

In Good Hands

*The newsletter of the Association of
Massage Therapists Ltd*

March 2005



Rolling in the new Continuing Education Unit (CEU) system

In the December issue of *In Good Hands* AMT President Joel Morrell announced that the Association would be phasing in a new CEU system in 2005.

The proposed changes are intended to make the system more user-friendly and to acknowledge the challenges faced by practitioners located in remote and regional areas.

Essentially, the new CEU system will give members the opportunity to gain 50% of their CEU quota within their own rooms and 50% on their own turf. This should greatly assist members who do not have ready access to accredited workshops and/or an active regional group running regular members' days and meetings.

AMT still encourages members to attend accredited workshops wherever possible.

Members who wish to remain eligible for provider status

with health funds will need to maintain a minimum of 100 CEUs per year, every year.

What's new: peer review

We will be introducing several new ways to accrue CEUs throughout 2005. The first phase includes a formal peer review process with documentation supplied by AMT.

Each peer review will be worth 5 CEUs to a maximum of 20 points (4 reviews) a year.

So, what exactly is a peer review? This is when you ask an experienced colleague to give you an honest assessment of your skills and competence as a therapist - after they have received a treatment from you! If you have fallen into bad habits, a trusted colleague will definitely let you know. Peer support, mentoring and professional development all rolled into one neat package.

The Association has designed documentation for this peer review process. The new peer review form has been included as an insert in this newsletter. Please make a few copies so you have enough spares for the year ahead.

The form must be completed by a qualified massage therapist (ideally fellow AMT member) immediately after the treatment. Then you must retain the form until you submit your application for CEUs with your annual renewal. Attach the completed review(s) to your CEU record and you will be credited with 5 CEUs per review.

If you would like to claim CEUs as a peer reviewer (i.e. by completing a review of an AMT colleague's treatment) you should retain a copy of the completed peer review form for your own records and submit this with your annual renewal. You can claim up to 20 CEUs per year (4 reviews). **Please note** that you

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cannot review the same member more than once in the same year.

AMT will also be introducing a review form for regular clients to fill out as part of the next phase. The same CEU reward system will apply – 5 CEUs for each review submitted to a maximum of 20 per year. Watch this space!

What's new: rewards for reading your newsletter

AMT will also now reward members for reading the Newsletter from cover to cover (thereby keeping their finger on the pulse of all things industry and AMT-related). In each issue of the Newsletter we will publish a question, the answer to which will be somewhere in the pages of that issue. Complete all four questions in a year and you will receive 10 CEUs. You will find the first newsletter question below.

Please note that we will not award any points unless you have answered all 4 questions within your CEU period. (So, if you renew your membership in July, you should have answers covering the previous September, December, March and June issues of *In Good Hands*).

We have redesigned the CEU form with space for your answers. You can download the new CEU form from the AMT website or simply wait for one to be sent to you with your next renewal.

What's new: rolling over excess CEU points

To remain eligible for provider status with the health funds, members must maintain a minimum of 100 CEUs per year.

However, if you achieve more than 100 CEU points in a year, the extra points will be rolled forward into the next year. If you achieve more than 300 points in a year, the points will be allocated at 100 each for the next three years but any other excess falls

away. The basic requirement is that you achieve a minimum of 100 points every year.

The examples on the opposite page should help to clarify how excess points will be rolled forward.

Please note: If you currently have excess points from the last year, they will be rolled forward at your next renewal according to this new system. You will still receive the full CEU reward.

Example 1:

Maintaining an average 100 CEUs per year with a small excess carried forward.

At the end of the first year, you have the required 100 CEUs; at the end of the 2nd year you have the required 100 CEUs and an excess of 5; at the end of the third year you have the required 100 CEUs and an excess of 30 CEUs. You will now need to gain only 70 CEUs in the fourth year to maintain 100 CEUs a year.

Example 2

Gaining excess CEUs in first year, need to gain balance by 3rd year to maintain 100 CEU per year average.

During the first year you have gained 270 CEUs, the excess of which has been rolled forward. At the end of the first year you have been allocated the required 100 CEUs; same in the second year. In the third year you will need to gain 30 CEUs to maintain average of 100 CEUs per year.

Example 3

Gaining excess in 1st year, need to maintain average in 4th year to ensure minimum of 100 CEUs per year.

During the first year you have gained 460 CEUs which have been allocated thus: 100 for the first year, 100 for the second year and 260 (the remaining balance) for the third year. As excess CEUs can only be rolled forward for a maximum of 3 years, you will now be required to gain 100 CEUs in the fourth year to maintain average of 100 CEUs per year.

Newsletter question - March edition

What does the abbreviation VSR stand for?

Please write your answer in the space provided on your CEU record sheet and retain it until you submit the form with your annual renewal. Blank CEU forms can be downloaded from:

http://www.amt-ltd.org.au/index.php?Page=Members_CEU_1.php

Rolling over excess CEU points

Example 1: maintaining average 100 CEUs per year with a small excess carried forward:

Date	Event/Activity	CEUs	Ongoing total
Year ending Mar 05	Attended AMT Annual Conference	100	100
Year ending Mar 06	Attended 2 day AMT Accredited workshops and AMT Members Day	105	200 (excess of 5 to be rolled forward)
Year ending Mar 07	Completed Senior First Aid Renewal and attended AMT Members Day	125 (+ 5)	300 (excess of 30 to be rolled forward)
Year ending Mar 08	Excess 30 CEUs rolled forward	30	Need to get 70 CEUs this year

Example 2: gaining excess CEUs in first year, need to gain balance by 3rd year to maintain 100 per year average:

Date	Event/Activity	CEUs	Ongoing total
Year ending June 05	Attend 54 hour AMT Accredited workshop (270 CEUs)	100 (+ 170)	100 (170 excess to be rolled forward)
Year ending June 06	No need to gain CEUs as 170 excess is rolled forward	100 (+70)	200 (70 excess to be rolled forward)
Year ending June 07	Excess 70 CEUs rolled forward	70	270 (Need to get 30 CEUs this year)

Example 3: gaining excess in 1st year, need to maintain average in 4th year to ensure minimum of 100 CEUs per year:

Date	Event/Activity	CEUs	
Year ending Nov 05	Attend AMT Annual Conference and 72 hours AMT Accredited subject (460 CEUs)	100 (+360)	100 (excess of 360 to be rolled forward)
Year ending Nov 06	No need to gain any CEUs as excess CEUs allocated.	100 (+260)	200 (excess of 260 to be rolled forward)
Year ending Nov 07	No need to gain any CEUs as excess CEUs allocated. You will now need to gain minimum 100 in the following year as excess points are only allocated forward maximum of 3 years.	260	300 (160 CEUs fall away)
Year ending Nov 08	Attend AMT Annual Conference	100	100 CEUs a year maintained

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HOME STUDY MODULES

Gain your CEUs whilst studying at home. Gain hours of study towards upgrading your membership level!

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1. Multiple choice questions on Anatomy and Physiology at your level of membership. You can also challenge yourself by choosing harder modules. Each correct answer = 2 CEUs. All correct = 100 CEUs.
2. Short answer questions on Pathology taken from "A Massage Therapist's Guide to Pathology" by Werner and Benjamin (Williams and Wilkins) and short answer questions on Ethics and the Law taken from "Complementary Medicine: Ethics and the Law" by Michael Weir. Answered correctly = 100 CEUs.

In addition you can gain up to 25 hours towards upgrading your level of membership!

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Two New Honorary Memberships

by Joel Morrell

During the 2004 Annual Conference two quite outstanding individual contributions to the Association were acknowledged with the creation of two new Honorary Memberships.

Valerie Jenkins and Mark Philip Deal have both made unique and special efforts over many years.

A member for over 20 years, Valerie Jenkins has been an enthusiastic stalwart for us in many ways. As founder of the New England Regional Group, she was instrumental in helping establish our rural presence which continues to this day, somewhat ahead of metropolitan membership. For a long period, she lobbied for country Conferences. When challenged to show it was possible, she did it: the memorable 1992 Armidale Conference set the standard for all our later non-Sydney events.

When family pressures called and Valerie moved to North Queensland, the vigorous Mackay Regional Branch was soon under way with the same enthusiasm and keenness.

Always an AMT advocate, Val's unbounded enthusiasm is infectious and many, many members owe their strong attachment to the Association to her early influence.

For a decade, Mark Philip Deal has stood quietly behind the Association with a unique level of expertise and technical advice. Both in his TAFE period and in his own Peridor Health Schools, he has set a standard of teaching all too rare in our industry. This has made him both a friend and mentor to a whole generation of students from both government and private college spheres.

Your President first encountered Mark Philip Deal at Petersham TAFE in 1990 where Mark enthusiastically led me through the complex dynamics of Water Polo. This refreshing period meant that when Peridor Health Schools first opened its doors I was almost camped on their doorstep.

Most unusually, Mark Philip Deal still manages to project the same vibrant enthusiastic teaching atmosphere that makes each lesson seem as if it was the first time you have listened to him.

We congratulate both Valerie Jenkins and Mark Philip Deal on their new appointments as Senior Level 3 Honorary Members of the Association of Massage Therapists Ltd.



Valerie Jenkins



Mark Philip Deal

News from the Regions

ACT

by Alan Ford

Welcome to the New Year from the ACT region.

Unfortunately our last meeting and Christmas get-together at Telopea Park was washed out. At the time of writing it has rained every afternoon since for the past 7 days!

At the end of 2004 I was given the opportunity to present at the National Physical Training Instructors' Symposium held in Perth. Physical Trainers from around the country attended my presentation on 'Excessive Lumbar Curve and Excessive Anterior Pelvic Tilt and its affects on new recruits in the Defence Force'.

Throughout the past 10 years of practice I've had the opportunity to treat a great number of clients, including many Australian Defence Force Academy trainees suffering tibialis anterior tendonitis (shin splints), sciatica and lower back complaints. More than 90% of these also presented with excessive lumbar curve and/or excessive anterior pelvic tilt.

Many of Navy's new recruits will enter the service with minimal physical training or conditioning. In particular, they often lack abdominal strength and core stability. Combine these factors with the difficulty of adjusting to wearing service boots and shoes and you have a recipe for trouble and pain!

My presentation was well received, with all those present sharing their knowledge of the latest stretching techniques at the end of the session.

Congratulations to our newest qualified members who have joined AMT over the last few months. The ACT region also has cause to celebrate our most impressive inventory of therapists in the 2005 Yellow Pages, with 24 members/clinics listed - an all time high!

This year we hope to continue with our bi-monthly meeting and workshop program which we successfully trialed last year. Our first Members' Day workshop will be conducted on 1st May with the topic and presenter to be advised.

AMT Conference 2005 October 22nd and 23rd

This is your opportunity to get involved!

Earn CEUs as a Conference volunteer.

Be part of a fun team.

We need help in Head Office prior to the Conference - photocopying and collating workshop notes and filling satchels with samples.

During the Conference we also need volunteers to work at the registration desk and supervise entry of workshops.

Please call Head Office if you are interested in getting involved and earning CEUs.

HELP NEEDED

Beate Karbstein is in need of someone (female) to do relief work in her busy massage business in one or more locations for a couple of months:

- ♦ **Kings Langley** - Nursing home
Mondays 1 x per month, up to 7 hours
- ♦ **Normanhurst** - Nursing home
Tuesdays 2 x per month, up to 6.5 hours each
- ♦ **Normanhurst** - Retirement Village
Tuesdays 1 x per month, 4 hours
- ♦ **Berkeley Vale** - Sanitarium Headquarters
Mondays 1 x per month, up to 8 hours
- ♦ **North Parramatta** - Clinic
Thursdays 1 x per week, up to 8 hours
- ♦ **Castle Hill/Wahroonga** - 5 private clients
Tuesday evenings 2 x per month, 3.5 hours each

Please contact Beate on:

0425 242 233

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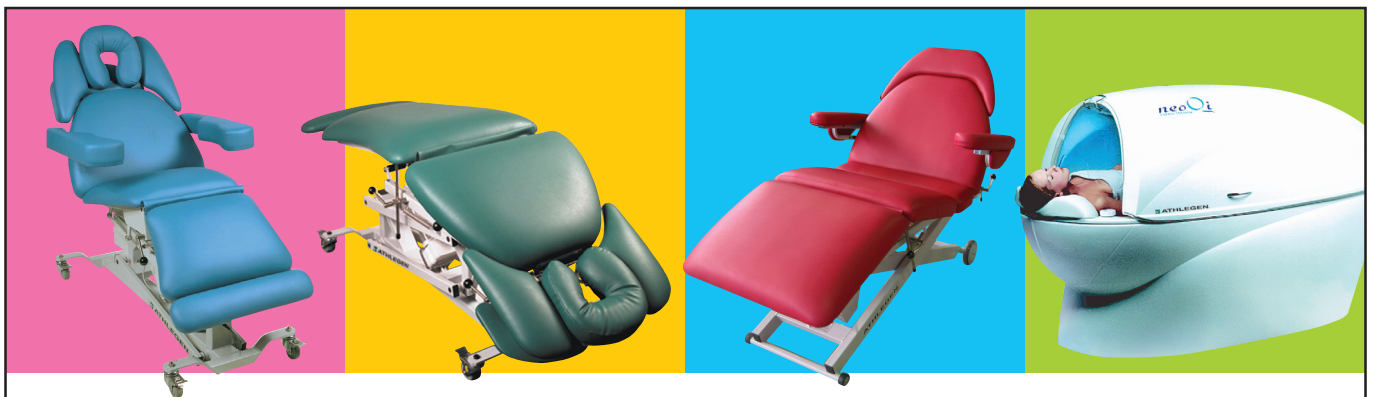
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The Classic 'Visceral Signs' of Articular Therapy

by John K Pollard

AMT readers with a reliable memory will recall a series of Dr Pollard's articles on Articular Therapy, which we published throughout 2001 and 2002. New members of AMT can access these articles online in the members' section of the AMT website. Old issues of In Good Hands are available as downloadable PDFs in our electronic newsletter archive:

www.amt-ltd.org.au/index.php?Page=Members_Newsletter_1.php

A major challenge for the modern bodywork practitioner is to knowingly determine whether a client's articular symptoms are structurally based or organ based. Structural problems are what we are all used to seeing every day in our practice. These are complaints that stem from such mechanical causes as falls, accidents, fixated joints and poor posture.

But what do I mean by organ-based pain? This is pain that occurs when a stressed or toxic internal organ (viscera) sends a constant barrage of messages to the brain that the client's nervous system then interprets as muscular or joint (soma) pain. The term for this condition is thus a visceral-somatic reflex (VSR).

One example of a visceral-somatic problem you may be familiar with is the pain that occurs down the left arm and little finger of a person having a heart attack. The muscle of the heart is under so much distress, that it creates the neurological reflex that mimics a 'pinched nerve' in a body part distant from the heart.

However, most bodywork practitioners are not aware of how often joint and body symptoms are created by digestive visceral-somatic reflexes. Increasingly, our fast-paced way of life is leading to poor eating habits which, in turn, are causing our digestive organs to malfunction. These stressed organ(s) then send neurological messages to the brain, which become interpreted as back pain or neck tension. For our clients' bodies, this trend

roughly equates to "you reap what you eat"!

So, you can see why it is extremely important to assess whether the causes of our clients' symptoms are mechanical or neurological (if only for practitioner peace of mind when treatments don't go as expected!). The underpinning philosophy is "why bang away with deep tissue massage on a client's right shoulder if it is actually their gall bladder causing the pain?"

The secret to determining whether a joint pain is structural or organ related is to perform the related Articular Therapy test for that joint and check the results along with the usual muscle tests and palpation. When you have the ability to assess the mechanical fixation of a joint, you can then readily identify whether visceral-somatic reflex symptoms could be part of the problem.

For example, if a client with a severe Shoulder/Neck/Scapula pain has normal ROM, function and muscle tone, then the symptoms are almost definitely organ related. If one shoulder joint is completely fixated and the other is also pretty hypertonic, then an articular/mechanical approach is the likely cause of the symptom.

Anatomy of the Visceral-Somatic Reflex

Digestive organs typically fall under stress due to toxins, over eating or exhaustion/depletion. The organ signals its stressed condition to the brain along autonomic nerve fibres (i.e. the nerves that regulate organ function). However, autonomic nerves do not have pain receptors. So, if the brain is bombarded by too many autonomic signals these messages can 'spill over' into the peripheral nerves when they meet at the switchboard of the spine. And, of course, peripheral nerves do have pain fibres. It doesn't matter what triggers a nerve - once it is triggered it does its thing ... which, for a peripheral nerve, means creating pain in a muscle or joint.

Put simply, the distressed organ acts like a cattle prod sending an excess of thousands of nerve signals. There are so many nerves being stimulated that the 'run off' spills into the peripheral nerves thus referring pain into the body's mechanical structures.

There are numerous visceral-somatic reflexes associated with digestive organ malfunction. Once you know to look for them, you can learn to recognise the signs of common digestive reflexes. If you have experienced them yourself, you may recognise them immediately. It is possible you will even be able to pick them out in family or friends.

As a massage practitioner you can read these body signals, identify their cause and be the first person to connect these digestive organ problems to your client's articular pains. Think VSR when your regular client comes in with a completely different set of pains from their usual. A few careful questions and you will be able to track these symptoms to a specific meal. Often just knowing they have digestive reflex problems can be enough for your client to start practising sound dietary principles to control and manage their body's total health.

So, with this in mind, I'm going to present the classic VSRs of Articular Therapy in a stripped down version. I hope that you will recognise them next time you are treating a client whose pain pattern does not seem normal.

The classic joints that receive these symptoms are in the neck, low back and shoulder area ... which are also target areas for mechanical stress!

You will have to ask questions of your client and see if you can track the cause of these symptoms back to a prior meal or dietary indiscretion.

VSRs Caused by the Pancreas

The key indicator to signal when the pancreas is creating problems is when digestive symptoms occur approximately 2 hours after a meal. There may not be any stress on the digestive system during the meal, or even 15 to 20 minutes after eating. But about 2 hours later the client will notice one or more of these symptoms:

→ Sharp pains or sensitivity under the left side of the rib cage

→ Sharp increase in left side neck pain, where the neck and shoulder meet, especially after a coffee, candy or doughnut etc

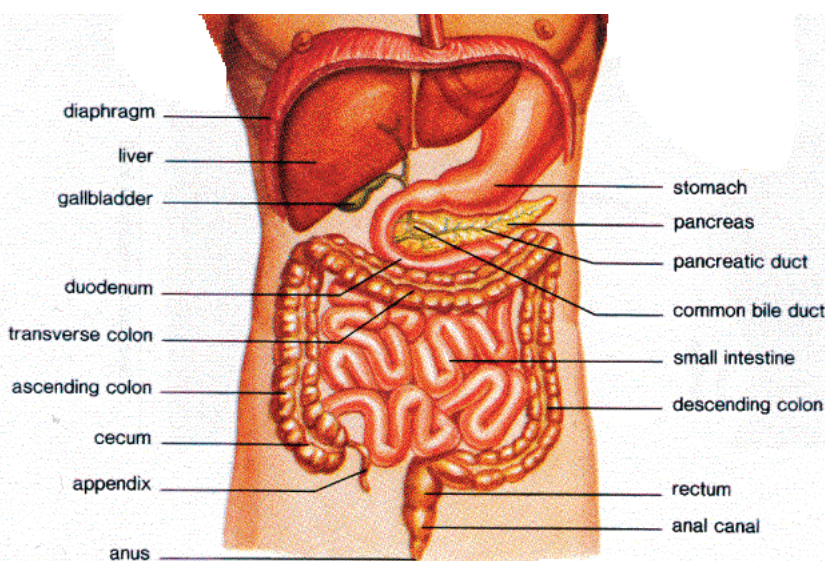
→ Nagging dull ache under the left scapula, or at the tip of the scapula

→ Digestive upset or pain approximately two hours after eating.

→ Tiredness or severe fatigue that began around the same time as the digestive symptoms

→ Waking up with a severe neck/back pain on the left side, even though they felt fine before going to bed. (Typically due to the previous meal.)

→ A slight but nagging pain that begins in the neck (without a logical or causative injury) and continues to get worse over the next few days



The Digestive System

The massage practitioner should suspect a pancreas reflex when, despite the amount of pain being described by the client, there are no typical signs of mechanical body problems such as muscle spasms, joint tightness, swelling or spinal fixation. The client may be extremely sensitive to even light touch but there are no tight muscles to work on. There can be an extremely sharp palpatory reflex at the left side spinous process from T-2 to T-4, which elicits a sharp needle-like pain from the slightest touch. This reflex is diagnostic for Pancreas Depletion. These symptoms are often caused by a meal with prawns or seafood.

VSRs Caused by the Gall Bladder

Gall bladder problems usually present as a generalised discomfort with digestion. The symptoms are typically on the right side of the body, under the rib cage or neck and back. This can be similar in style to the pancreas symptoms, only on the right side. Gall bladder symptoms usually start showing up soon after finishing a meal. Typical gall bladder symptoms include:

- ➔ Right side discomfort after eating, usually within the first 15 minutes, but can occur later and linger for hours
- ➔ Right shoulder pain, sometimes just affecting the upper arm
- ➔ Right rib pain, chest pain, reflux, digestive symptoms
- ➔ Sensitivity on the right side of the 4th Thoracic vertebra
- ➔ Bloating feeling after meals, especially with fatty food, pizza, sausages
- ➔ Mouth has a metallic taste after eating (not a good sign!)

If you are suspicious of a gall bladder VSR, you can ask the client when their pain started. And then ask them what they had to eat before then. If they say pizza or barbecue or something that sounds suspiciously hard on the Gall Bladder, you will have your etiology.

VSRs Caused by the Ileocecal Valve (ICV)

The ICV causes so many different symptoms that it has been called the 'great mimicker'. These symptoms can be far from the source of the problem and are often very perplexing until you pinpoint what is causing them. ICV symptoms can mimic articular, vascular, muscular or arthritic pain. ICV problems tend to be chronic, but they can arise as a 'one-off' depending on your client's history.

Here are just a few symptoms caused by the ICV that I've treated consistently over the years:

- ➔ Sudden onset, sharp low back pain that feels just like a disc pain, especially when sitting or driving. There is no mechanical cause or obvious trauma: often the person goes to bed fine and wakes up with a slight backache. As the days progress the

problem escalates into "crawling on the floor" back pain. They offer a weak explanation of how it happened, for example "I must have done it when I lifted the groceries ... got the baby out of the car... vacuumed" (something they do every day anyway). The pain is so bad they need to make up some kind of explanation to justify it. One ICV case I had was a 17-year-old girl who said she hurt her back because she swiped a credit card at work.

- ➔ Stabbing, shooting low back pain or leg pain when turning left or right, especially when sitting or driving.
- ➔ A standing curvature that makes it look like the back is 'out' even without pain.
- ➔ Sharp pinpoint pain headaches, especially on the left side at back of the skull (diagnostic for ICV)
- ➔ Frequent diarrhea on and off, especially alternating with constipation, often combined with not going 'back door' for 2 to 5 days, then spending a day or two with active diarrhoea. Then the client has a period of confounding normalcy until it happens again.
- ➔ Any of the 'bowel syndromes' like Crohn's Disease, spastic colon, irritable bowel etc.
- ➔ Burning leg pain (described as sciatica by the client which it is not) that goes into the front of the left thigh.

It is worth noting that these clients *do* have major muscle spasms but on the right side only: the cause is the ICV acting like a cattle prod.

Ileocecal valve problems often begin after a foreign trip involving unusual dietary changes or travel sickness. They can also become an issue after an extended period of antibiotics which may have been given for an unrelated problem such as a chest cold or tooth infection.

The ICV is also the reason there are so many 'false appendicitis' operations. Researchers (2004) have shown that 15% to 40% of all appendectomies prove unnecessary because the appendix turns out to be normal. Half the 700,000 thousand cases of appendicitis in the US lack the usual symptoms of fever and pain in the lower right abdomen. But the open ICV creates enough pain and swelling in the lower right quadrant, (where it is located - right next to the appendix) to mandate an emergency visit to the hospital. When the surgeons operate for the suspected burst appendix, it is completely normal but they take out the appendix anyway.

For specific massage techniques for treating ICV issues, I would refer you to an earlier article on this subject from the December 2002 *In Good Hands*.

Treating VSRs

For the massage practitioner, just being able to recognise a VSR is the most important thing. If you suspect a VSR it may take a bit of questioning on your part to discover the offending meal. However, once discovered, you know you are treating joints and muscles that are being cattle-prodded from a distraught organ, not a mechanical/structural problem. And you won't expect the same results that you are used to getting.

If the VSRs are temporary (from a bad takeaway or too many coffees one day) you can offer the following suggestion which is quite helpful. To treat short term Pancreas and Gall Bladder symptoms, I recommend 2 tablespoons of Apple Cider Vinegar in a cup of Apple juice. Drink this before each meal for a week or so, until the symptoms go away.

The Pollard Chew Test

Many visceral problems (especially ICV) stem from simply not chewing food enough before swallowing. In fact, if you do suspect longstanding digestive problems, get your client to perform the Pollard Chew Test.

I developed this test so that people could find out for themselves if they were chewing their food properly: no embarrassing queries, no witness for the prosecution. This test brings the element of conscious awareness to your eating style. The beauty of it is that once the client knows s/he is not chewing properly then s/he will take the steps to correct the problem. "So, what is the Pollard Chew Test?" I hear you ask. OK, here goes:

The next time you are eating a meal, take a normal bite of food and then sit on both hands. If you can sit there comfortably and finish chewing your bite completely into liquid without any problem at all (at least 40-60 chews) then you pass with flying colors. If, instead, you find yourself ripping your arms out of their sockets to shove another bite into your mouth, or you are putting your mouth to your plate, or you are getting up to answer the phone, or trying to take a drink before your bite is finished, then you fail the Pollard Chew Test.

There are many ways not to chew - you might even have invented some new ways I haven't seen yet.

The beauty of sitting on your hands is that you have no practical way to get more food or liquid into your mouth. This blocking of your usual pattern is usually enough to alert you to the fact that you are not chewing your food completely.

When your clients do The Pollard Chew Test on their own, they will see how quickly they are eating. Most clients are shocked when they find out how badly they **don't** chew. The big offenders are people in a hurry, rushing here and there, who are eating in-between their next pressing engagement. This test should motivate them to change because they have made the determination, not you. In fact, why don't you start by testing yourself the next time you are having a meal!

In conclusion I would like to point out that there is much more to know about treating VSRs for the chronic client. If a client you are treating has the classic signs of a VSR they would probably best be served by a dual treatment approach with a naturopath who is better qualified to investigate and treat the underlying causes of digestive system disorders. If you are a dual practitioner yourself, you can identify and connect these visceral symptoms even more directly to your clients' treatment program.

Email: JohnPollard@SelfParenting.com

Mothercare Massage Level 2 Postnatal Recovery Massage

This course compliments the Level 1 Prenatal massage course providing the practitioner with the skills and knowledge necessary to assist clients' recover from pregnancy, labour and to support her through the postnatal period.

You must have completed the Level 1 Prenatal Certificate course to be eligible for Level 2 training.

Dates and Venues for 2005

Prenatal Massage Course Level 1

Wollongong NSW

Feb: 12th & 13th

May: 7th & 8th

Nov: 12th & 13th

Cost: \$390

Melbourne CBD

April: 2nd & 3rd

Cost: \$490

Postnatal Recovery Massage Course Level 2

Wollongong NSW

October: 8th & 9th

Cost: \$390

Cost includes manual and lunch both days



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Exploring the Boundaries of Massage

An Overview of The Electrophysical Therapies Workshop with Mark Philip Deal
October 31st 2004

by Joel Morrell

As your President, I am sometimes called upon to respond to questions of policy not previously addressed. Recently, an AMT member sought a ruling from her insurer regarding a query from a client on ultrasound. The insurance company replied with the following deliberation "your policy covers anything that AMT approves of".

Thus, I had to respond with a policy statement on a new territory:

"The Association is aware of usage of ultrasound by a number of members and is actively investigating the promotion of some supplementary training for members wishing to further their knowledge and skills in ultrasound and other electrotherapeutic applications".

My first reaction was once again to call on the advice and guidance of an old friend, a former tutor and long time Association advisor, Mark Deal. This was with the prior knowledge that this kind of training was encompassed within the Peridor Health Schools curriculum. And so our first Electrophysical Therapies Workshop was born. On October 31st some 28 lucky participants enjoyed a very full and stimulating day of educational intensity.

Quantitative Feedback

16 of 28 participants returned their feedback forms. With 8 rating the day Excellent throughout, 6 Interesting and Helpful to Excellent and 2 Good to Helpful, the weighted score ranks in at 92.5%, a very typical Mark Deal effort.

Qualitative Feedback

Broadly, 75% agreed with both pace and presentation, while 25% would have liked more time, more practise opportunity and some sort of formal assessment. This would appear to be

a reflection of the experience and familiarity of those present. Prior information told us that some two thirds attending had some level of current usage and skill. One third were "inexperienced but curious". So it would appear that the experienced went home reassured "Yes I am on the right track" while the others went home with a sense of "I wish I had more opportunity for individual coaching".

This dichotomy reflects a major quandary we face with metropolitan members' days. 'Hands on' workshops with skills assessment are, of necessity, small in numbers and costly to present. General overview presentations are able to cope with a larger group but become 'show and tell' without opportunity for individual coaching and competency assessment.

AMT's policy response here is that Members' Days should not compete directly with Accredited Presenters' own workshops. Thus we hope in the future to encourage Mark Deal to present in similar style for other areas. But if detailed training for members with no prior knowledge or skills base is needed, members are encouraged to make direct approach to the Peridor School or similar facilities.

REMINDER

Are your clients having problems claiming their health fund rebates?

Have you updated your insurance details with AMT?

You may be one of the many members who has forgotten to forward a copy of their current insurance or first aid certificates to AMT Head Office.

Fax a copy to us today! Comprehensive up-to-date lists go to the health funds early every month.

How much do you charge for a treatment?

by Geof Naughton

The graph (right) shows the distribution of charges for all members who returned the survey form.

The tables below show a further breakdown, by postcode, of how much NSW members charge.

Those charging more than \$75 are mostly working in spas.

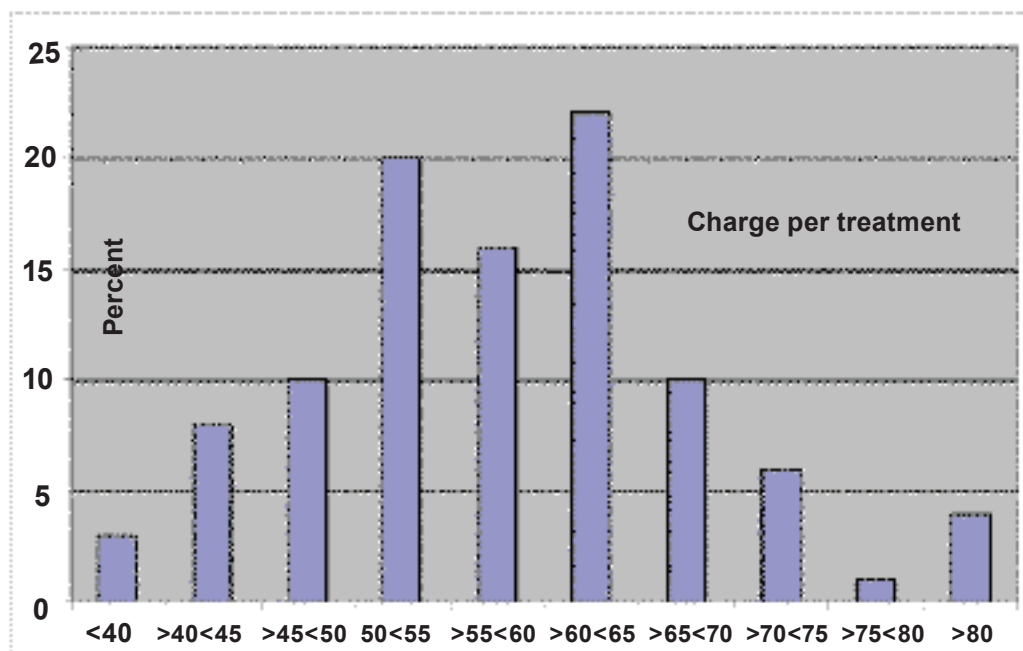


Table 1: Postcodes between 2000 and 2299

Dollars	Percent
40	4
45	6
50	12
55	11
60	31
65	13
70	11
75	4
>75	4

Table 2: between 2300 and 2399

Dollars	Percent
35	13
40	6
45	13
50	27
55	8
60	20
65	13

Table 3: between 2400 and 2499

Dollars	Percent
35	13
40	6
45	13
50	53
55	7

Table 4: between 2500 and 2599

Dollars	Percent
40	25
45	24
50	11
55	25
60	11
65	7

Table 5: between 2900 and 2999

Dollars	Percent
50	9
55	36
60	36
65	18

Table 6: between 2600 and 2699

Dollars	Percent
<40	4
45	4
50	24
55	16
60	24
65	16
70	4
75	4
>75	4

Table 7: between 2700 and 2799

Dollars	Percent
40	6
45	23
50	23
55	6
60	35
70	6

Editorial: the long haul ahead

by Rebecca Barnett

Few of us will quickly forget the images that were broadcast in the wake of the Boxing Day Tsunami disaster. As each day passed, it seemed as if the death toll doubled and the media's grim obsession with reeling off the statistics made it difficult to comprehend the scale of destruction and loss.

But soon the body count was competing with a much more heartening statistic as the world woke up and started to donate money and aid.

Australia's response ranks up there with the most generous in the world. Some cynical observers have commented that, if there is a tally board, Australia always wants to be on top - and this is basically the Olympics of giving!

I have a less cynical view of our flood of generosity. I believe that the dreadful images of suffering have jolted us into remembering that, as a nation, we were always there to support the battler ... the underdog ... the little Aussie Bleeder. If Norman Gunston was still around, those shaving nicks on his face would throb with pride.

When you stop to think about it, much of our inherited sense of cultural identity is built on values we have seemingly long since ceased to cherish. Mateship and the fair go have been unceremoniously dumped in favour of self-interest-only home loans and investments in 'deferred happiness'. Until the sleeping giant of Aussie largesse woke from deep slumber, that is ...

If the predictions of the United Nations are anything to go by, we'll need to keep our hearts open and our memories long. Ten years of reconstruction in the affected areas will necessitate continued support, aid and donations far beyond the initial outpouring of goodwill.

It's also worth remembering that less newsworthy crises deserve our attention and aid too. There is now a million displaced people in the Sudan, wracked by hunger and suffering shortages of

water and shelter. I'd hate to think that the fate of these people matters less to us just because we don't take our holidays there.

So, we've been to the bank and made our initial donation to the Tsunami Appeal. What can we do next? Here's two ideas ...

Join Oxfam's Aware programme

Aware is Oxfam's monthly giving programme. Donations can be automatically deducted from your bank account or via credit card each month. A monthly donation will help provide health clinics, clean water and schooling to poor communities and help them protect their rights, livelihoods and the environment. For more information check out their website:

www.oxfam.org.au/donate/aware/index.html

Become a Médecins Sans Frontières (MSF) Field Partner

Like Oxfam, MSF have a monthly giving programme. As a Field Partner, you donate an agreed amount each month - as little as \$10 - by credit card or automatic transfer.

Spreading contributions over the year provides MSF with ready funds to respond to emergencies as they happen, and steady funds to maintain their ongoing health care and disease prevention programmes. Becoming a Field Partner also cuts down on their administration costs so more of your dollar goes directly into the field.

www.msf.org.au/support/fp.shtml

MSF reached their 1 million dollar target for immediate tsunami relief within 3 days and, for the first time, they were in the fortunate position of closing an appeal. Let's all commit ourselves to the long haul ahead and sign up to a giving programme to fund the next ten years.

Hand Hygiene

by Amanda Pagan

Reprinted with kind permission.

Hand hygiene is the single most important practise we can perform to prevent the spread of infection when providing health care services. Unfortunately, research repeatedly shows that it is often poorly performed or not done at all.

Our skin is colonised with bacteria commonly referred to as 'resident flora', which are attached to our deeper skin layer. 'Transient flora' are usually acquired from contact with people or contaminated environmental surfaces. Transient flora are located in our superficial skin layer and they are most frequently implicated in health-care associated infections.

The aim of hand hygiene is to reduce our resident flora and to remove any transient flora we have acquired.

Because massage therapy requires direct skin-to-skin contact, hand hygiene is extremely important to prevent your hands from transferring potentially pathogenic bacteria to yourself, your clients or to environmental work surfaces. Approximately 30% of healthy adults are colonised with *Staphylococcus Aureus*, which survive well on the skin and environmental surfaces, thus facilitating its transmission. In New Zealand MRSA (Methicillin Resistant *Staphylococcus Aureus*) has been acquired not just in hospitals but also in rest homes and the community.

Hand hygiene and environmental controls such as cleaning can prevent the transmission of infection to you and your clients.

Handwashing Principles

✋ Hand hygiene should be practised before and after each client contact

✋ Massage is not considered an invasive procedure and the use of plain soap (pH 5.5) which has been dermatologically tested is recommended

✋ Wash your hands with warm water as hot water can dry your skin

✋ Plain soap assists in removing bacteria by

physical action and rinsing the bacteria down the sink, therefore the correct technique is essential to achieve this

✋ If bar soap is used, soap racks should be used to facilitate drying and individual, small bars should be used

✋ If a pump bottle is used it should not be 'topped up' but washed out first and allowed to dry before being refilled

✋ Tap, sink and facet surfaces are contaminated with bacteria and should not be touched during or after handwashing

✋ Thorough hand drying after handwashing is crucial as bacteria can proliferate on moist hands

✋ When drying your hands, single use disposable paper towels are preferred. If a towel is used it should be replaced when damp (bacteria love moisture!).

Handwashing Technique

1. Wet your hands then apply soap
2. Vigorously rub over all surfaces of your hands and fingers
3. Make sure you thoroughly rinse the soap off your skin
4. Use a soft paper towel to thoroughly pat dry your hands
5. When handwashing is completed turn the taps off with a paper towel to prevent transfer of bacteria onto your clean hands.

Environmental Control

✋ Change and wash linen/towels between clients. Be careful not to aerate the used linen or place it in close contact with your clothing as transfer of bacteria can occur.

✋ Wash hands after removing used linen and prior to replacing clean linen.

✋ Maintain an uncluttered, tidy environment and

clean frequently touched surfaces every day with detergent and water (e.g. your handwashing sink, taps, massage tables and general work area).

✋ If your massage oil has been handled during the massage session, hand transfer of bacteria can occur to the outside of the bottle. This could be avoided by using a tissue to handle the bottle or wipe the bottle with detergent and water between client use.

References

1. J. I. Gerberding, D. Fleming et al (2002). Guidelines for Hand Hygiene in Healthcare Settings. Morbidity and Mortality Weekly report (51).

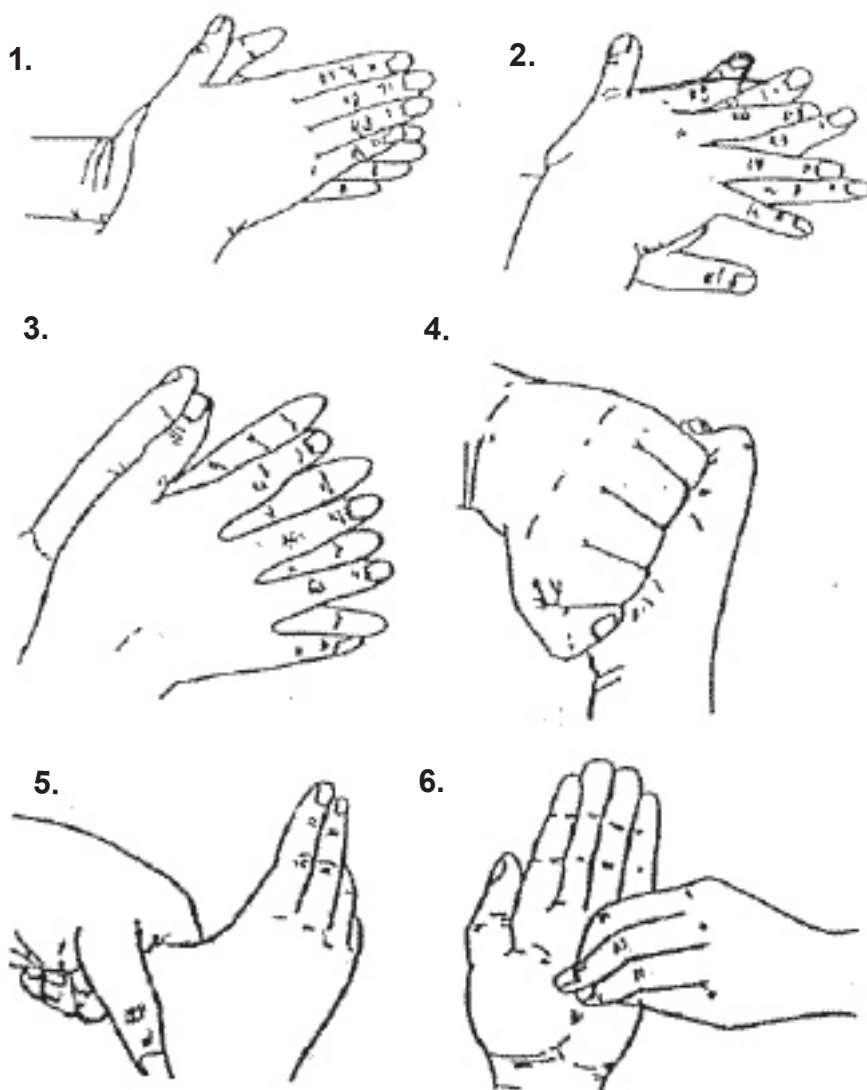
2. Ministry of Health 2002. Guidelines for the Control of Methicillen-resistant Staphylococcus Aureus in New Zealand.

3. E. Larson (1999). Skin Hygiene and Infection Prevention: More of the Same or Different Approaches? Clinical Infectious Diseases (29) 1287-94.

4. J. Ellwood (2002). Hands on: a Critical Look at Infection Control www.aromacaring.co.uk/hand_washing.htm

This article originally appeared in the July/August 2004 issue of *Hands On*, the Official Journal of the Therapeutic Massage Association, New Zealand.

Effective Handwashing



Essential steps are:

1. Palm to palm.
2. Right palm over left dorsum, left palm over right dorsum.
3. Palm to palm, fingers interlaced.
4. Backs of finger to opposing palms with fingers interlaced.
5. Rotational rubbing of right thumb clasped over left palm and left thumb over right palm.
6. Rotational rubbing backwards and forwards with clasped fingers of right hand in palm of left hand and vice versa.
7. Hands and wrists rubbed until end of thirty second period.

N.B. number of strokes in each step is five.

Health Fund Status

AMT has negotiated provider status with the Health Funds listed below. **If you are up to date** with insurance, first aid and CEUs there is no need to apply individually to each health fund: 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
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
ANZ Health Insurance (HBA)	C
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 certificate

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

♦One million dollars current insurance

♦Current Senior First Aid 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 certificate.

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

1. Be financial and have a commitment to ongoing education (ie: an average of 100 CEUs per year)
2. Provide your clients with a formal receipt, either computer generated, or with rubber stamp or address label clearly indicating practitioner's name, AMT member number (eg: AMT 1-1234), practice address (no PO Box numbers) and phone number. Client's name, date of treatment, nature of treatment (ie: Remedial Massage), and particular health fund provider number may be handwritten.
3. Provide AMT Head Office with a practice address (or business address for mobile practitioners; no PO Boxes) - failure to supply these details to us will result in your name being removed from health fund listings.
4. Notify AMT HO of 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. You should also ensure that Head Office has copies of your current Insurance and First Aid.

Please check the AMT website for further information on specific Health Fund requirements: www.amt-ltd.org.au

Calendar of Events

Courses accredited by AMT attract 5 CEUs per hour
 Courses not accredited by AMT attract 1 CEU per hour
 Please check dates and venues of workshops (using the contact numbers listed below)

March

4 - 6	Onsen Muscle Therapy, Volume 2. Presented by Jeff Murray. Sth Gold Coast. Phone 07 5524 1024 or 0417 166 194	105
4 - 7	Myofascial Release 1. Presented by Patricia Farnsworth. The Centre, Randwick. Ph: 1800 101 105	160
11 - 13	Myofascial Release 2, Presented by Michael Stanborough. Canberra. Ph: 0411 398 996	80
18 - 20	Myofascial Release 1, Presented by Michael Stanborough. Brisbane. Ph: 03 8802 4345	80

April

1 - 3	Onsen Muscle Therapy, Volume 3. Presented by Jeff Murray. Sydney. Phone 07 5524 1024 or 0417 166 194	105
1 - 3	Myofascial Release 1, Presented by Michael Stanborough. Sydney. Ph: 02 9558 9284	80
2 - 3	Chi Acupressure Massage Workshop. Presented by Master Zhang Hao Chi-Chinese Healing College, Burwood. Ph: 02 9899 9823	70
9 - 23	China Acupressure Massage Study Tour. Presented by Master Zhang Hao Hunan University of Traditional Chinese Medicine. Changsha, China Ph: 02 9899 9823	300
16 - 17	Chronic Pain and Structural Alignment, Series 2. Presented by Alan Ford. Canberra. Ph: 02 6232 6883	70
22 - 24	Myofascial Release 2, Presented by Michael Stanborough. Melbourne. Ph: 03 8802 4345	80

May

6 - 8	Onsen Muscle Therapy, Volume 4. Presented by Jeff Murray. Albury-Wodonga. Phone 07 5524 1024 or 0417 166 194	105
6 - 8	Myofascial Release 3, Presented by Michael Stanborough. Canberra. Ph: 0411 398 996	80
14, 15, 21, 22	Myofascial Release 1. Presented by Patricia Farnsworth. The Centre, Randwick. Ph: 1800 101 105	160
15	AMT members' day. The Daavid Method. Presented by Pierre Daavid. Please see insert for details.	35
18 - 20	Myofascial Release 2, Presented by Michael Stanborough. Brisbane Ph: 03 8802 4345	80
28 - 29	Chi Acupressure Massage Workshop. Presented by Master Zhang Hao Chi-Chinese Healing College, Burwood. Ph: 02 9899 9823	70

October

21	AMT Members' Day (pre-conference workshops). Topics to be advised. Novotel, Brighton le Sands, Sydney.	35
22 - 23	AMT Annual Conference. Full brochure in June issue of In Good Hands. Novotel, Brighton le Sands, Sydney.	100

Please view the Calendar of Events on the AMT website for the complete 2005 listing: www.amt-ltd.org.au



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