

In Good Hands

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

March 2003



EDITORIAL: IS THIS WHERE IT'S AT?

By Rebecca Barnett

Warning - the following article has been classified MA. It contains figures of speech which may offend some readers. It features whimsy, alliteration, hyperbole, flippancy, occasional coarse language, epithets, some pretentiousness and a sex scene

Be afraid. Be very afraid. Be deeply rooted to the spot in abject terror with fright-wide pupils, mouth agape and erector pili working overtime at the base of your skull.

What I am about to relate is more horrifying than the prospect of another doco about Michael Jackson's face.

At the last AMT AGM I was elected unopposed to the position of Vice-President, Public Relations. Actually, the gritty truth of the matter is that I nominated myself for the position and, in a brief bloodless coup involving backroom bistro-maths and breaking of baklava with baseball bats, I was guaranteed the position by a small, Mafiosa-like band of AMT enforcers. Democracy in full flower is a thing of beauty.

Let's just pause for a moment to consider the ramifications of this. I mean, this is me we are talking about here folks ... the least trustworthy person I can think of to defend, mend and extend the public image of the humble massage therapist (though

this does sound like the beginnings of a suitably heroic charter). Let's face it - we are talking about a woman whose highest aspirations include being able to say "nudity" like the voiceover guy on SBS and producing a baba ghannouj that is so smoky it reduces your life expectancy.

So, if my loftiest, personal ambitions involve the liberal use of fruity diphthongs and benign acts of culinary terrorism, what possible hopes could I harbour for the public apprehension of AMT and its membership? What ~ if any ~ image problems currently beset us as an affiliated group of hardworking professionals struggling for mainstream acceptance in the wider community? Are we a PR disaster desperately in need of spin doctoring? Are we our own worst enemies?

A review of the present state of play seems in order at this point. What is the current public perception of massage therapy and what kinds of misrepresentations feed this view? Obviously, the mass media is peppered with clichéd images of 'masseurs' and 'masseuses' and I will examine some of these. But I will begin this serious investigation with an insight from the heart of the collective massage unconscious - with the female archetype that



Spalding: An Australian massage icon

fuels the mythos of massage therapy in the public imagination. If you reached the end of that previous sentence without needing satellite navigation, you will know by now that I am referring to none other than the infamous deep tissue therapist Helga.

Helga

Helga is big. Enormous and powerful. Teutonic and unforgiving. She is always at least six foot tall and built like a brick public amenities facility. I am not sure whether she is Nordic or Germanic in origin (some commentators have

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Is this where it's at ...?

even traced her ancestry back to Tonga!) but she is often a nurse who wears implausible bras with superstructure that looks like it could put cleavage on a dog. She may even have been a member of the Nazi party. She reduces grown men to tears when she unleashes the intimidating power of her preternaturally muscular hands.

If you are a punily built therapist like me, then you are far more likely to have encountered the mythos of Helga. I have lost count of the number of times a new client has looked a little disappointed when I greeted them and mumbled dejectedly "I expected you to be some big Helga".

The precise origins of this myth are a mystery to me. A quick web search revealed nothing that shed light on the genesis of Helga (however, if you are planning a trip to South America, you might investigate the possibility of staying in one of a chain of Casa Helgas).

But let us now examine the evidence from the single most influential cultural artefact in the developed world. Obviously, I am referring here to the pernicious and powerful sphere of influence of television. Since most of us have suckled long and deep in the capacious bosom of mother TV, our sense of reality is necessarily shaped and transmogrified by the medium. So what images of massage therapy has television delivered to us during its short but spectacular career as an arbiter of reality?

Sven

Sven is no relation to Helga, though the physical similarities are remarkable. Naturally, he is Swedish because that's where Swedish massage comes from (oh, duh!). He is tall, buffed and athletic, dentally perfect and blonde in that inimitable Scandinavian way. He has a foot fetish, which may account for the doozy expression on his face when he is massaging them. Despite his commanding physical presence, people walk all over him. Sadly for Sven, he is superceded by a pair of Masseur sandals (the dimply ones).

Phoebe

Phoebe is blonde, ditzy and dentally perfect (is there a theme emerging here?). She lives in New York and has five funky friends who never consult her about a sore shoulder or an aching back. Apparently, they are free of musculo-skeletal disorders and dentally perfect despite the enormous quantity of coffee they drink. The most famous moment in Phoebe's career involved having her buttocks fondled by the sexy Italian boyfriend of one of her funky friends while she was vigorously kneading his trapezius. There may have been many other classic massage vignettes in the 37 subsequent series of this sitcom but Phoebe must surely have retired by now and devoted her dotage to song-writing and grandchildren.

Spalding

Spalding is evidence that massage therapy has come into its own. Finally, we have our own cartoon character! And he is even Australian! And he is gay!! Ipso facto, he has a blonde ponytail and is dentally perfect. Spalding speaks with a lisp and uses fruity diphthongs liberally. He doesn't seem to own a pair of pants. He is the personal massage therapist to a quadriplegic alcoholic who lives in an enormous mansion with his buxom, hippie girlfriend and a host of complexly disabled characters (including a character called Lefty who was once a massage therapist to the stars until a dreadful accident left him with hooks for hands!). Spalding's physical appearance owes a lot to the top-heavy world of weight-lifting - think Arnold Schwarzenegger on steroids that are, in turn, on steroids. His impossibly large torso teeters on a pair of absurdly thin legs with a set of glutes atop them that would embarrass Jennifer Lopez's personal trainer. He is very sensitive.

Brenda

Brenda is an intellectually frustrated Shiatsu therapist who receives clients in her trendy Californian pad. Brenda may not be dentally perfect but she is a genius. She is also decidedly non-blonde. Her fiancé is a good-looking funeral director and her brother is a menacingly-gifted psychotic who suffers from bi-polar disorder. It transpires that one of Brenda's regular female clients is a sex worker. Dramatic coincidence propels Brenda into a job with her client. This leads her into a seamy, psychological underworld of self-discovery and sexual addiction. Brenda starts dispensing a more specialised kind of hand relief to her male clients, much to her own surprise and their embarrassed gratitude.

Brenda's characterisation is by far the most complex, intriguing and realistic portrayal of the massage therapist that television has to offer. And she leads us neatly into the most pervasive and tedious public misconception of massage therapy there is - one that is not drawn from TV but rather from the titillating, euphemising world of 'the massage parlour'...

Massage therapist as sex worker

Obviously, we all know that massage is not what takes place in a massage parlour. Yes, there's plenty of rubbing, stroking, touching, grabbing, twiddling, tweaking, rumping and pumping, maybe even thumping ... but not massaging. If you look massage up in the dictionary - any dictionary - it doesn't say anything about doing the blanket hornpipe or reaching for the high notes on the night flute. In fact, the only thing that is even remotely suggestive about a dictionary definition of massage is the passing reference to 'soft tissue'. And yet, how many people still believe that Swedish massage is a euphemism for various

sexual services? How many times have you been pestered by dodgy callers wondering if you do full body service treatments? (Why did the word 'lube' spontaneously pop into my head then?).

So where does this leave us?

So, where does this leave us? Are we indeed a bunch of airhead neurotics with a tendency towards bloneness, a predisposition for excellent dental hygiene and an enthusiasm for dispensing a little light relief with our therapy? Is this a true reflection of where it's at in the massage therapy profession?

Or are we complex, hard-working and well-educated individuals, ever eager to enhance our standing and respect in the community by ensuring

that we conduct ourselves with the utmost professionalism at all times?

Clearly, the road ahead is a long one. As a profession, we have barely scratched the surface of possibility. We need to reinvent ourselves, not only in the eyes of the general public but also through our own eyes. And we can do this by lifting our game and striving to improve our knowledge and skills at every opportunity. As the newly elected VP of Public Relations, I can't remember a time when I have taken on a role that has so much scope and so little brief to guide me. Needless to say, I welcome any constructive suggestions on the way forward. Please email me at rebeccabarnett@bigpond.com

LETTER TO THE EDITOR

Promoting massage more effectively

Of the many modalities used to treat painful conditions, I believe massage therapy rates amongst the highest in its effectiveness and versatility. Obviously, I may be somewhat biased!

Massage can be used to treat a vast array of conditions ranging from musculo-skeletal injuries and imbalances through to minor psychological conditions such as depression.

The majority of my clients have come to me through word of mouth. The proportion of these who have unsuccessfully consulted their doctor for treatment of chronic pain continues to amaze me. I do not believe that I am atypical.

Fortunately for me, some of these chronic pain clients have continued to see their doctor for other medical conditions at the same time as seeing me for massage therapy. Their doctor has thus become aware of the impact massage therapy can have on chronic pain sufferers. As a consequence I have received other referrals for treatment.

This has made me realise that there is a need to increase awareness of the benefits of massage therapy amongst the medical profession. It is not enough to simply advertise in the Yellow Pages or hand out flyers at the local market.

Doctors who have no experience of massage need to be shown the effectiveness and benefits of this modality. Most important of all they need first-hand experience of the results of treatment. The question is, how do we go about promoting massage within the medical profession?

Brochures would be a start but clearly these alone would not be enough. Doctors need to experience massage first-hand to fully appreciate its profound effect. Once they experience a treatment they may be more inclined to acknowledge the benefits. Experiencing the positive results of massage would open the eyes of many practitioners and get them

referring those patients who could benefit from massage to appropriate massage therapists.

The most obvious approach would be to have open days where massage therapists offer their services to doctors and to other modality professionals e.g. chiropractors, podiatrists and naturopaths. Therapists would gain valuable CEUs for this voluntary activity as well as establishing valuable networks.

Another approach might be for massage therapists to liaise with their local doctor – drop in and discuss patients and conditions. Offer to treat your local practitioners to a free treatment.

The number of people who are yet to benefit from massage therapy is countless. Hopefully, as an organisation, we can find ways to access these people and clue them in to the benefits of massage therapy. What better form of advertising than your local GP?

Sandra Uren

APOLOGY

In the December issue of *In Good Hands* we published the names of those recognised with Special Awards at the Annual General Meeting. However, we overlooked one recipient:

Julie De Ernsted

STUDENT THERAPIST OF THE YEAR IN 2002

Congratulations Julie!

Perfect Partners: Australian Bush Flower Essences and Massage

By Christine Cobden-Groothuis

Let us set the scene. It is late on a Friday afternoon. It has been a very long and busy week. You are looking forward to that long awaited camping weekend. You greet your last client of the day - she stands before you with a large envelope in her hands containing x-rays and a referral from her doctor. Normally she is vibrant and strong, but today her face and body language tell a story of severe pain and shock. As her therapist of many years, she trusts you and looks to you for help.

The woman finds it difficult to relay the terrifying story of her accident. She keeps seeing the images replay over and over in her mind. She repeats many times that she just didn't see the car coming. There are many bruises and soft tissue injuries to her shoulder, neck, hip and knee but nothing is broken.

You set about treating this particular presentation. There is only so much you can do in one session. There are so many things to treat on the physical level, let alone grappling with issues at other levels. Then you remember! You have Emergency Essence of the Australian Bush Flower Essence range. After consulting and gaining permission, you add this remedy to the massage oil. You also give her a bottle of essence to take internally for the next few days. Now you have increased your ability to help this woman by many degrees.

By using Emergency Essence, you have engaged the service of Waratah – one of the five master flowers in the world. Strong, indestructible, giving strength to cope. Fringed Violet clears the shock and memory from the cellular system and repairs any damage to the aura (protective energetic body). Grey Spider Flower clears the fear, phobias and nightmares, and Crowea relaxes the muscular system, rebalancing the meridians, calming worry and assisting the hydrochloric acid in the stomach to return to normal levels. Dog Rose of Wild Forces helps to bring about a sense of control, while Angelsword clears any negative energetic attachments and re-establishes a clear inner guidance. Then Sundew helps to ground the client's energy so they can feel aligned and function better.

Overall, these sorts of essences will give your client strength to cope, relax muscles that are in spasm, calm the nervous system, help clear the memory replay, ground her energy and help her to feel back in control. Now her body can start healing and, with your wonderful professional skills, she will be quickly on the road to recovery. The essences will harmonise with any other forms of treatment she may choose to have during her recovery.

The Australian Bush Flower Essences are a vibrational medicine. Drawing on Australia's ancient

energy, they are fast acting and powerful in releasing and reshaping emotions, attitudes and belief systems. This has a profoundly positive effect on internal wellbeing and the physical body. For thousands of years, in many cultures worldwide, flower energy has been used to balance the emotions. They are nature's gift to us. Each flower has an individual and unique healing ability. They are easy to use, completely natural, fast acting and self-adjusting thus making them safe to use even if your client is hyper-allergenic. There are no known contraindications.

When people give flowers to us, it brightens our day. We instinctively know that flowers have healing properties. By putting them into the oil, they are absorbed through the skin and enter into the energy system of the body. Unlike aromatherapy, which uses the chemical properties of the plant, flower essences use the spiritual energetic pattern of the flower (however, bush essences and aromatherapy complement one another beautifully). The unique healing energy intuitively connects to the person and acts as a catalyst, establishing a more harmonious cellular pattern, removing blockages, re-balancing the emotional level which, in turn, effects the physical presentation. Giving the essences to your client to take internally at home extends the effectiveness of your work far beyond an hour of consultation.

The Australian Bush Flower Essences were developed and researched by a Sydney based naturopath and author, Ian White. The essences are now used worldwide with outstanding and profound results throughout all levels of the community. Anyone can learn to use these powerful healers.

There are 65 Australian Bush Flower Essences in the range with three Companion Essences. These give you an extensive range to offer in your line of service, no matter what your focus is. Whether you work is with pregnancy, babies, postural correction, sports, rehabilitation, relaxation, therapeutic, lymphatic drainage, trauma, aged or palliative care there are essences to aid you.

When you introduce the Australian Bush Flower Essences into your practice, you will add enormous value to the wellbeing of your clients. Now you can offer Cognis Essence to the client who requires relaxation massage because they are studying for an important exam. Macrocarpa is for the burnt out executive, Tall Yellow Top for the client who presents with dural torque including elevation of the ilium, anterior rotation of the pelvis and short leg. Gynea Lilly Is useful in the treatment of ligament problems. Travel Essence is for the family who are off to Disneyland and are concerned about deep vein thrombosis. Bush Fuchsia works well for the client

who always presents with problems on one side of their body or for dyslexia. Purifying Essence enhances lymphatic drainage. Red Grevillea can assist in the treatment of TMJ problems. Sunshine Wattle and Bush Iris are used for depression and SAD. Isopogon can be employed with the client who never seems to make any progress with their treatment. The list goes on and on.

During a treatment session there is always energetic debris released into the atmosphere. This can affect you and your next client substantially. If this is not cleared regularly, you will be working in a cesspool of negative energy by the end of the day and will take the energy home with you. Space Clearing Essence can be sprayed around your treatment room between each session to clear the energy.

Bush flower essences are not only beneficial for your clients. They also have many useful applications for the maintenance of your own well-being. Your practice is very busy and demanding. Taking care of many people week after week can be exhausting. Alpine Mint Bush will help you stay compassionate, vital and maintain good boundaries. There are also times in your own life when you may be emotionally challenged in your

relationships, life direction, abundance issues, spiritual growth, sexuality, grief, anger, family patterns, study demands, hormonal imbalances and others. The Australian Bush Flower Essences are always there to assist you in your journey, whatever the challenge of the day may be.

In my practice as a massage therapist, I have found them extremely valuable, adding a dimension to my work that helps me to provide a truly holistic service. I also use them with my family, my animals and on myself, helping me to transcend my fears and doubts, and increasing my compassion and patience.

The Australian Bush Flower Essences are truly a perfect partner to a massage therapy career.

The Australian Bush Flower Essences are based in Sydney but offer two day workshops all over Australia and in many parts of the world. Christine is teaching a level 1 workshop on April 5 & 6 in Goulburn. For more information please call Christine Cobden-Groothuis on (02) 6295 5989 or Fiona Hammond on (02) 4822 2861.

Alternatively, call the Australian Bush Flower Essences on (02) 9450 1388 or visit their website www.ausflowers.com.au for a workshop near you.

IT'S ON AGAIN - THE AMT ANNUAL CONFERENCE (our 14th)

This year's Conference will once again be held at **Harold Park Function Centre, Glebe.**

Feedback from our previous visits to Harold Park indicate that this is a popular venue that has affordable accommodation close by, is easily accessible by public transport (bus and light rail) and has free parking.

The dates for the Conference are **Saturday 20th September and Sunday 21st September.**

The good news is that the price for this year's conference will remain the same as it has for the past three years.

AMT needs **YOU** to help organise this Conference – can you help with:

- Trade display
- Workshops
- Guest speaker
- Conference brochure
- Assistance on the day/s

Contact Melanie at Head Office on 02 9517 9925 NOW!!!

Magnetic Therapy

By Claire Kemp

Every cell in the body has a positive electrical charge at its nucleus and a negative charge on its outer membrane. The cell functions in a healthy and orderly manner because of this positive-negative polarisation. The electromagnetic energy produced wears down as each cell performs its normal bodily function but is revitalised by biological energies coming from a variety of sources i.e. food, water, sleep, exercise and absorption of the earth's magnetic energy.

Unfortunately, many of us have a diet deficient in energised (live) food and water. We live stressful lives and often do not get sufficient sleep. We do not exercise enough and it is said that the magnetic field of the earth is only 50 percent of what it was 500-1000 years ago. We are also constantly bombarded with an excess of man-made electromagnetic radiation which is incompatible with our bodies' electromagnetic emanations.

Electromagnetic radiation from household appliances, television, radio, radar and power lines surrounds us, depriving us of the ability to absorb the earth's beneficial and natural magnetic field.

Magnets work via the iron content (the haemoglobin) of the blood. The circulating blood conveys the magnetic energy to various parts of the body. Therefore, the application of static magnets to the body helps restore the electromagnetic energy to the body.

The results of magnetic therapy have been documented by various researchers. They seem to agree on the following specific factors involved in magnetic healing:

- Increased blood flow (with resultant increased oxygen in the blood.)
- Changes in the migration of calcium ions
 - to bring calcium ions to heal a broken bone in half the usual time; or conversely
 - to help remove calcium build up away from painful arthritic joints
- keep pH balance (acid/alkaline) in check
- balance hormone production
- balance enzyme activity in the body.

The magnets simply assist the body to regain its self-healing, electromagnetic balance. Therefore, a misaligned vertebra still needs to be gently realigned and the correct nutrients supplied for healing to take place.

Symptoms of pain and disease surface when conditions cause the capillary pores to dilate allowing the escape of quantities of blood proteins in the area of the cells. The eroding of proteins attracts fluid (inflammation) causing pain, depriving some cells of proper oxygen and nutrients, resulting in malfunctioning cells. If not

carried away and disposed of by the lymphatic system, these cells begin to destroy healthy cells. Drinking extra fluids at this time would be beneficial to flush the lymphatic system.

Alternatively, the combination of increased oxygenation and blood flow is very effective in eliminating these conditions and the accompanying pain. Since most disease is either a function of toxicity or deficiency, improved circulation benefits most aspects of our overall health. It is the task of magnet therapy to remove the blockages that get in the way of normal functioning and restore the body's natural balance.

Thus magnets enable anyone who uses them to target a specific body area with great precision and to stimulate the healing process almost immediately. As a consequence, studies have shown that both hard and soft tissue injuries heal in only a fraction of the time required by other treatments.

Magnetic fields can penetrate the skin, fat, nerves and bones to provide greater therapeutic effectiveness than low electrical currents.

Outside the U.S., magnetic therapy has been used for decades in this way. In Russia, it has been used as a special therapy for top athletes to promote soft tissue healing for tendons and nerve tissue as well as bone fractures and other injuries.

The pain relief obtained from magnets can be attributed to the increase in blood flow in the tiny capillaries, as well as relaxation of muscle and connective tissue. The increase not only allows faster movement of oxygen and other nutrients to the cells and so stimulates the body to heal, but also allows unwanted by-products such as lactic acid which can cause pain and inflammation to be flushed away. There is noticeable lessening of inflammation and congestion in the tissues surrounding a traumatised joint or ligament.

It is claimed that magnetic therapy can improve the following conditions:

- bone breaks, osteoporosis
- asthma
- tendon tears, ligament sprains, muscle strains and spasms
- carpal tunnel, tennis elbow
- bruising
- macular degeneration
- diabetes
- fatigue, insomnia
- snoring
- bed-wetting
- improves energy
- backache, headache, arthritis
- reduces need for pain killers
- circulation "cold feet"
- virility
- digestive problems, bowel habits, colitis and gastroenteritis

The 3 Controller Joints of Articular Therapy

By John K. Pollard

Before I get started on this article I would like to let my good friends at the AMT know that I have moved my clinic to Kareela, NSW where I am now practising Articular Therapy exclusively. My new phone number is 02 9528 4535. My email remains JohnPollard@bigpond.com and I genuinely appreciate your comments and referrals. Now let's continue on to the topic at hand.

According to Articular Therapy® three pairs of joints in the body control the rest of the articulations. If you deal specifically with these joints, you will be able to treat 90% of your symptoms with excellent results. Now, does medical science know this or care? Does the average bodyworker know it? Are the readers of AMT's *In Good Hands* interested? I hope so and I also hope you believe me when I say that the Ankle/Foot, Hips, and Shoulders are the three main 'controller joints' of the articular skeleton. By this I mean that their movements, or lack thereof, are causative over the typical 'classic' symptoms that clients have in the knees, spine, elbows etc. Any condition that is remotely chronic will benefit from this treatment perspective and you have the power in your hands to make these changes happen for clients.

HOW DO YOU PROCEED?

Your client has a symptom ... maybe a few. That is why s/he is consulting you. You want to help your client by relieving this symptom. This is the healer role. But if you want to go beyond treating symptoms then you need to determine what is causing your client's symptoms and proceed with your treatment from there.

A good place to start is with the presenting problem. I'm guessing that most of you take some kind of history or make some notes in a file. I use the initial interview to pinpoint exactly where I'm going to look for the cause of my clients' problems. So I'm listening hard and trying to take clear notes that I can refer to later and will make sense in the future.

HOW AT BREAKS DOWN SYMPTOMS

Ankle/Foot

Any symptoms in the foot, knee, or thigh probably stem from ankle/foot fixations. This includes even injury-type aetiologies, (ski/car/bike accidents, rugby tackles, net ball knees etc) especially if they haven't healed after primary treatment or operations.

Hips

In my experience, symptoms related to the hips, low back and TFL are mostly connected to ICV syndrome (see December 2002 *In Good Hands*). As a good Articular Therapist, you are going to use the

Articular Therapy Hip Test to check the hips directly for fixation. The client with genuinely fixated hips is routinely treated and becomes immune to strain type back pain. This leaves ICVS as the major reason these clients come in for acute spasmodic back symptoms.

Shoulder

How about shoulder symptoms and mid back pains? These can be tricky. Everyone assumes stress is a key factor but what kind of stress? You have to determine if it is mechanical stress or organ stress. Here's what I typically find. If the problem has been there forever it is likely to be based on an injury that was never treated properly. If the pain is unusual or occurring for the first time, then it is more likely to be about diet or organ stress. In these cases, the symptoms on the left side/neck/shoulder are probably stomach/pancreas related and similar symptoms on the right side are related to the gall bladder/liver. Again, you are going to use the AT Shoulder Test to discriminate between all these possibilities. Let's do a quick review on testing each of the controller joints of Articular Therapy.

AT ANKLES PLANTAR CIRCLES TEST

Please refer to the September 2002 edition of *In Good Hands* for a comprehensive description of the ankle test.

AT HIP TEST

Client is prone. Standing on the side you want to test, bend the knee on the leg closest to you 90 degrees. Grip the ankle with one hand and place your other fist into the hip socket with the other. Keep your elbow locked. Move the ankle/leg gently but directly away from you towards the client's other knee fossa (in other words, move the hip into external rotation). At the same time keep your fist pressed into the hip, applying pressure obliquely towards the floor to see if it tends to move or not. If it doesn't move (or only slightly) it's normal. If it moves, pulls or pushes your fist up as soon as you get closer to the knee with your other hand, you know there's a problem. Compare both sides. The 'looser' good side is usually the symptomatic side. The worse the fixation at the hip socket, the more the pull on the lumbar, QLs and mid back. Lifting of the hip off the table as high as 6-8 inches is not uncommon. Point out this extreme pull to your client so they can feel it for themselves. Explain how this tightness is causing the other side to hurt or pull into their back to create their symptom.

AT SHOULDER TEST

Your client is sitting with hand on hip, fingers pointing down towards the floor. The elbow is pointing to the side and aligned with the body. (Continued overleaf)

Place your palm and fingertips in front of the furthestmost point of the AC joint and simply hold it there. With the outside hand move the client's elbow towards their mid line. A normal movement with the client sitting straight might be 60 degrees. If forward movement of the elbow causes the hand palming the gleno-humeral joint to feel pressure or pulling then this is when the tightness is revealed. Treat the tightest side 2:1 to the 'good' side.

The fixated shoulder is the easiest test to do and the one the client recognises the most readily, so if you have a true 'fixated shoulder client' then you're laughing.

When you follow these Articular Therapy protocols, you will find each client a little bit different but more of the same, and when you've pulled a few tough cases out of the fire with Articular Therapy you'll be glad you had the knowledge.

There Are Healing Benefits To Massage

by Anthony Perrone

We all know that massage feels great and is good for your body. There are studies that even show that it is also good for you mentally. The power of touch provides the benefits of relaxation, and relief from stress and body tension. Massage can reduce the need for medications that help you to sleep and can improve your attention span.

A massage is believed to cause stimulation of the vagus nerve. This cranial nerve, which helps to regulate hormone production, can lower heart rate, help build up the immune system, decrease anxiety, and will aid in the absorption rate of foods.

Massage may also alter moods, relieving the effects of depression in those suffering with a chronic condition. It may even help a person with the overall diagnosis of their disease.

Studies are also finding that massage therapy helps many other conditions such as Attention Deficit Hyperactive Disorder (ADHD), Alzheimer's, eating disorders, chronic fatigue, MS, Parkinson's and Fibromyalgia. Massage therapy will cause positive changes in a person's body as symptoms can actually worsen if people are unable to accept and live with their chronic conditions. Examples of the benefits of massage therapy to certain conditions include:

Eating Disorders

Massage therapy will reduce the symptoms of depression, a key element for people with bulimia/anorexia. Massaging individuals with eating disorders increases their awareness of their bodies thus helping counter the poor image they have of themselves. If massage therapy is applied twice a week for a period of 30 days, it will reduce anxiety levels by lowering stress hormone levels and increasing dopamine levels.

Chronic Fatigue

Massage therapy will reduce depression, anxiety, and the effects of muscular aches and pains almost immediately. Sleep will improve and overall fatigue should also decrease.

ADHD

Massage therapy will help in reducing hyperactivity in these individuals. This should aide a person with their behavioral patterns by helping to increase their ability to concentrate longer as stress and anxiety levels decrease. Massage therapy will also help to boost mental alertness.

All of the above and many other conditions have traditionally been treated with medications/drugs and the unfortunate side effects that accompany them. However, the benefits of ongoing massage therapy can be an alternative for some of these conditions.

As massage therapists, we have the ability to enhance a person's life in most cases/conditions. We can give our clients the opportunity to help themselves by providing their bodies with healing treatments of touch that allow them to react in a positive fashion and fight what is ailing them. Massage therapy will encourage relaxation so the body can begin the process of healing itself.

ATTENTION ALL MEMBERS

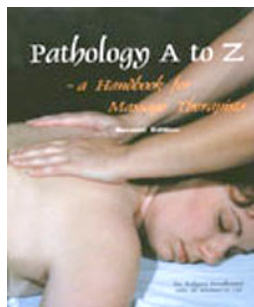
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BOOK REVIEWS



Kalyani Premkumar, *Pathology A – Z - a Handbook for Massage Therapists* (Second Edition) Vanpub Books, 2000.

by Glen Wilton

Kalyani Premkumar is a physician, medical educator and massage therapist based in Canada. She is a massage therapy instructor and also lectures at the University of Calgary in the Department of Anatomy, Faculty of Medicine.

The purpose of this book is to provide a quick reference guide to diseases/pathology that are of specific relevance to massage therapists. It aims to assist the therapist gain a greater understanding of diagnosed diseases so they can confidently provide an effective massage treatment that promotes a total state of well being for the client. This is the second and current edition of the book and there have been vast improvements made in the layout, quality and clarity since the first edition.

The text is quite user friendly. Firstly, the alphabetical listing of conditions makes referencing a breeze. But if you can't find the condition straight up (e.g. shingles) you have the option of looking up the word in the index to find how the condition is referenced and the relevant page number (in this case, Herpes Zoster).

Another interesting feature is that each condition is boxed and highlighted with a brief description of the condition and what system the condition affects (e.g. respiratory). This simplified explanation is sometimes enough to trigger knowledge that was assumed lost to the deep, dark recesses of your memory banks. Each condition is then broken down into sub headings: Cause, Signs & Symptoms, Risk Factors and Caution & Recommendations to therapists. This gives a detailed but easily understood explanation of the condition; some suggested massage techniques and, importantly, any cautions that may help the practitioner modify their treatment to the disease/condition.

This text is an ideal reference guide that all professional massage therapists can use to develop a greater understanding of disease/conditions their clients may present with in the clinic. The beauty is that it is a one-stop guide that saves therapists the time in firstly sourcing and then wading through mountains of medical information that may be crucial to modifying your treatment.

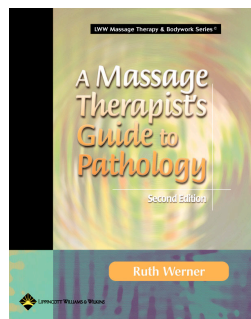
I also believe that this text will help to bridge the gap between massage therapists and other health professionals. Having easy access to this kind of information will help you communicate more

effectively with others in the health care industry. And from your clients' perspective, it is a great tool that will help to promote you as a professional, effective and knowledgeable therapist who has a genuine interest in their health and wellbeing. Rather than staring blankly when someone presents with a condition you have never heard of, you can pro-actively expand your knowledge base.

Appendix A features good quality photos of various skin lesions/eruptions (e.g. Melanoma, Psoriasis, Gangrene) which *may* help the therapist visually identify any skin conditions that clients may present with. Throughout the book there are a number of diagrams/anatomy/tables which, although simplified, support the 'Handbook/Easy Reference' style of the text.

Because of the alphabetic listings, the book is generally extremely simple to reference. The formal index (Disease Name) is listed as Appendix G. Appendix B offers strategies for infection prevention and safe practice, which serves as a good reminder. Appendix C describes commonly used drugs under general headings such as "Antiinflammatories", "Contraceptives- Oral" etc and details specific examples with their common side effects, including cautions for therapists. Appendix C also lists some commonly known procedures (e.g. amputation) to some less well known ones (Balloon Tamponade) which may be useful as a guide when taking a health history. Appendix D offers "Resources for specific disorders" (mainly Canada & USA) which is of little use in Australia. There is also a glossary and a System Index (e.g. Cardiovascular, Endocrine etc)

My only real concern is that, because it was written and published in North America, the organisations and support groups listed are of little use in Australia. (**Editor's note:** The Pathology A-Z is available through Lippincott, Williams and Wilkins).



Ruth Werner
A Massage Therapists Guide to Pathology (2nd Ed.), Lippincott, Williams and Wilkins, 2002. 592pp, 214 illustrations.

by Rebecca Barnett

Those diligent members who have completed AMT's home study module in pathology would already be familiar with the first edition of this textbook. Essentially, it is a comprehensive guide to a wide variety of diseases and conditions that the massage therapist may encounter in the course of practice. If you have ever stopped to wonder whether it was safe to proceed with a treatment, this is the book for you.

It has been written with two audiences in mind – massage students and established practitioners working with a broad spectrum of clients and conditions.

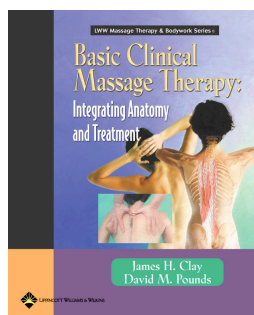
Unlike the Pathology A-Z, this book adopts a systems approach. Each chapter tackles a system of the body and begins with a brief overview and a ready reference of associated conditions. These conditions are then covered in detail under a series of subheadings (rather like the Pathology A-Z) including a definition, signs and symptoms, aetiology and the appropriateness of massage therapy as a treatment option (in other words, whether massage is indicated or contraindicated and how the massage practitioner can best work with primary health carers to approach treatment). There are call-out boxes on each page which summarise this information and serve as a 'quick glance' overview of the safety issues to consider.

The text also contains helpful appendices on taking a client history, sample history forms, infection control, endangerments and a quick reference chart to all the conditions covered in the book with their corresponding page number.

Emendations to this second edition include a new chapter on the endocrine system and 25 additional conditions not covered in the original edition. It also features a greater number of case histories and has been updated to reflect current developments and research on the application of massage to various pathologies including cancer.

If you do not already have a pathology reference in your professional library, this book is an invaluable reference. It certainly makes a lot of sense to choose a text that has been written specifically for the massage therapist. And in light of the increasing risk of litigation and the rising cost of insurance premiums, we all have an even heavier duty of care to be fully informed of the cautions and contraindications involved in treating the full range of conditions we may encounter as evolving therapists.

However, if you do already have the first edition of this book, I cannot see a pressing need to rush out and purchase this updated version. Accessing the Touch Research Institute's website regularly for current information and research would be just as fruitful. <http://www.miami.edu/touch-research/>



James Clay and David Pounds, *Basic Clinical Massage Therapy: Integrating Anatomy and Treatment*, Lippincott, Williams and Wilkins, 2003. 403pp, 450 photographs/illustrations

by Rebecca Barnett

Let's not pussyfoot around here. This is a fantastic book, chock-full of high-quality graphics and massage-y goodness.

It delivers exactly what the title promises: an approach to anatomy and treatment, principally by way of well-conceived colour plates which clearly and simply illustrate the muscle groups targeted and the techniques being applied.

It is chiefly intended as a textbook for advanced massage therapy students but I think it could also serve as an excellent revision and 'quick glance' guide for established practitioners. And I would hazard a guess that there are techniques illustrated here that many of us were not exposed to during our original training (for example, have you ever accessed the lateral pterygoids by working superiorly and medially from underneath the angle of the mandible? I know I haven't!).

This book could also prove to be useful for enhancing communication with clients – the graphics and accompanying text are probably the most accessible way I have come across for explaining the mechanics of the work you are doing.

The book is divided into two parts. The first part, Foundations of Clinical Massage, covers basic principles and reviews the essentials of muscle structure and function, body mechanics, massage techniques and draping. There is a guide to examination, case history taking, postural observation and palpation, with examples of forms to use for this information gathering and communication with other health professionals.

The second part, Approaching Treatment, constitutes the meat of the book. Chapters are divided into regions of the body that have functional, topographical and clinical coherence, namely: the head, face and neck; shoulder, chest and upper back; arm and hand; vertebral column; lower back and abdomen; pelvis; thigh; and leg and foot.

Every chapter has the same internal structure so navigating around the book is straightforward. Muscle or muscle groups are clearly shown, along with surrounding structures, surface landmarks and the therapist's hands. Accompanying text summarises the action, attachments, cautions, pain referral area, other related muscles to examine and a description of one or more basic treatment techniques (trigger point compression, muscle stripping, myofascial stretching and cross-fibre frictions).

The outstanding feature of this book is the clarity of the illustrations and the accessibility of information. Basic techniques are brought to life by superimposing internal structures directly onto photographs of live models, giving them a context and realism that general anatomy texts often lack. (I like to think that if Janet Travell and Michelangelo had a love child, this book would be it).

There are also five appendices which cover anatomical prefixes and suffixes, terms of movement, muscles by pain referral zone, suggested reading and a glossary.

For sheer clarity, artful simplicity and usefulness, this book is a winner!

HISTORY PROVIDES THE ANSWERS

By Matt Dilosa

From the first class I attended in Massage Therapy I was taught the importance of taking a detailed client history. I assumed that any qualified therapist who has attended an accredited college would have been drilled in much the same way. However, having spoken casually to many therapists and clients over the years, this does not always seem to be the case.

Recently, several of my clients have related their prior experiences with other Massage Therapists. Quite frankly, their stories have made my blood run cold.

For starters, I consider any massage therapist who does **not** take a full client history negligent. Secondly, I consider any therapist who does **not** keep a detailed record of every treatment they perform also negligent. In my opinion these people show a complete disregard for duty of care to their clients. It should not matter what type of massage a therapist intends to deliver, whether it be for relaxation or deep remedial work, a history must be taken and records kept!

I mainly do remedial work and for me it is a must that I take detailed information about my clients and maintain ongoing treatment records. It is easy enough to forget what I did last week let alone 4 months ago. Taking a detailed history will alert you to any precautions or red flags you may have to consider. It will nearly always give you vital clues as to likely predisposing factors involved with the client's symptoms. How else will you be able to make informed decisions on how best to approach the client's treatment?

Most people who seek massage therapy understand that there are no quick fixes or miracle cures. However, they still don't want to cough up hard-earned dollars for some therapist to poke and prod, push and shove for weeks on end for little or no result, with the therapist not knowing what s/he did from one week to the next.

Here are a couple of examples of negligent therapists taking a sloppy approach to client treatment. In one case, this negligence could have paralysed the client because of the simple failure to take a detailed history.

Case 1

A man in his mid-forties presented with medial thigh pain that had been progressively worsening since undergoing massage therapy treatment. He also complained of the ipsilateral knee giving way on a regular basis, sometimes three times a day.

I asked whether a case history had been taken and what the therapist had done during the course of the treatment. The therapist assed no questions at all but rather dived straight into the treatment!

The client described lying prone and having both knees passively flexed and crossed over. Without warning, explanation or consent, the therapist pushed the client's crossed legs towards his buttocks with great force. This caused immediate sharp pain and after the treatment he barely limped back to his car.

After some testing I felt there was probably more to this man's injury than my training could provide, so I asked a physiotherapist to examine him. The physio reported that the position the massage therapist had placed the client in could be used as a femoral nerve stretch... and that in this case the client had sustained damage to his femoral nerve and a suspected medial meniscus tear.

Incidentally, the client has also had a triple bypass and is diabetic. The therapist had no idea about any of this. In my opinion, this therapist should not be practising.

Case 2

A man in his mid-twenties attended my clinic after seeing other massage therapists. His opening gambit was "I'm absolutely terrified to be here but my wife made me come".

Of course I enquired as to the reason behind his obvious trepidation. This young man had been suffering with lower back pain for quite some time and had seen at least two therapists – one who I seriously doubt had any qualifications and the other I actually know is qualified.

Both therapists neglected to take a history. Had he sustained an injury? How long had he had the injury? Did he suffer from any other conditions? Was he on any medication? Had he had X-rays and if so what did they reveal? Had he seen another health care practitioner? NOTHING! ABSOLUTELY NOTHING!

The second therapist proceeded with very deep massage to the lower lumbar and sacral area causing excruciating pain and reducing him to tears.

The client asked the therapist to stop or at least lighten the pressure but the response was "this has to hurt you". The client eventually got off the table screaming verbal abuse at the therapist.

I went through range of motion testing and found he had about 5° lumbar extension limited by pain and flexion was at about 45° with slight reduction of pain. He also noted that he found it uncomfortable to lie on his stomach at night. By this stage I was becoming quite suspicious about his condition.

He told me he had x-rays that revealed something but could not remember the exact name of the condition. I asked if he could bring the x-ray report on his next visit so I could have a look for myself.

After I explained that I was not going to hurt him, I finally got him on the table with a pillow under his stomach to reduce his lordosis. I was treating him as if he had spondylolisthesis. Lo and behold, when he returned the next week with x-rays, the report revealed he had a grade three spondylolisthesis.

(Spondylolisthesis refers to the slipping of part or all of one vertebra forward on another. In the vast majority of cases it is L5 that slips forward on the S1. The spondylolisthesis is graded according to the degree of slip of the vertebra. A grade 1 slip denotes that a vertebra has slipped up to 25% over the body of the underlying vertebra; in a grade 2 slip the displacement is 25%; in a grade 3 slip, 50%; and in grade 4 slip, greater than 75%. Manipulation and/or deep anterior pressure should not be performed at the level of the slip).

In both cases above, the therapist failed to take a client history. The lack of knowledge of the client's condition led to the performance of unsafe practices and a complete lack of Duty of Care. In the second example, a worst-case scenario might have involved paralysis, not to mention the possibility of a liability case against the therapist(s) in question.

I do not wish to sound holier than thou but we are all taught to take detailed information about everyone who walks through our clinic doors, and to treat them to the absolute best of our knowledge and ability. For me, it is a privilege to have someone place their health and wellbeing in my hands so it is my duty to give them the best possible health care I can provide.

I know that sometimes we may get a little slack with our records from time to time. However, if we are vigilant and make this practice a habit we will gain more knowledge about ourselves and our clients' needs ... because history will provide the answers.

Help Wanted

AMT is planning a major survey of the massage industry. We require help in designing the survey form from someone with previous experience in this field. You do not have to be in Sydney to do this - it can be done via email.

Contact Geof Naughton at Head Office on 02 9517 9925 or email: massage@amtnsw.asn.au

Volunteer Therapists Needed Oxfam Trailwalker (Community Aid Abroad)

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.

Oxfam Trailwalker is a unique endurance event where teams of four have 48 hrs to complete a 100km trail along the Great North Walk and Harbour to Manly trail. It starts at Hunters Hill with the finish at North Harbour Reserve near Manly.. Now in its fifth year in Australia, **Oxfam Trailwalker** has helped raise over \$30 million internationally and continues to grow each year.

With over 350 teams competing in this year's event, we are aiming to offer participants a range of voluntary therapeutic support including, massage therapy, podiatry and physiotherapy. 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 9am Friday May 16th and finishing when the last team comes in on Sunday May 18th. There are 8 checkpoints approximately 10km apart, at which therapeutic support is needed. These are located at Lane Cove, Thornleigh, Rosemead, Crosslands, Mt. Kuringai, St. Ives, Davidson Park, Frenchs Forest and the finish line at North Harbour Reserve. Shifts are generally 5-6 hrs in length and will be considered towards your CEUs.

Should you choose to volunteer your time and expertise at **Oxfam Trailwalker 2003**, you will not only be helping the walkers involved but will also be showing your support for **Oxfam Community Aid Abroad** and it's work around the world!

If you are interested in getting involved please contact Heather on: 8204-3900 or at trailwalker@sydney.caa.org.au

For more info on Trailwalker go to www.caa.org.au/trailwalker

Frequently Asked Questions

Q: Where can I get an application form to join AMT?

A: The easiest way is to print an application form, either Student or Practitioner, from our website www.amtnsw.asn.au or phone Head Office on (02) 9517 9925 and request one. If you leave a message simply request the appropriate form and clearly leave your name and address so we can post it out to you.

Q: I have just started studying a Massage Therapy course that is accredited with AMT. Can I join AMT now?

A: Yes, you can join by sending us a student application form (see above), proof of enrolment, and \$60.00 (\$30 application form and \$30 annual fee). We will send you an AMT Student membership card and information.

Q: I am still studying Massage Therapy. Can I get insurance?

A: You may be eligible for part-time student insurance for Swedish Massage only. You will need to be a Student Member of AMT and show proof of having completed and passed 25 hours of Anatomy & Physiology and 50 hours of Swedish Massage. We will then forward your details to the two insurance companies we deal with and they will forward the necessary documentation to you.

Q: I've just finished my Massage Therapy course and I want to upgrade my membership from Student to Practitioner level. How do I do this?

A: Check out our website: www.amtnsw.asn.au/standards/pg7a4.html to see what practitioner level you are eligible for (e.g. General Level, Senior Level One, Senior Level Two), send us a fully completed practitioner application form, the appropriate fee and a copy of your final transcript showing the qualification you have gained at the grade you were awarded. We will send you a Membership Certificate, Code of Ethics and Practice and Procedures Guidelines.

Q: I have just finished my Massage Therapy course and I want to upgrade my membership from General Level to Senior Level. How do I do this?

A: Check out our website to see what practitioner level you are eligible for (e.g. Senior Level One or Senior Level Two), send us the appropriate upgrade fee, return your General Level membership certificate and send a copy of your final transcript showing the qualification you have gained at the grade you were awarded. We will send you a Membership Certificate, Code of Ethics and Practice and Procedures Guidelines.

Q: I have just finished my course and I want to

join AMT. How do I do this?

A: Check out our website to see what practitioner level you are eligible for (eg: General Level, Senior Level One, Senior Level Two), send us a fully completed practitioner application form, the appropriate fee (including \$35.00 application fee) and a copy of your final transcript showing the qualification you have gained at the grade you were awarded. We will send you a Membership Certificate, Code of Ethics and Practice and Procedures Guidelines.

Q: How long does it take to process my membership application?

A: It usually takes a week to process most applications (two weeks at busier times of the year i.e. January, February). If you need to be assessed, this will take a little longer. If you need to do an assessment with one of our Senior Level practitioners it will take a few weeks.

Q: Why would I need to be assessed?

A: If you apply for membership at a level higher than the level your course has been accredited at (perhaps because you have done extra study), we will need to check that you meet the criteria for that level of membership.

Q: Why would I need to do an assessment with one of our Senior Level practitioners?

A: If the course you have completed is not accredited with AMT you would need to do a theory and/or practical assessment.

Q: How do I get Provider numbers for Health Funds?

A: When you join as a practitioner member of AMT we send you detailed information listing all the Health Funds and a table showing which funds you are eligible for based on your level of membership, and which funds require you to have a provider number other than your AMT membership number. Provided you meet our criteria (listed in the Health Funds table on page 18) you will automatically be endorsed and included on the lists that AMT sends to each fund each month. If you do not meet our criteria, you may wish to apply to individual Health Funds directly.

Q: I am eligible for automatic inclusion on the Health Funds lists and I have just renewed my professional indemnity/public liability insurance and/or Senior First Aid certificate, do I need to notify all the Health Funds?

A: No, you simply post or fax a copy of the Certificate of Currency showing the dates you are insured for and a copy of your Senior First Aid certificate and we will update our database so that you remain on the Health Fund lists.

Q: I have just renewed my professional indemnity/public liability insurance and/or Senior First Aid certificate, do I need to notify Head Office?

A: Yes, please post or fax a copy of the Certificate of Currency showing the dates you are insured for and we will update our database.

Q: How do I advise AMT of my Continuing Education?

A: When you join as a practitioner member of AMT we send you detailed information about Continuing Education Units (CEUs) and a 'Record of application

for CEUs' form to complete for the following year (also sent with each processed renewal). Please return this form with the appropriate documentation each year with your renewal payment and your CEUs will be added and allocated. More information is available on the back of the forms or on our website.

AMT has a strong commitment to providing information to our members and to this end we keep members updated through our website www.amtnsw.asn.au and this newsletter. Please read the newsletter carefully as many of the questions we receive at Head Office relate to information that is regularly published here.

What do I need to upgrade my membership from General to Senior Level 1?

A: The answer to this question will vary with each individual member but AMT requires the following formal educational criteria for eligibility to Senior Level 1 membership:

Group subjects to encompass 500 hours.

Science

- ☐ A minimum of 100 hours of Anatomy and Physiology, plus
- ☐ A further 50 hours made up of biological and behavioural sciences e.g. nutrition, exercise physiology, psychology etc

Massage

A minimum of 150 hours to include:

- ☐ principles and practice of massage
- ☐ a module on Swedish massage, plus
- ☐ a module on Sports, or Remedial or Oriental

Please note: Massage does not include Yoga or Reiki

Clinic

A minimum of 50 hours of supervised clinic:

- ☐ 30 hours must be in a professional clinic setting
- ☐ 20 hours may be at field days and work experience events

Business Administration

- ☐ 15 hours business management lectures at College or
- ☐ work experience in a commercial organisation or clinic

First Aid

A Senior First Aid Certificate (Level 2).

If you think you may be eligible for an upgrade, you need to list your achievements under the above headings, clearly showing the subject, the course it was part of, the college/school/workshop **and the number of hours involved.**

An appropriate form can be requested from Head Office. Please also provide documentary evidence in support of your claims.

Do not just send in a pile of photocopies and ask Head Office to sort out how many hours each one entitles you to.

If you are lacking in a particular area, then you will need to consider how you can go about meeting that requirement. Many members are finding that they do not have any training in the 'other sciences'. AMT has a home study module in Pathology which can be purchased for \$55.00. Successful completion of this course (100 percent correct answers) will credit you with 25 hours of study towards your other sciences component. I also suggest you contact the schools/colleges accredited by AMT (see our website) and ask them what courses they can offer to meet your needs.

If your upgrade is successful we will ask you to send a payment of \$27.00 and return your General Level membership certificate. We will send you a new Senior Level One Membership Certificate. The same process applies for upgrading from Senior Level One to Senior Level Two (the fee is \$39.00).

Deadline!

Deadline for the next issue of In Good Hands is:

1st May, 2003

Please email contributions to:

rebeccabarnett@bigpond.com

Health Fund Status

AMT has negotiated provider status with the following Health Funds on behalf of members. There is no need to apply individually to each fund. If you have current insurance, first aid and CEUs then your name will be forwarded to the funds for automatic recognition as a provider. Please check the explanation of status levels to see which health funds recognise your level of membership. Also, read the explanatory notes at the bottom of the page to make sure you are providing the necessary information on your receipts.

Health Funds and Societies	Status
ACA Health Benefits Fund (SDA Church)	A
ANZ Health Insurance	A
Australian Unity	F
AXA Australia Health Insurance (National Mutual Health Fund)	C
Cardmember Health Insurance Plan (American Express)	C
Cessnock & District Health Benefits Fund	C
Commonwealth Bank Health Society	A
Federation Health	C
Gay & Lesbian Health Fund	C
Geelong Medical Benefits Fund	C
GMF Health	C
GMHBA	C
Government Employees Health Fund	C
Grand United Friendly Society	C
HBA	C
HCF	C
Health Insurance Fund of WA	C
Independent Order of Oddfellows	A
Independent Order of Rechabites (IOR) Health Benefits	A
Latrobe Health Services	C
Manchester Unity	B
MBF	D
Medibank Private	E
Mildura District Hospital Fund	C
Mutual Community	C
National Mutual Health Fund	C
NIB	C
NRMA Health	C
NSW Teachers Federation Health Society	A
Queensland Country Health	A
Railway and Transport Hospital Fund	A
Reserve Bank Health Society	A
St Luke's Medical & Hospital Benefits Assoc	C
Super Health Plan	C
United Ancient Order of Druids Friendly Soc	C
Victorian WorkCover Authority	C
Westfund Health Fund	C

Status Levels:

A. All AMT practitioner levels

B. All practitioner levels with:

One million dollars current insurance
Current Senior First Aid (Level 2) certificate

C. Senior Level One, Two or Three members with:

One million dollars current insurance
Current Senior First Aid (Level 2) certificate

D. As per C above and have sent a copy of a client receipt to Head Office for verification

E. Senior Level Two or Three members who have completed an application form (available from HO) and with:

One million dollars current insurance
Current Senior First Aid (Level 2) certificate

Please note some Senior Level One members may qualify upon AMT's assessment of their qualifications etc

F. Senior Level Two or Three members with:

One million dollars current insurance
Current Senior First Aid (Level 2) certificate

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

- Members must be financial and have a commitment to ongoing education (i.e. an average of 100 CEUs per year)
- Clients must be provided with a formal receipt, either computer generated, or with rubber stamp or address labels clearly indicating practitioner's name, AMT member number (eg: AMT 1-2345), practice address (no PO Box numbers) and phone number. Client's name, date of treatment, nature of treatment (i.e. Remedial Massage), and particular health fund provider number may be handwritten.
- Health funds require that AMT provides them with a practice address for each member – failure to supply these details to us will result in your name being removed from health fund listings
- If you have more than one practice address, please notify AMT Head Office of all relevant addresses
- Please include a **copy of one of your receipts** (for each practice address) to Head Office with your next AMT membership renewal or correspondence. For further information, please check out the AMT's website.
- AXA, Cardmember, Gay & Lesbian, Government Employees, Grand United, HBA, HCF, Mutual Community and Super Health** will send you an agreement to sign once they have received a claim from one of your clients and you to use the Provider Number they issue to you. **Medibank Private** requires an application form upfront and will provide you with a Provider Number (no rebates will be given until this agreement has been returned to the health fund). All other health funds will accept your AMT number (eg AMT 1-2345) as your Provider Number.

AMT Calendar Of Events

March to June 2003

- 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.

		CEUs
MARCH 9 th	Anatomy Wet Lab, Exploring the Body University of Sydney, 9am – 1pm AMT workshop Ph: 95179925	20
15, 16, 22, 23 rd	Myofascial Release 1 – Fundamentals (32 hours). Presented by Peter Wells Green Point Community Centre, Greenpoint (Gosford) Ph: 1800 101 105	160
24 th or 26 th	Functional Core Stability Presented by Sonja Schulze. Ph: (02) 4782 5092	35
28-31 st	Myofascial Release 1 – Fundamentals (32 hours). Presented by Paul Doney Peridor Health Schools, Bondi Junction. Ph 1800 101 105	160
APRIL 4,5 th	Chi Acupressure Weekend Presented by Master Zhang Hao Chi-Chinese Healing College, Burwood. Ph: 98999823	70
13 th and May 4 th	Liniments, Poultices and Plasters Presented by Lisa Treharne The Way College of Oriental Therapies, Byron Bay. Ph: (02) 66856500	70
MAY 5 th	Functional Leg Alignment Presented by Sonja Schulze. Ph: (02) 4782 5092	35
18 th	Evidence-based Exercise Therapy AMT workshop University of New South Wales. Please see insert for details Ph: 95179925	35
25 th	Seated Massage Presented by Carol Holden Peridor Health Schools, Bondi Junction. Ph: 93872319 or 0425 213527	35
31 st and June 1 st	Chi Acupressure Weekend Presented by Master Zhang Hao Chi-Chinese Healing College, Burwood. Ph: 98999823	70
JUNE 2 nd	The Dysfunctional Shoulder Presented by Sonja Schulze. Ph: (02) 4782 5092	35
23 rd	The Stable Spine Presented by Sonja Schulze. Ph: (02) 4782 5092	35
SEPTEMBER 20-21 st	AMT Annual Conference Harold Park Racing Club Ph: 95179925	100