' to replace the term reflex muscular dystrophy.

If you are an acupuncturist Part 2 will be like music to your ears. For in working through 8 regions of the body, with excellent anatomical detail and first class illustrations, it then comes as no surprise that, without exception, for preferred method of management the winner is 'superficial dry needling'.

Part 3 –the Fibromyalgia Syndrome is compact and comprehensive enough to reassure me that I am as probably as up to the mark as I thought. The one plus concept is from Yunus on 'Central Sensitivity Syndromes' (CSS) and was the main reason for postponing my planned article on aligned syndromes. I would not have spread the net so wide as to include Migraine and Primary Dysmenorrhoea (p.370). Perhaps in time CSS will be as useful in pain management as the term 'atopy' is to the brotherhood of allergists.

So what are the weaknesses of this book? I would say Weaknesses? – there are none, but there are some things missing. Notably in references – 1,473 in total – average of 86 per each of 17 chapters and nowhere the name of Leon Chaitow. To make sure I had not just stumbled on some London-Westminster feud I pounced on both of Chaitow's latest books and found Baldry acknowledged extensively. As for Devin Starlanyl – don't waste your time looking. Even our down under boy Geoffrey Littlejohn gets a guernsey only on the strength of early reporting of RSI and nothing else. So what does Peter E Baldry have to say about Therapeutic Massage – not much. The only indexed reference to massage is under 'piriformis' and turned out to be intra-anal digital pressure on a piriformis trigger point. This is definitely not a technique we could recommend you try on your clients. Under physical therapy Inanici list one study of chiropractic which mentions soft tissue massage.

Dr Baldry is listed as a past Chairman of the British Medical Acupuncture Society and as past President of the Acupuncture Society of British Chartered Physiotherapists so it is surprising that some of his comments on acupuncture are a little ambiguous. On page 115 he comments on why he does not refer to superficial dry needling as acupuncture in detail " … but the reason for not doing so is to make clear that the difference between SDN and DDN carried out at MTrP sites and traditional Chinese acupuncture is that whereas the latter is based on archaic and esoteric principles, the two needling techniques have evolved as a result of the application of present-day neurophysiological concepts."

Indeed on pp 210-211 there is a detailed account of acupuncture for migraine but Needling of distal, traditional Chinese acupuncture points includes a rationalisation on neurophysiological concepts and pathways.

In closing I would return to the complex definition of an 'MTrP' and enthesopathy. Why must all answers be neurophysiological pathology? Every possible aspect seems to be under scrutiny but the simple fact that physical forces interact from one part of the system to another. I noted a subtle change in descriptors that was not acknowledged. Prior work had accepted Acute = less than 3 months and Chronic = more than 3 months. But Baldry uses 6 months for his 'Acute MTrP Pain'. I suspect this allows the nationalised UK NHS to feed him clients that would be oft rejected out of hand by doctors here. There is an apparent oblivious ignorance of the large number of myofascial clients more than helped everyday by Therapeutic Massage.

Dr Baldry and co have written an amazing, excellent and erudite book. I had no intention of ever seeing the movie Harry Potter until I heard it involved Maggie Smith – I left with the thought that while I had probably enjoyed seeing it, I certainly would not want to sit through it ever again. I certainly enjoyed reading Peter Baldry's book – the history, physiology and pathology are enthralling but as a Massage Therapist it is discouraging to be totally ignored.

Stretching and Flexibility

By Kit Laughlin
A review by **Catherine Tiney**

At the beginning of this book Laughlin points out that, for many people interested in keeping fit and healthy, stretching does not get the same kind of attention as the rest of the fitness program, even though flexibility is crucial for ease of movement.

Laughlin works with the principle that stretching should be enjoyable and available to everyone, no matter how inflexible they are. This is well backed up well through the rest of the book with comprehensive photos and descriptions of each stretch. There are also easy to read 'cues' for those more familiar with the stretches.

Laughlin uses is a combination of Static stretching and Contract Relax stretching with an emphasis on consciously relaxing and using breathing to help with relaxing.

The book is put together as a stretching program that can be followed step by step by anyone wanting to increase their flexibility or for people teaching others how to stretch.

Recommendation: This book provides a comprehensive and practical overview on stretching.

BUSH FLOWER ESSENCES AT OM SHANTI

Australian Bush Flower Essences are powerful energy medicines made from our vibrant flora, effectively used every day by households, professional therapists and hospitals all over the world. The range of 69 Essences are completely natural, simple and safe to use. They act on the energetic patterns of the body, the root cause of illness and physical disharmony.

There is a Bush Flower Essence for every situation. They can be used environmentally, internally and externally. You can use them with complete confidence, as there are no known contra-indications. If the wrong essence is chosen then it simply will not be activated.

In massage therapy, the Bush Flower Essences can be safely added to oils adding a deeper dimension to your work. During the massage you can effectively treat a range of conditions at the physical, emotional and spiritual levels. This includes muscle injury, trauma, stress, TMJ, scoliosis, grief etc.

Bush Flower Essences can also support you as the therapist. Alpine Mint Bush helps revitalise and rejuvenate professional health care workers. Angelsword and Fringed Violet protect your boundaries.

Christine Cobden-Groothuis is a professional massage therapist who has been using the Australian Bush Flower Essences in her practice over the past four years. Christine will present a two-day workshop at Om Shanti College (Canberra) on 27th and 28th April. Please phone (02) 6295 2323 for further details.

Exercise Physiology

Om Shanti College will be introducing a new unit to the Certificate of Massage Therapy Course. Exercise Physiology is a 30 hour unit which will be offered in Term 3, 2002 (commencing 22 July). Students completing the Certificate level course will undertake this unit as part of their study program. Limited places will also be available for qualified massage therapists who are seeking further training in this area and/or would like to upgrade their level of AMT Membership. For further information, please contact Joelie Darrow at Om Shanti College on 6295 2323

CALM Life Skills Seminar

6 & 7 April 2002, 9.00am -6.00pm

Sandy MacGregor, a nationally acclaimed author and trainer, will present this two-day workshop.

~Set and then achieve goals faster
~Quickly focus in the midst of confusion
~Learn to respond, instead of react
~Apply meditation techniques for pain release, healing and creativity.

MASSAGE THERAPISTS REQUIRED

to offer massage using Tiger Balm throughout pharmacies in NSW.

There is 400 hours of paid work available.

Interested parties will receive a full briefing.

For further details contact **Garry Bilson**

Mobile 0419 301292

or

A/H (03) 9743 9954

DEADLINE!

Deadline for the next issue of In Good Hands is

1st May

Contributions are welcome.

If you would like to discuss an idea for an article, please don't hesitate to contact Rebecca Barnett on:

0414 732873
or
rebeccabarnett@bigpond.com

Rants, raves and recriminations should probably be directed to the above as well.

A Brief History of the Underpant

By Rebecca Barnett

Some time ago, I had a telephone inquiry from a male member of the public asking if it would be okay to wear a G-string during a treatment. Seized by an impish desire to string this apparently upstanding pillar of the community along, I sought clarification on the grammatical ambiguity of his question.

"It depends entirely on who would be required to wear the aforementioned item of apparel - you or me?".

There was a not insubstantial pause while my would-be client weighed up the philosophical complexities of my response.

"Well, I was referring to myself but, now that you mention it, I'm really not that fussy. It's just that I used to have a massage therapist who preferred me to wear a G-string because she liked to see my smile while she was working".

Hmmm, I thought to myself. I had only just seen The Lord of the Rings so suddenly the Cracks of Doom took on a whole new resonance.

Anyway, I pounced on this opening in the conversation to read aloud a dictionary definition of the term 'prostitute' and embarked on a brief outline of the real job description and qualifications required for professionals working in this field of endeavour. I followed this with a critical analysis of the points of departure between prostitution and remedial massage therapy (the two oldest professions?), explaining these rather marked differences in terms of a Venn Diagram where the two sets of values do not overlap at all. Not even slightly.

Oddly enough, at this point he hung up … no doubt to take his business and his G-String elsewhere.

An underpant timeline

Like it or not, the humble underpant in all its wondrous shades and styles is a pivotal part of our professional lives as massage therapists. And yet, they are a relatively modern invention. In fact, on a geological time scale the brief of the brief is so brief you miss 'em in the wink of a nano-second. The abbreviated time line goes something like this:

Pre-cambrian: this is so long ago that no-one can possibly remember anything about it. Geological evidence suggests, however, that there were no underpants on earth around this time. If there were, they would never have fitted the dinosaurs anyway.

Devonian: meat was invented during this era. There were still no humans around to eat it though.

Jurassic: Steven Spielberg became famous during this era. He was a known free-bagger from way back.

Pleistocene: a fun era for children. It would never have been possible without the advent of food-colouring and Cream of Tartar. Still apparently nothing resembling an underpant so many parents were getting desperate.

Recent epoch: The underpant finally makes it onto the scene a mere fraction of a second before midnight. No wonder everyone feels the need to celebrate the new year so vigorously. Makes you feel humble too, doesn't it?

The Lingerie shift: Geologists have argued long and hard about whether this era is merely a sub-set of the Recent Epoch or truly deserves to stand in its own right. Plate tectonics, seismic activity, continental drift and occasionally orogenesis are thrown into the debate as arguments for its independent inclusion. Either way, it happens so close to midnight that people are always much too drunk to notice and it might as well never have happened in the first place. It will certainly all be forgotten in the haze of the morning after.

A bi-gluteal nomenclature of the underpant

Obviously, an article of this length could never hope to encompass the complex array of underpant signals and codes. Over the years I have learnt that underpants are truly the window to the soul. Absence of them even more so. In Uber and Underpant, Frederick Nietsche claimed that "the only thing worse than no underpants is a superhero with no underpants. Oh, and there's also that whole nasty business about the essential nothingness of human existence".

Many is the time I have headed off for a remedial massage treatment myself and experienced that most dread of feelings - underpant angst. Which tragic pair had I hauled on this morning? Were they pragmatic or whimsical? Plain or printed? Were they acute or chronic and did they have overuse syndrome or degenerative elastic disease? What deep dysfunctions and discontents would they reveal to my knowing practitioner?

The imitation leopard skin, the full brief, the flowery cotton tail, the boxer, the jock, the lacy bit of nothing, the Y-front, the G-string, the bikini brief … after much consideration I have decided that ultimately there are only two types of underpant and therefore two types of people, viz, the ones that ride up and the ones that fall down. That is all I know and all I ever need to know … having conquered both with the power of draping. The rest is silence.

AMT Calendar Of Events

MARCH TO SEPTEMBER 2002

- The letter V indicates that the number of CEUs is Variable - depending on the number of hours attended.
- Courses accredited by AMT attract 5 CEUs per hour.
- Courses not accredited by AMT attract 4 CEUs per 3 hours.
- Please check dates and venues with the contact person before you attend.

MARCH 23rd	Articular Therapy - Lower Extremities (Please see insert) Presented by John Pollard The Centre, Cnr Cook and Francis Street, Randwick Ph: 95179925	25
APRIL 5-8th	Myofascial Release 1 – Fundamentals (32 hours). Presented by Paul Doney Peridor Health Schools, Bondi Junction. Ph/Fax: 93880699	160
6-7th	CALM life Skills Seminar, 9am to 6pm Presented by Sandy McGregor Om Shanti College of Tactile Therapies, Canberra. Ph: 6295 2323	40
14th	Seated Massage Presented by Carol Holden Peridor Health Schools, Bondi Junction. Ph: 93872319	30
27-28th	Australian Bush Flower Essences Presented by Christine Cobden-Groothuis Om Shanti College of Tactile Therapies, Canberra. Ph: 6295 2323	??
MAY 12th	Ankle and foot construction and evaluation Presented by Mark Philip Deal and Sam Towers (Podiatrist) Peridor Health Schools, Bondi Junction. Ph: 93872319	40
JUNE 11-15th	Myofascial Release 3 – Advanced (60 hours). Presented by Patricia Farnsworth Peridor Health Schools, Bondi Junction. Ph/Fax: 93880699	300
18, 19, 25, 26th	Myofascial Release 1 – Fundamentals (32 hours). Presented by Peter Wells Green Point Community Centre, Greenpoint (Gosford) Ph: (02) 43844263	160
AUGUST 3, 4 10,11th	Myofascial Release 1 – Fundamentals (32 hours). Presented by Peter Wells Green Point Community Centre, Greenpoint (Gosford) Ph: (02) 43844263	160
23-26th	Myofascial Release 1 – Fundamentals (32 hours). Presented by Paul Doney Peridor Health Schools, Bondi Junction. Ph/Fax: 93880699	160
SEPTEMBER 19-23	Myofascial Release 5 – Craniosacral Anatomy Theory, Dissection and Anatomy Museum Presented by Paul Doney Peridor Health Schools, Bondi Junction. Ph/Fax: 93880699	300

AMT Annual Conference will be held on September 21st and 22nd in the Blue Mountains
Stay tuned for more details