

In Good Hands

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

March 2004



Editorial: Just between you and me

By Rebecca Barnett

Welcome to the first issue of *In Good Hands* for 2004.

Lately, I've spent a lot of time pondering the complex minefield of 'client confidentiality'. As professional therapists, we like to think of ethical issues such as privacy and discretion as comfortably clear-cut – we know our responsibilities so we cling to the straight and narrow path.

But sometimes the practical reality is rather different.

As a client's confidence in your professional abilities grows, so too does their confidence in your ability to *keep* confidences. At this point, when a client implicitly trusts that you will always 'keep mum' about what's on their chest, they immediately start talking about their mother. And their mother-in-law. And their best friend. And their boss. And their boss' domineering mother. And the sexy post office clerk who strangely resembles their mother.

But let me escape from this Oedipal rut. Ooops. Let's try that again.

It's amazing how much a massage therapy appointment can start to resemble the Catholic confessional box. I think this is partly due to the fact that clients respond strongly to the kind of non-judgemental treatment that massage therapy epitomises. It is probably also an energetic thing: the physical release

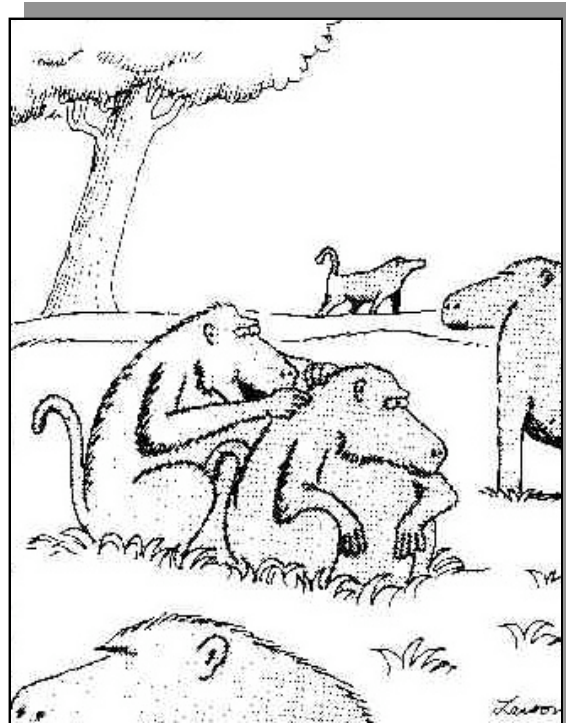
of massage allows for a concomitant release of spiritual detritus.

"So ... where's the problem then?" I hear you ask. "Isn't this kind of release a wholesome, healthy thing? After all, we can always refer a client to counselling if the content warrants it".

For me, the awkwardness arises in the context of a business built heavily on client referral – when lots of your clients **know** each other, often intimately.

Married couples are usually the worst culprits for gossip ... invariably centred on the spouse you **also** treat. Often, it's relatively benign complaints involving toilet seats and toothpaste tubes but sometimes their comments are pure dynamite. They fall firmly into the category of 'too much information'. This is where things can get very, very messy.

One of the most trying situations I faced was the client who announced "I have a suspected brain tumour. Please don't tell my wife, I don't want her to worry". I treated the wife the very next evening. I defy you not to feel duplicitous in this situation.



So then Sheila says to Betty that Arnold told her what Harry was up to, but Betty told me she already heard it from Blanche ...

And if you happen to treat spouses **and** workmates the equation gets even messier: the husband who is obsessed with the gorgeous blonde receptionist unbeknownst to his wife. And you have to treat all three of them. Aaaaarrghh.

But while we're in the mood for confessions I've been bursting to tell someone – I have a terrible crush on Dr Harry Cooper. Does anyone happen to know his therapist? ... I really need to talk!

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

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

NEWS FROM THE REGIONS

ACT Alan Ford

Welcome to the year of the monkey. There hasn't been time for any monkey business around the ACT since I last wrote in December!

Our region was fortunate enough to be the first to host Joel Morrell in early December and what a packed agenda we had! With some 40-odd members in attendance, lively discussion centred around a number of topics: reports from Massage Therapy Awareness Week; the Sports Medicine Australia Conference; the Australian Masters Games; AAMT; Yellow pages advertising; volunteer massage therapy with professional teams; isolation issues and setting our next meeting and workshop dates for 2004.

I am particularly pleased with our efforts regarding yellow pages as we have doubled the size and presence of our old ad, with 22 listed therapists/clinics for the region.

Our first meeting for 2004 was held on Sunday 15th February at Om Shanti College of Tactile Therapies. It featured a practical workshop titled "Massage Therapists, do you measure up?"

Wendy Rose Williams (AMT member) will present a workshop at our June 20 meeting. Wendy is a facilitator and educator in the Nikken magnet system of treatment. It is her intention to show how you can incorporate magnet therapy into your practice to assist clients in the overall recovery from chronic or acute discomfort.

HUNTER Elizabeth Matsen

In November, John Cassidy brought his enthusiasm for massage to our meeting and led us through positional release techniques for the neck. John also demonstrated how this technique can be used on other areas of the body. John is very generous in sharing his knowledge of massage and all present were most grateful for his willingness to help them develop further skills in this workshop.

The first meeting of the new year was well attended and members were very pleased with the opportunity to meet our new President. Joel spoke about: education standards and the Australian Qualification Framework; AMT school accreditation policy; AMT accreditation assessment and WorkCover provider payments. He also addressed the ongoing concerns of some members about CEUs. We all greatly appreciated Joel's effort to come to Newcastle and keep us informed of the workings of our Association.

Of course, the really big news from the Hunter is that the annual conference will be held here this year ... well, just up the road a bit, in Port Stephens. The conference committee is very busy planning and organising (I have always appreciated

the efforts of those who organise conferences but now that I am involved in the 'doing' my respect for them is heartfelt!). Please note that the dates have been changed and the conference is to be held on the 4th and 5th of September this year. I look forward to meeting many of you then.

NORTHERN RIVERS Sharon Keogh

Hi to all and a belated Happy New Year from the Northern Rivers. Before I get started on my report I would like to thank (once again) those responsible for nominating me for the Massage Therapist of the Year award. It is truly an honour to be considered worthy of this award, and one I will always cherish.

On the 26/10/03 we held a branch meeting at Ballina, which was attended by 8 members. Thank you for those apologies received. We had a brief overview of the Annual Conference for those members who were unable to attend, however the hot topic was Workers' Compensation rates and regulations. Russell Varcin had recently completed the WorkCover training day, and informed us that WorkCover will no longer accept the client paying up front. You must bill the insurer direct.

It was decided that all Northern Rivers members would be sent a members' list for our area. This will enable better networking among members and make it easier when referring clients. Christina Noordhof was to follow-up on this.

As it is often difficult to come up with guest speakers to run workshops, we determined that, for some meetings, we would bring notes on our problem clients and throw it open to discussion. (For those of you concerned about the privacy ramifications, all identifying details will be withheld).

We are also hoping to host an AGM in the not too distant future. Members at the last meeting were asked to come to the next meeting armed with some brilliant ideas!

Our workshop for the meeting was a Pre and Post Sports massage refresher, brilliantly presented by Russel Varcin. The inspiration for this workshop was an incident that occurred while I was volunteering at a cycling fundraiser in September last year where it was brought (somewhat cringingly) to my attention that not all well-meaning massage volunteers know how to apply appropriate massage techniques in this context.

As I worked on one of the cyclists, I ran through my usual explanation of what sports massage is. Given that he was riding again tomorrow, I explained that I wouldn't be working too deeply as he didn't need to be any sorer than he already was! He said that he had received a massage early in the ride and the therapist told him that his adductors were very tight and proceeded to inflict pain.

The result - bruises on the inside legs exactly where they rub against the bike seat. If you are a cyclist, you will know just how painful that is!

I have learnt never to assume that therapists who kindly and selflessly volunteer their time for these events know how to do sports massage. That is now my first question when drumming up volunteers.

Our next meeting will be held at the Casino Returned Servicemen's Club. AMT President Joel Morrell will be attending and, following the meeting, he will lead a discussion on whether Massage therapy should be viewed as Complementary or Alternate. I look forward to seeing many local members there.

LETTER TO THE EDITOR

Industry Eye-sore

What perception does the public form in regard to the professionalism of Massage Therapy when they see ugly signs which have been illegally attached to telegraph poles?

These signs (see photo) have proliferated in Tweed Heads for some time. Steps have been taken to have them removed.

On other matters, I was heartened to read in the last issue of this Newsletter that Joel Morrell would like to see more massage therapists in fewer associations. I couldn't agree more. I am of the view that we should have a national body with State and Regional sub-branches of that body.

Until we develop a structure similar to that of the medical and physiotherapy professions, we will not be taken seriously by the government and we will never be able to eradicate the 'dark' advertisements that appear in newspapers. Or those pathetic signs on telegraph poles.

Brad Hiskins (from the Australian Institute of Sport) has been actively involved in lifting the standards and professionalism of our industry. Gary Moorhead, reporting in the Journal of Sport Health, states that there has recently been an amalgamation of some of the largest massage Associations.

I believe that industry unification and the increase in competency-based standards is the right direction for us to aim as a profession. If Joel Morrell has a similar outlook then he has my full support.

Alan Downes



////////////////////////////////////



HUNTER REGION LECTURE EVENING

Friday April 2nd 2004

6:00pm Crowne Plaza Newcastle

Exercises & Strengthening Relevant to the Massage Therapist. James Walsh
Assoc Dip Health Sc. (Australian Graduate School of Health & Sport Science)

An Introduction to Shiatsu. Lance Dixon CM (VSM) MSCA Dip Shiatsu STAA

Cost: \$30.00 (incl. GST) - 2 lectures and light dinner & refreshments.

Applications: 1300 138 872 Alison

For further information contact: Garry Lavis AAMT NSW (Vice President)

MARKETING AND PUBLIC RELATIONS

By Theona Spurr VP Marketing

Welcome back to all for this first issue of *In Good Hands* in 2004. All members should now have received the four stickers inserted in the last issue of the Newsletter. I hope you have covered your clinics, cars, diaries or bags with them. These stickers are an ideal way to promote the Association and enhance your credibility as a therapist. May you honour the AMT Trademark by delivering the highest standards of care and professionalism to your clients.

During the last quarter, I have concentrated my efforts on establishing a 'Preferred Business Club'. Participating businesses are offering discounts on goods and services to AMT members (please see opposite page). If you intend to purchase from this list of special offers, please quote your AMT membership number for verification.

At this stage only Sydney businesses have come on board but we would like to expand the directory to include regional businesses. I welcome any suggestions from regional members for businesses

to approach. Please contact me at Head Office message@amtnsw.asn.au. I will do the legwork but I need ideas!

I have also been asked to co-ordinate the Trade Display once again for the AMT conference this year. If you would like to see a diverse range of businesses represented in the display I would love to hear your suggestions.

One of my other public relations duties involves liaising with AMT accredited schools. Over the next few months, I will be visiting the schools to promote our Association and the benefits of being a member. As an employee of one of the private training colleges, I am often asked which association I belong to. Students usually give me a strange look when I tell them I am a member of AMT. Sadly, many enrolled students have not heard of us, or even some of the other associations around. My goal this year is to educate these students and help them to make an informed decision about the professional association that will best suit their needs.

Annual Conference Update 15th Annual AMT Conference *Embracing the Future: Modalities and Change*

Shoal Bay Resort and Spa
4th and 5th September 2004

This year the conference will be held in sunny Port Stephens, approximately one hour north of Newcastle. The conference will present ten workshops or lectures, of which you get a choice of attending four to six, to give you a total of ten hours' workshop time. Also, there is an optional one-hour introductory class in T'ai Chi, Pilates or Feldenkrais for those who do not wish to participate in the Annual General Meeting.

Topics confirmed for the AMT Conference 2004 are:

Aromatherapy for pain management

Reflex Therapy – an evolution of several modalities, developed by Pierre Daavid

Stretching, for improved flexibility and range of motion of the hip

Emotional Anatomy – how we embody experience and its effect on posture

Kinesiology

Onsen muscle energy techniques for the spine, and how to integrate them into massage treatment

Spa – the relevance of the massage therapist

There are more topics yet to be finalised: two more conference workshops, a one-day workshop prior to the conference and a morning at the anatomy lab at Newcastle University following the conference. Of course, we will also be holding a Conference dinner on Saturday evening, which will be a semi-formal event incorporating the Award presentations. (This means ties, guys! And ladies, it means we get to dress up.)

Shoal Bay Resort and Spa is a fabulous venue and enough motivation alone to come to this year's conference (but I know you'll really be there for the workshops!). Shoal Bay is close to Newcastle (Williamstown) Airport and a shuttle bus operates to and from the Resort. There is also a regular bus service by Port Stephens Buses from Central Station in Sydney. The conference brochure will have more details so look for it in June in your copy of *In Good Hands*.

Be sure to get your registration in early, as this is one conference you won't want to miss.

Elizabeth Matsen

SPOTLIGHT ON PSOAS

In the June 2003 edition of *In Good Hands* we featured a brief article by Mark Deal on the postural effects of a shortened psoas muscle. Mark's article drew a response from Alan Ford which, in turn, has led to further comments from members. In this special feature, we have retraced the discussion with new contributions from Catherine Tiney and Paul Doney.

HOW DOES PSOAS INFLUENCE PELVIC TILT? By Mark Deal

Another question needs to be addressed before we can tackle the issue of how psoas influences pelvic tilt. Firstly, are we talking about both Iliacus and Psoas Major when looking at possible pelvic rotations? Though both muscles have a common insertion (or inferior attachment), the line of pull will vary depending on contraction of each of the muscles respectively. Iliacus will have a medial vector of pull providing for a possible medial rotation of the Ilium while Psoas will have a downward, lateral and anterior vector of pull with respect to the Lumbar spine. For the sake of argument, I will concentrate on the role of Ilio-psoas as a combined muscular structure.

The iliopsoas is mainly a hip flexor and weak lateral rotator, and shortening will result in pulling the iliac bone anterior-inferior, increasing the lumbosacral angle and increasing lumbar lordosis.

<http://www.chiroweb.com/hg/10/03/25.html>

Michele wrote a 550-page book, *Iliopsoas*, in which he relates psoas spasm to pelvic tilt, exaggerated lumbar lordosis, compensatory dorsal kyphosis, back pain, sacro-iliac dysfunction, degenerative hip arthrosis, degenerative disc disease, spondylolysis, spondylolisthesis, scoliosis, malposture, and meralgia paraesthetica, among others. (Michele AA: *Iliopsoas*. Springfield, Ill: Charles C. Thomas, 1962)

The next question we would have to consider is which other muscles and structures are involved with a particular pelvic tilt or rotation? Below is a table of projected alignments of the Pelvis and Lumbar spine with respect to muscles of the lower trunk and thigh.

<http://www.hscsy.edu/cdb/grossanat/limbs10.shtml>

I think the question requires more discussion and maybe a more concise questioning. A test that may indicate tight iliopsoas is suggested by Michele. (Michele AA: *Iliopsoas*, 1962)

Client lies at end of table with uninvolvement right hip flexed. Examiner extends the left knee and flexes left hip as far as client will allow. Examiner's left hand is placed on client's left ASIS in order to palpate for anterior rotation of the innominate (ilium). Examiner then allows the left leg to drop (towards extension). If examiner palpates ASIS movement before the leg reaches 30 degrees from the horizontal, there is significant hip flexor tightness. The hip should be able to extend 20 to 30 degrees below the table with ASIS movement.

ALIGNMENT OF THE PELVIS

MUSCLE GROUPS	Pull On The Pelvis	Pelvic Alignment	Lumbar Spine Alignment
Posterior Back: Erector Spinae	Posteriorly & Upward	Anterior pelvic tilt	Increased lordosis
Anterior Abdominal: Rectus Abdominis, Ext. Oblique	Anteriorly & Upward	Posterior pelvic tilt	Decreased lordosis - Flat back
Hip Extensors: Gluteus Maximus, Hamstrings	Posteriorly & Downward	Posterior pelvic tilt	Decreased lordosis – Flat back
Hip Flexors: Iliacus, Psoas, Tensor Fascia Lata, Rectus Femoris	Anteriorly & Downward	Anterior pelvic tilt	Increased lordosis
Hip Abductors: Gluteus Medius, Gluteus Minimus	Laterally & downward on same side	Ipsilateral tilt downward	
Lateral Abdominal: Internal Oblique, Transversus Abdominis	Medially and upward on same side	Contralateral tilt downward	

THE PSOAS QUESTION by Alan Ford

I would like to take this opportunity to present an opposing view in relation to the shortened psoas muscle. The conventional view is that a shortened psoas will increase lumbar lordosis and increase anterior pelvic tilt but I believe that the opposite is the case. I base my findings on both clinical and practical experience which includes 25 years as a physical training instructor and 10 years as a sports and remedial therapist.

I and many other therapists believe that a shortened psoas muscle causes the pelvis to tilt in a posterior direction and encourages a loss of lumbar curvature. I base this partly on observation of the pelvis and lumbar spine during one of the most common of all gym exercises to strengthen and shorten the psoas muscle.

The exercise uses a roman chair which enables the athlete to maintain their body weight on their forearms, with the lower thoracic and lumbar part of the back pushed into a padded backboard and the feet clear of the ground. To fully shorten the psoas/iliacus the knees are flexed and once the quadriceps are in a horizontal position the athlete is encouraged to raise the knees in an arc up and inward toward the chest. This exercise is complete when the psoas and iliacus are in their most shortened position, the lumbar curvature is completely lost (and in fact reversed) and the pelvis is tilted posteriorly.

My clinical findings also support this theory. Most clients who have a career where the majority of their work time is spent in a sitting position i.e. with the psoas shortened, have posterior pelvic rotation, flat lower back and short hamstrings.

When considering the above issues we should remember that lumbar spine facet joints move sideways, forward, and in this case, backward. The sacro-iliac joint opens and the hip joint is also very flexible. The pull of the psoas muscle is up and towards the origin of the muscle at the lumbar vertebra, the femoral head will glide forward and the psoas pulls in a forward and upward movement as the pelvis moves into posterior rotation.

During my workshops, I ask students to place their thumbs on either side of the navel (i.e. each thumb is lateral to the navel) and to push posteriorly with the thumbs toward the psoas origin. With the index fingers stretching inferiorly to the point of distal attachment of the psoas/iliacus, I ask the students to induce anterior rotation of the pelvis. In doing so, they always note that the psoas increases in length as it must stretch over the excessive lumbar curve and that the distal attachment has now moved downward and under the rotation of the pelvis. I then ask the students to reverse the action previously described and when taking the pelvis into posterior rotation and lumbar kyphosis the index finger and thumb come together as the psoas shortens.

The reason some therapists may take the opposing view of the postural influence of psoas is that, when

they conduct the Thomas test to measure the length of the psoas muscle, many people with excessive lumbar curvature appear short in the psoas. I believe that this is due to the extreme amount of tensile stress in the muscle - when applying the Thomas test, the muscle is so over stretched it is unable to stretch any further, giving the impression that the muscle is short.

I would like to finish by asking two questions of those of the opposing view regarding this matter:

1. Why is it that the two most common exercises to stretch the psoas are the lunge, and lying prone with the pelvis in contact with the floor and arms straightened to raise the chest off the floor thus encouraging excessive lumbar curve?
2. Would you advise the following as a psoas/iliacus stretch: client supine on the floor with knees toward the chest as tight as possible to reverse the lumbar curve and remove the anterior rotation of the pelvis?

TO TILT OR NOT TO TILT? by Catherine Tiney

As skilled practitioners we need to utilise a combination of practical, clinical observation with sound anatomical understanding. When we observe a postural pattern in the body it is important to distinguish the cause and effect. If we observe that a client has a posterior rotation of the ilium on both sides (posterior pelvic tilt) we need to be careful not to assume that it is because of a tight psoas even if the client also happens to have a tight psoas. There is a very good chance that their hamstrings or rectus abdominus are shortened and holding the pelvis in this position.

Given the complex function of the psoas, it is far too simplistic to conclude that because the client has a posterior rotation and a contracted psoas (on palpation) that therefore the psoas causes the posterior rotation.

One of the first principles of the effect of each muscle on its surrounding structures is that a muscle can be tight and short (which pulls the two ends together) or it can be weak and long (which allows the two ends to move further apart). However, if a muscle is required to work hard in a lengthened position it can also become tight and long (for example, tibialis posterior in someone with pronated feet). Also, muscles which have been overworking in a shortened position can become weak due to tightness and Trigger Points (for example, pectoralis major and minor in someone with forward, internally rotated shoulders). If we then re-examine our client with a posterior rotation, tight psoas and tight hamstrings, we may find that the psoas is working in a lengthened position (when standing).

Let us also further this discussion with the example Alan used of the 'Roman Chair'. Alan rightly describes this as an exercise for the psoas but it is considered by many gym participants to be an abdominal exercise. I see the Roman Chair as a perfect piece of equipment to demonstrate that the

Spotlight on Psoas

psoas causes lumbar lordosis when contracted. A gym instructor may say 'make sure when you do this exercise that you keep your lumbar spine flat against the back rest to work your abdominal muscles'. Most participants find this instruction near impossible unless they have extremely strong abdominal muscles because, as soon as the psoas activates, a lumbar lordosis occurs then, once hip flexion increases, the lumbar lordosis is lost due to the normal biomechanics of the body. People with normal flexibility may reach 30 degrees knee flexion (from legs in horizontal position) before loss of lordosis occurs but those with less flexibility in the hips will lose the lordosis sooner due to stretching of the posterior soft tissues.

Finally, I would like to address at least one of the questions Alan posed to those with an opposing viewpoint. The question Alan asked was why would you use a lunge position to stretch the psoas if the psoas is in a shortened position during an anterior pelvic tilt? The answer is in how one does the lunge. To effectively stretch the psoas the pelvis needs to be stabilised (by actively rotating the pelvis posteriorly) before moving into the stretch position. It is then possible to feel a very effective stretch deep in the psoas region.

I congratulate Alan on stimulating healthy discussion in our Newsletter.

PSOAS REVISITED by Paul Doney

The psoas muscle has its origins on the transverse processes and the lateral aspects of the vertebral bodies and intervertebral discs from T12/L1 to L5. Its insertion is on the lesser trochanter of the ipsilateral femur. As such, the muscle crosses 5 or 6 sagittally oriented synovial facet joints and their accompanying fibrous, intervertebral joints, as well as the combined fibrous/synovial sacroiliac joint and the synovial, ball and socket hip joint. You would be hard pressed to find another muscle in the body that crossed so many joints with such a wide range of structures and functions. In addition, the attachments of the psoas lie roughly equidistant, superior and inferior, to the centre of gravity of the body, which lies in the midline approximately at the level of the S2 segment of the sacrum. Thus actions of the psoas will be intimately linked to balance mechanisms in the body. The direction of individual muscular fibres in psoas varies from approximately 15° to the vertical, to 30°. Therefore, individual fibres of psoas are capable of applying force at considerably different angles through the lumbar-pelvis-hip joint complex.

The anatomy and mechanics of the psoas are further complicated by the blending of fibres near its distal attachment with those of iliacus. There is also the variable size and even absence of psoas minor

(which does not cross the hip joint) and the close association of the lumbar plexus.

Another factor to consider is the general principle that when a muscle crosses two or more joints accessory muscles generally act to stabilise the joints and position them to permit the most efficient or mechanically advantageous use of the primary muscle. The effect of this where the psoas is concerned is that, in many situations, muscles such as the hamstrings, rectus femoris and the abdominals act to stabilise the pelvis and therefore maintain an efficient use of the psoas muscle.

Finally, the actions of many muscles vary when we consider them in a weight bearing situation (closed chain) versus a non-weight bearing situation (open chain).

I have prefaced this discussion with a brief description of the complexity of the anatomy and function of the psoas in order to emphasise that any discussion of the biomechanics of the psoas will be inadequate to the task unless you are talking about a text such as the 550-page, "Iliopsoas" by Michele¹. With this caution in mind, let's take an experimental look at just a **few** actions of the psoas using our own bodies (or that of a client) as a model. In the following exercises place your hands on the muscles described to feel them turn on and off.

Position: Supine (Open Chain)

- a) **Lying supine on your table and lifting one straight leg** obliges the contralateral hamstrings to fire (you will feel the contralateral heel push into the bench). This produces a pull on the ischial tuberosity that will stabilise the pelvis and prevent it going into anterior rotation. Most people will keep the toes of the lifted leg pointing toward the ceiling when doing this. In order to do so they have to contract their adductors (which also work as internal rotators of the hip). When the hip is then externally rotated you will feel the adductors soften. But the external rotators will remain soft as the psoas is doing the external rotation.
- b) **Move to one side of the bench so that one bent leg can fall over the side of the bench** without you having to use much muscle energy to stay on the table. Now when the leg on the table is lifted in a straight leg raise the contralateral hamstrings cannot fire to compensate for the potential anterior rotation of the pelvis, so the abdominals will work to hold the pelvis stable. The same applies for the activity of the adductors as in the previous point.

- c) **With both legs back on the table contract the abdominals and the psoas** with the intent of doing a sit-up. You will notice that the heels do not press into the table (they may even raise off the table). Very soon in this process you will feel the rectus femoris muscles contract. This engages the weight of the legs on to the pelvis via the attachment of the rectus femoris to the AIIS. This holds the pelvis in a stable position against the pull of the abdominals. There may be some activity in the hamstrings but it will not be great. Again we have to consider the action of the adductor muscles. If you turn the leg outward you will notice that this time the adductors will not soften as they are also needed to stabilize the pelvis against the pull of the abdominal muscles.

A second way to look at the psoas is to consider a client who you believe has a psoas contracture in the standing position

Position: Standing erect (closed chain)

Scenarios:

1. **Client standing with bilaterally hypertonic psoas muscles.** You will observe an increased lumbar lordosis with accompanying anterior pelvic tilt and protrusion of the lower abdomen. There will also be a slight increase in the size of their 'love handles' due to a compressive effect through the lumbar region.
2. **Client standing with a hypertonic right psoas muscle.** You will observe a minor lumbar scoliosis, concave to the right. The right side of the pelvis will be anterior to the left side i.e. there will have been rotation of the pelvis in the horizontal plane. This can be observed, statically palpated or motion palpated. If you kneel behind the client and place your hands around their ilia so that your fingertips are over the ASIS you can feel this static malalignment. When you then move the pelvis of your standing client so that it rotates around a vertical axis (alternately pulling your hands back toward yourself) you will find that the pelvis moves less easily in a posterior direction on the side of the tight psoas.

References:

Michele AA: *Iliopsoas*. Springfield, Ill: Charles C. Thomas, 1962.

Editor's note: Would you like to add to this ongoing discussion on the psoas? Please email all contributions to rebeccabarnett@optusnet.com.au or call me to discuss your ideas on 0414 732873.

Do you massage (or message) online?

By Kirsten McCulloch

This is the first in a series of articles reviewing websites relevant to massage therapists. Future articles will feature reviews of web sites fitting into a particular theme. In this introductory article, however, it seems appropriate to cover a few different types of web sites.

Massage Community Site

The first community site reviewed here must be our very own online **Bulletin Board**, which has a link from AMT's home page: www.amtnsw.asn.au.

GENERAL DESCRIPTION

Our bulletin board has been around for a few years now (please see screen shot opposite). It provides a space for massage therapists to ask and answer questions, informally review the latest massage book you may have read or post a job opportunity. You can post messages under existing categories or create a new category. Some of those categories include:

- Body of Knowledge/Recommended texts
- Current Events
- Equipment sought or for sale
- Job, Clinic & Volunteer opportunities
- Seeking nearby therapists
- Trainings, meetings and groups, and
- Working with particular conditions.

There is also a category at the top called 'New Questions' which contains any new items posted in the past month.

Sole Modality Site

The Rolf Institute® of Structure Integration, www.rolf.org is an American website with information for Rolfers, clients and other body workers.

GENERAL DESCRIPTION

A lot of work has gone into this site. It contains information on how to find a

AMTNSW

greenspun.com : LUSENET : One Forum

Moderator:
kem@smop.net

[[Ask a Question](#) | [Unanswered Questions](#) | [New Answers](#) | [About](#) | [Publisher](#)]

New Questions

- [URGENT - PT & FT Therapists wanted for Day Spa](#)
- [Business Opportunity - complement your practice](#)
- [Fantastic Opportunity](#)

Older Messages (by category)

- [Board Admin](#) (5)
- [Body of Knowledge/Recommended texts](#) (16)
- [Current Events](#) (12)
- [Equipment sought or for sale](#) (17)
- [Health Funds](#) (2)
- [Job, clinic, and volunteer opportunities](#) (105)
- [Other organisations](#) (2)
- [Questions about working in the massage industry](#) (14)
- [Seeking nearby therapists](#) (7)
- [Trainings, meetings and groups](#) (38)
- [Working with particular conditions](#) (10)
- [Uncategorized](#)

EASE OF NAVIGATION

Getting around this site is quite straightforward. There is no need to register in order to post or read messages, and no need to be web savvy. Simply go to the front page, and either click on the message topic that catches your eye, or click on 'Ask a Question' at the top left, to post a new question or topic for discussion.

APPEARANCE AND SPEED

This site is very basic in its look and feel. There are no fancy graphics—in fact there are no graphics at all. This makes for a boring but functional site, which is fairly quick to download.

Rolfer, how to become a Rolfer and, of course, what Rolwing® is. It also contains a good deal of research, which would be the main point of interest for other body workers.

EASE OF NAVIGATION

For the most part this is a clear, easily navigated web site. It is broken into six categories which always remain linked across the top of each page: About Rolwing, Locate a Rolfer, Become a Rolfer, The Rolf Institute, In the Media, and The Rolf Bookstore. Each of the top level categories then breaks down further, giving you a list of topics down the left hand side of the page.

For instance, the topics listed under 'In the Media' are:

- Press Release
- Press Coverage
- Peer Journals
- TV Coverage
- Endorsements
- Articles

All of these are fairly self explanatory. Under Press Release is a list of releases, each one linking to the full text. One titled "*New Low Back Pain Research: Published in the Journal of Orthopaedic and Sports Physical Therapy and Reviewed By the Journal of Alternative Therapies In Health And Medicine*" was

Massage research site

The American Massage Therapy Association Foundation website, www.amtafoundation.org is a great site, containing a lot of fascinating research.

GENERAL DESCRIPTION

This site contains lots of research into the benefits and practices of massage. The mission statement on the front page states that "The AMTA Foundation advances the knowledge and practice of massage therapy by supporting scientific research, education and community service." It does this both through providing research grants and through its online resources and research database.

There is an online database of research that claims to have over 3700 records as of July 2003 and is updated every 6 months. This database allows you to search by author, date, publication type, keyword etc, and then gives you a list of citations that you can print out and take to the library in the hope of accessing.

Alternatively you can take a look at Articles of Interest in the Online Resources section, which

dated April 2001, so the research might not be so 'new' anymore, but it remains an interesting read.

If you are wondering about Roling training courses available in Australia, it may take you a while to find the current schedule. While you would naturally click on the 'Becoming a Rolfer' tab at the top of the page, you then need another three clicks to find the schedule. And you then need to scroll down a long way to find courses in Australia.

APPEARANCE AND SPEED

This is a nicely set out site, designed for comfortable viewing in a screen set to 640x480 or more. It downloads quite quickly with few unwarranted graphics.

Alternatively you can take a look at Articles of Interest in the Online Resources section, which contains 39 articles at the time of writing, on various research topics such as 'What signs and symptoms can be used to differentiate low back pain of a musculoskeletal origin from a potentially more serious non-musculoskeletal condition in a 12-year-old girl?' and 'Overuse tendinosis, not tendinitis - Part 1: A new paradigm for a difficult clinical problem'.

EASE OF NAVIGATION

Overall, this site is reasonably easy to navigate. It has five fairly self-explanatory tabs across the top of the page, including Grants, Online Resources, and Research Database. Under each tab there is a further set of topics.

APPEARANCE AND SPEED

Well designed to fit onto a 640x480 screen, there is plenty of clear space making it easy for online reading. However, the graphics on the front page are slow to load, and the tabs at the top of every page are not much faster. While most of the text is black on a white background, there is one section of white text on a navy background, which is much harder to read.

If you would like to recommend a particular site, please drop me a line c/o of *In Good Hands*, or send me an email: kem@smop.net.

However, I will be unlikely to review sites whose primary purpose is to promote a particular therapist or clinic. Let me know!



American Massage Therapy Association Foundation

Members' Day Review:

Treatment of the Pelvic Floor

By Jason Kiely

On Sunday 16th November, Paul Doney presented his workshop on treating the Pelvic Floor. He introduced members to the concept of working with muscles that we rarely talk about let alone palpate.

Why should Massage Therapists enter this taboo realm? Isn't it fraught with danger? Well, the answer is that when the muscles of the pelvic floor become dysfunctional they can give rise to distal and seemingly unrelated issues such as headaches, neck pain and problems with gait mechanics. Yes, if you approach this area of the body with the wrong attitude and intention you may leave yourself open to misinterpretation by the client, which obviously has serious consequences but Paul clearly demonstrated the value of keeping this region of the body in the biomechanical equation.

Paul's reason for formulating this workshop is the growing need for therapists to address a number of issues that directly or indirectly involve the pelvic floor musculature. Hence, the course was designed to give members a brief introduction and overview of what is involved in the assessment, treatment and possible referral of conditions related to this area. A large part of the day was dedicated to the anatomy of the pelvic bowl and related structures, which was very thorough to say the least. Paul actually commented that he didn't realise how much he didn't know about the pelvic floor anatomy until he put this workshop together!



Paul demonstrates a pubic bone technique

With this complex anatomy in mind, participants could begin to comprehend some of the pathophysiology of the pelvic floor including problems arising from: surgery, childbirth, pelvic and coccygeal fractures or strains, constipation, incontinence and even prostate problems.

The practical component of the day involved Paul demonstrating a number of techniques and assessments. These were performed through clothing or a towel and, as such, were not invasive. As part of a prevention, maintenance or rehabilitation program we also covered various pelvic floor exercises stemming from Yoga and Pilates.

The most fascinating part of the day for me was the discussion on squatting for defaecation (and no I don't think it's because I'm retentive!). When you have an understanding of the pelvic anatomy, in particular the puborectalis muscle, sitting down to take a crap seems a crime against your body - you risk being punished in the most insidious ways! Paul provided some good material on this subject from a booklet by Wallace Bowles called 'Improving on the World's Greatest Invention'.



The double leg-pull ...!

The booklet explains how the main control of faecal continence is not via the anal sphincter but the puborectalis. This muscle forms a sling around the rectum which is pulled tight when seated, forming a kink (called the **anorectal angle**). The muscle only relaxes in a squatting posture when the feet bear the weight of the entire body. The theory goes that in a seated position bowel movements are forced to travel through this kink by increasing internal colon pressure thereby placing muscles, nerves and other structures under excessive pressure or stretch, leading to injury. This pattern is exacerbated by the fact that some of these internal structures lack sensory innervation so an individual may be unaware of the damage being done during every seated evacuation. Bowles largely uses anecdotal evidence to support the efficacy of his claims, but asserts that conditions such as: constipation, incontinence, haemorrhoids,

diverticulitis, prostate problems and Crohn's disease can be alleviated by squatting. Apparently studies are now under way at James Cook University into the long-term effects of squatting for bowel function.

So what are the ethics and legalities of treating the pelvic floor? Paul discussed this crucial area at some length. Ethically, the therapist must be very clear and focused in their intentions. They must be able to justify the reasons for examination and assessment of the pelvic floor and always respect the client's needs and requests.

Legally, it is still a bit of a grey area. AMT has made inquiries to various insurers on the legal ramifications for massage therapists and so far the results look promising. Therapists will have to gain written consent for treatment of the pelvic floor from the client and inform the insurer of the nature of these treatments and/or modalities. We will keep members up to date with information and developments in future newsletters.

Overall, this was a well put together and presented day. For those who are interested in studying with Paul, he can be contacted via email at pdoney@yourhealth.com.au for information about upcoming workshops.

BUILD YOUR OWN ELECTRIC MASSAGE TABLE

Full set of comprehensive set of plans to build your own massage table

- Professionally engineered plans.
- All the information you need to build your own electric table or have some one build it for you.

It's time to put your back first!

Full set of plans **ONLY** \$49.95 plus \$5.50 postage

Phone 1800 632 042 and leave your details or call direct on 07 4151 5345 or Write to Chris Lewin at P.O. Box 7145 Bundaberg Qld 4670.



Conference Accommodation Preplanning

The AMT 2004 Annual Conference is planned for 4th and 5th September at the Shoal Bay Resort on Port Stephens, NSW. We are planning to provide a conference accommodation request list for those who may wish to economise by sharing.

Single room accommodation, which can also include spouses, will range in cost from \$120 to \$190 per night. Twin share, will range from \$75 to \$120 per night. Triple share will range from \$80 to \$90 per night. Configurations of single rooms include King size bed solo, or with 1 sofa, or with 2 single beds. Configurations of 2 bedroom units include King size beds in each room, or Queen size bed in 1 room with 2 singles in the other room. Prices quoted are room only and are based on one delegate per bed - spouses invoke some extra economies.

AMT has undertaken to arrange sharing requests. This will be done by Joel Morrell at **Nambucca Heads** and not at the AMT office. Priority of allocation will be determined by sequence of written request to **The President, 35 Eggleton St, Hyland Park, NSW 2448**. Do not send a deposit at this time! Conference Registration Forms and Booking Forms for Accommodation will be in your June Newsletter. If you wish to share, and especially if two or more delegates wish to share with each other then **write as soon as possible** to Joel Morrell to be priority listed for your requests.

Optimising Conference Time

A constant challenge at each AMT Conference has been the length and format of the AGM. Do we streamline or allow a talkfest? This year we will experiment with a new format.

It is proposed on Saturday to provide three key optional seminars for those with special interest in each topic. Currently we have in mind a session on Education issues, one on WorkCover issues, and one on dealing with Health Funds all to be held separately so it will be possible to nominate for all three. A brief report will be presented from each at the AGM, which will occur early on Sunday.

Later on Sunday, there will be 2 or 3 more seminars, such as Regional Issues and isolation problems, Marketing, and possibly Pathways for People and Assessment issues. If you would like to nominate in advance for any of the above, or request a time be provided for another issue, then write now to **The President, 35 Eggleton St, Hyland Park, NSW 2448**. (Do not send your requests to Head Office.)

Frequently Asked Questions

Compiled by Melanie Elsey

I have lost my membership renewal form - how much do I have to pay?

Auxiliary	\$ 44.00
Student	\$ 30.00
General	\$104.00
SL1	\$131.00
SL2	\$170.00
SL3	\$192.50

I am going overseas for a year/currently pregnant and don't require full membership at this time. What should I do?

You can become an Auxiliary Member. This enables you to retain membership and continue to enjoy receiving our Newsletter thereby keeping you up-to-date. To change to this level of membership, simply return your Membership Certificate and Code of Ethics and send annual payment of \$44. We will return your Certificate and Code and reinstate your full membership upon request and payment of the appropriate annual fee.

I am late with my renewal. Do I need to pay extra?

All renewals are due on the 1st of the month. A reminder is sent in the first week of the month after your renewal is due if we have not received payment by then. This reminder explains that if you do not pay by the end of that month, your file will be archived and you will be required to pay a late fee of \$15.00 to be re-activated.

The reminder will also explain that any member who does not pay the late fee in the following month will need to re-apply for membership and pay a new application fee in addition to their annual fee.

For example, your renewal is due 1st April 2004. Payment is not received by 30th April 2004 and a reminder is sent. If payment is received by 31st May, there will be no additional fee. If payment is received after 31st May and before 30th June, you would be required to pay a late fee of \$15.00. If payment is received after the 30th June you would be required to re-apply for membership. However, if you have not paid any fees by July 1st you will be notified that you are no longer a financial member of AMT. At this point, your name will be withdrawn from our health fund list.

How many CEUs do I need?

The quota for CEUs is 300 points for the current three-year period. Each new member needs 300 points in the first three-year period of membership. At the end of this period the CEU system becomes a rolling triennium, i.e. CEUs gained in the 1st year will be eliminated. We strongly recommend that you average 100 CEUs per year.

How do I get my CEUs up to date?

- ✓ the most efficient way to get your points is to attend the AMT Annual Conference every year. This will give you 100 points for both days of the Conference (50 points for one day).
- ✓ you can attend Members' day workshops (usually 35 CEUs each), write articles, case histories or book reviews for the Newsletter.
- ✓ you can do a First Aid course and/or some of the courses presented by Sports Medicine Australia.
- ✓ You can attend a workshop held by our accredited workshop presenters listed in the Calendar of Events in the Newsletter.
- ✓ you can buy one or more of the home study modules being offered by AMT. Currently we have modules in A&P for General level, SL1 and SL2/3; Pathology, and Law & Ethics. A module can be sent to you on receipt of \$55.

How many CEUs will I get for ...

- all events organised by the AMT and AMT accredited workshops you will receive 5 CEUs per 1 hour of attendance
- non-accredited workshops etc you will receive 1 CEU per hour of attendance
- substantial university studies in an allied course (e.g. nursing, psychology, human movement) will attract 300 CEUs per year for full time study and 150 for part time study.

I have been very busy with other things, I do not have the time to do CEUs.

It is always a good idea to submit everything you have done and let us have a look as a variety of things may give you some points e.g. subscription to reputable massage magazines, lectures to local groups, articles on massage in your local paper

I cannot possibly do the CEUs ... so now what?

Quite often you may have done courses in relation to massage and do not think they are worth any CEUs. Send the information in with your next renewal for us to assess. Don't forget to give us all the information required to assess them properly.

If you have done absolutely nothing, you may become a Non-CEU member. This enables you to remain at your current level of accreditation and still receive most of the benefits of AMT membership. However, as you have chosen not to do Continuing Education, we will not endorse you with health funds (you will come off our health fund lists), we will not offer referrals for you, and you will not be able to advertise under our logo in the Yellow Pages or on our website.

Stay tuned for me FAQs in the next edition.

Health Fund Status

If you are up to date with insurance, first aid and CEUs there is no need to apply individually to each health fund. AMT has negotiated provider status with the Health Funds listed below and your name will be forwarded 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. All other members will need to apply individually.

Health Funds and Societies	Status
ANZ Health Insurance (HBA)	A
Queensland Country Health	A
Railway and Transport Hospital Fund	A
Reserve Bank Health Society	A
ACA Health Benefits Fund (ARHG)	B
Australian Regional Health Group	B
Cessnock & District Health Benefits Fund (ARHG)	B
Commonwealth Bank Health Society	B
Defence Health (ARHG)	B
Federation Health (ARHG)	B
GMHBA (ARHG)	B
Health Insurance Fund of WA (ARHG)	B
Latrobe Health Services (ARHG)	B
Lysaght Peoplecare (ARHG)	B
Manchester Unity	B
Mildura District Hospital Fund (ARHG)	B
NSW Teachers Federation Health Society (ARHG)	B
Phoenix Health Fund (ARHG)	B
St Luke's Medical & Hospital Benefits (ARHG)	B
Teachers Union Health (ARHG)	B
Transport Health (ARHG)	B
United Ancient Order of Druids (ARHG)	B
Westfund Health Fund (ARHG)	B
Australian Health Management Group	C
Cardmember Health Insurance Plan (HBA)	C
Gay & Lesbian Health Fund	C
Geelong Medical Benefits Fund	C
Government Employees Health Fund (AHMG)	C
Grand United Friendly Society	C
HBA (formerly AXA)	C
HCF	C
HealthCover Direct (HBA)	C
Mutual Community (HBA)	C
National Mutual Health Fund	C
NIB	C
NRMA Health	C
Super Health Plan	C
Victorian WorkCover Authority	C
MBF	D
Medibank Private	E
Australian Unity	F

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. Same criteria as for F below.
Must send signed consent form to AMT with practice receipt(s).
Please note: All other members please apply directly to MBF

E. Same criteria as for F below.
Must complete an application form (available from AMT).
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 you must:

1. Be financial and have a commitment to ongoing education (i.e. an average of 100 CEUs per year)
2. Provide your clients with a formal receipt, either computer generated, or with rubber stamp or address label clearly indicating practitioner's name, AMT member number (e.g. 1-1234), 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.
3. Provide AMT Head Office with a practice address (or business address for mobile practitioners; no PO Boxes) - failure to supply these details to us will result in your name being removed from health fund listings.
4. Notify AMT HO of all relevant practice addresses.
5. Include a copy of one of your receipts (for each practice address) to Head Office with your next AMT membership renewal or correspondence.

Please check the AMT website for further information on specific Health Fund requirements.
www.amtnsw.asn.au/hfunds.html

AMT Calendar Of Events

March to June 2004

Courses accredited by AMT attract 5 CEUs per hour
 Courses not accredited by AMT attract 1 CEU per hour
 Please check dates and venues with the contact person before you attend

		CEUs
MARCH 6, 7, 27, 28	Myofascial Release 1 – Fundamentals (32 hours). Presented by Patricia Farnsworth. Brisbane. Ph 1800 101 105	160
13, 14, 20, 21	Post-graduate clinical massage: Massage and Disorders Presented by Dr Robyn Beirman and Dr Sharon Eaton Crows nest Community Centre Ph: 9908 1532	140
27, 28	Chi Acupressure Massage. Presented by Master Zhang Hao Burwood. Ph: 9899 9823	70
APRIL 2 –5	Myofascial Release 1 – Fundamentals (32 hours). Presented by Patricia Farnsworth. The Centre, Randwick. Ph 1800 101 105	160
4	AMT members' day - Joints and Ligaments Presented by Mark Deal. Bondi Junction (see insert for details).	35
4	Lower back pain and Pelvic Stability. Presented by John Bragg Katoomba. Ph: 4782 5092	35
MAY 1, 2, 22, 23	Myofascial Release 1 – Fundamentals (32 hours). Presented by Patricia Farnsworth. Brisbane. Ph 1800 101 105	160
3	Functional Core Stability. Presented by Sonja Schulze St Leonards. Ph: 4782 5092	35
17	Functional Core Stability. Presented by Sonja Schulze. St Leonards. Ph: 4782 5092	35
27-31	Myofascial Release 3 – TMJ and Cranial (60 hours) Presented by Patricia Farnsworth. Brisbane. Ph 1800 101 105	300
29,30	Chi Acupressure Massage. Presented by Master Zhang Hao Burwood. Ph: 9899 9823	70
31	Functional leg alignment. Presented by Sonja Schulze St Leonards. Ph: 4782 5092	35
JUNE 12, 13, 19, 20	Myofascial Release 1 – Fundamentals (32 hours). Presented by Paul Doney. The Centre, Randwick. Ph 1800 101 105	160
19,20	Chi Acupressure Massage. Presented by Master Zhang Hao Newcastle. Ph: 9899 9823	70
21	The Functional Shoulder. Presented by Sonja Schulze St Leonards. Ph: 4782 5092	35
27	AMT members' day. Topic and venue to be announced in the June newsletter	35
28	The Stable Spine. Presented by Sonja Schulze St Leonards. Ph: 4782 5092	35