

In Memory of Joel Morrell

by Diana Glazer

I met Joel in Armidale at the first country Conference run by AMT. I arrived after dinner on Friday and sat myself down at the corner of the table to quietly contemplate my plan to become President of AMT. At the other end of the table was a "mature" gentleman in full verbal flight. I tuned in and heard for the first time the words of wisdom from Joel Morrell.

In many ways we followed in each other's footsteps. Joel became a radiographer before I trained as a radiographer. Joel worked at Liverpool Hospital before I worked at the same hospital. Joel trained as a massage therapist before I did and Joel joined AMT before I did. My only triumph over Joel was that I became President of AMT before he did. That year in Armidale I became President and Joel became my friend, mentor, confidante and champion.

Many times I arrived at his doorstep at Nambucca with a long list of dreams, unfinished projects, policies, reports and sentences lacking just the correct word to make the proper impact. We would argue for hours over fine points of law, ethics and the direction the Association should take.



Each of these visits enriched the Association. Each project Joel undertook furthered the standing of the Association and his Presidency brought many rewards. In particular Joel's awareness of the difficulties faced by country practitioners and the policies he put in place to assist them will long be remembered.

At his funeral I was not at all surprised that Joel primarily wanted to be remembered as a man who was useful. What an extraordinarily simple word for a complex character with goodness in his heart. To the AMT he was not only useful - he made others better.

by Valerie Jenkins

It was with great shock and sadness that we learnt of the sudden passing of Joel Morrell recently.

Joel and I go back to the Armidale Conference of the Association. He constantly told me later that I 'roller coasted' him and he was never the same since.

Joel loved his Association. He was very passionate about the industry of massage therapy and did all he could to attend meetings and conferences leading, in due course, to the Presidency of the Association.

He had a great vision for the future of the industry and the Association in particular. He could think beyond the square. To me, he was a colleague and friend and a mentor to many. He lectured to the Armidale group of AMT members and students many times. Then later, when I moved up to Mackay, Queensland, Joel willingly came up every month to teach Anatomy and Physiology to my students. In the last few years, he initiated a program of distance education with great success but continued to attend Mackay Branch meetings, workshops and graduations.

The students were very fond of Joel and he will be missed by so many whose lives he touched.

I personally deal with his loss knowing that he is with his beloved Arneill and that they are together again. This gives me great comfort.

Vale Joel, my dear friend.

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Head Office update

by Rebecca Barnett

There's been a lot of change at the coalface of AMT. The most significant shift at Head Office is the departure of our well-established Executive Officer Melanie Elsey. Many of you would have dealt with Melanie directly at some point over the last few years.

After four years of hard work and dedicated service to AMT, Mel has moved on to new challenges and an exciting managerial position outside the health arena.

Mel's contribution to the smooth running of Head Office cannot be underestimated. She helped AMT move forward and tackled the arduous demands of a rapidly-changing industry with gusto. She was responsible for instituting many policies to enhance member services and was always trying to think of ways of adding value to the organisation.

Good luck in your new venture Mel. We know you'll bring exceptional organisational skills and dedication to your new employer. We'll miss you.

Obviously, Melanie's departure and Joel's sudden death has left

the Office in somewhat of an unstable state. We apologise for any delays you may have experienced in responding to enquiries or processing paperwork. Jeni Parsons has temporarily stepped into the breach with the assistance of Geof Naughton

By the time this newsletter goes to press, we hope to have a new Administration Officer in place at Head Office. Please check the AMT website regularly for updates on Head Office staffing. Thank you for your patience.

We'd also like to extend our sincere thanks to the Hunter Melanoma Foundation for providing the tri-fold brochure you will receive inside this Newsletter. The brochure is intended as a follow-up to Dr Bob Sillar's excellent presentation on "Early Detection of Melanoma" at last year's Annual Conference.

Dr Sillar's PowerPoint Presentation is available for download inside the AMT forum:

www.amt-ltd.org.au/forum

There are some excellent colour slides of things to watch out for on your clients – well worth a look.

Call for Nominations to the AMT Executive Committee

by Geof Naughton

The unfortunate death of AMT President, Joel Morrell, has left the Association in an unusual situation. I believe that the usual practice in these circumstances is that the Presidency falls back on the immediate past President.

As the past President, I have stepped into a caretaker role. However, I don't believe that I am the right person to be leading AMT in our current circumstances. My personal situation prevents me from devoting the necessary time to AMT's affairs.

Additionally, there have been resignations from the Committee that was elected at our most recent Annual General Meeting - several vacancies have opened on the Executive.

It is for these reasons that I am conducting a new election for office bearers for AMT. Nominations for these positions will close on Friday 31 March 2006. Please refer to the Nomination Form in this edition of the Newsletter.

Should nominations exceed the number of vacancies then a postal vote will be conducted via the June edition of the Newsletter. Applicants for the role of President should be prepared to spend at least one day a week in Head Office.

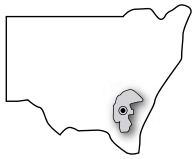
Newsletter question - March edition

What are the first signs of hip deterioration?

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

News from the regions



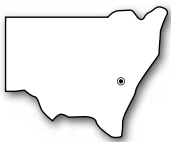
ACT by Rob Cowie

Many ACT members were saddened by the news that Joel Morrell had passed away. Our thoughts are with his family and friends. Unfortunately, I could not attend his funeral, but several ACT members did. I am sure he had a great send off.

Where did 2005 go?? February 20 will see the first meeting in the ACT for AMT's 40th year (guess we will hear that A LOT !!!). This general meeting will be held at Eastlake Football Club at 7pm. Look for the meeting agenda in the mail.

There have been many changes within the Executive/Administration of AMT at the start of 2006. I hope all members can attend to hear the latest news.

Are you planning to attend the Conference this year? It should be HUGE and we need a large ACT group. Start making your plans now.



Blue Mountains by Kirsty Sinclair

2005 saw the resignation of Annette Markham as our Regional Leader, however, Bronwyn Shannon took up the challenge with gusto and confidence. With extensive fundraising, networking and education agenda for the new Blue Mountains Cancer Help Centre, 2005 saw a positive and active year.

With 2006 set in our sights the end of year Christmas dinner (although a disappointing turnout) was spirited with enthusiasm for the New Year. Regional Leader Bronwyn Shannon addressed the informal dinner with insight into an extensive year ahead, which included educational meetings, recruitment drive for new members and a bit of fun thrown in there as well.

Members would like to thank Annette for her role as past leader and acknowledge Lynne Rymer as Treasurer and Kirsty Sinclair as Secretary.

Finally on behalf of all the Blue Mountains members we would like to send our sincere condolences to the family and friends of the late Joel Morrell.



Hunter by Patricia Bolsover

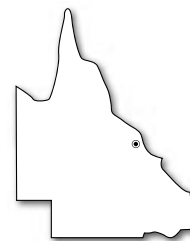
Members of the Hunter Region would like to extend their condolences to Joel's family and work colleagues. His enthusiastic input and forward thinking were invaluable to AMT. He will be sadly missed.

2005 saw the resignation of Elizabeth Matsen with myself taking the reins. We also lost our Secretary, Bev Purdon; her input into our committee is greatly missed, followed by Laurie Fawcner as Treasurer in July.

However, we still managed to hold some successful workshops, a member's day, and an Anatomy

tutorial with Dr Claudia Diaz, at the University of Newcastle's Wet Lab in August. Thank you to Gerry Forbes and Cherith McInnis for organising a great attendance, which consisted of members and TAFE students.

We intend to hold 2 workshops in 2006, one being Brad Hiskins Neural Syndromes Course and Ron Alexander's Functional Taping Course, please contact Gerry Forbes on 02 4953 1395 or Pat Bolsover 02 4945 3380 for more information.



Mackay by Linda Danvers

Special Project for 2006

Towards the end of November last year I seemed to come into social contact with an unusually high number of carers and I was reminded of their situation which is often that they do the caring and usually have little money or time to have some 'caring' themselves.

As I was driving along one day, my mind was unexpectedly flooded with thoughts about providing free massages for carers as a special project for 2006.

The idea was that interested therapists could offer one free massage a month to a carer. Carers had already been issued with identity cards and these could be presented at the time of the massage.

The carers could be issued a list of

participating therapists, their massage modalities and phone number. When they had the time they could phone the therapist of choice and book in for the free appointment. If it had already gone to another carer that month, they could book for the next available appointment with that therapist or choose another therapist.

The timing was perfect as we were to have our AGM that evening and I ran the idea past Val Jenkins that afternoon. It was presented at the meeting and all therapists attending enthusiastically joined in. This meant 14 free massages became available to carers each month! Hopefully, we will have a few more attendees at the next AMT meeting and we may be able to add to the list.

The Carer's Association was very happy with the plan and some therapists have already been contacted.

Hopefully, we will have a few more attendees at the next AMT meeting and we may be able to add to the list of participating therapists.

Most of the time you will never know just how much of a difference that one hour of your time may make in the life of a carer.



**Northern
Rivers**
by
Merryn Penington

Welcome to a new year, a year of pro-activity, growth, direction, and support. Cheerful thanks to Keryn Rose of Lismore, who will be assisting me with support duties for the region. Keryn has a great passion for the industry and

is always researching, on the AMT forum and always has time to help.

Our first meeting of the year was held at Cudgen on Saturday 21st of January. Our guest speaker/ Podiatrist, Dr. Luke Kelly provided participants with structural and functional information regarding Planter Fasciitis, nature of condition, assessment and treatment protocols, taping applications and associated signs and symptoms. With practical components of computerised gait analysis and structural taping, Luke presented detailed information of foot biomechanics. Enjoyed and learned by all!

As the meeting was held on Joel's Funeral, all members joined in on reflection time to show our respects.

MORELL MORALE: Joel touched all in some way, whether it be his efficiently proactive approach to the development of AMT and the entire Massage industry, his determination to always rise to the next level.... Somehow creating this energetic whirlwind behind him, which engulfs many others to follow and be charged by this. Joel propelled great kindness and warmth that everyone felt when he entered the room. Energetically so gentle, yet so grounded and strong. You could call Joel at home anytime and he would always have the time for you, and if he didn't have the answer for you on the spot it wouldn't be long till you got a return phone call with a few suggestions open for discussion and debate. Thank you to the Honourable President Joel Morall for demonstrating by exceptional example. Thank you for everything!! Love and support to family and friends.

The region meetings this year will be held bimonthly, sharing its locations. Each meeting will consist of two workshops and formal meeting, definitely assist with gathering CEU's. Cudgen Leagues Club is hosting the next meeting on Saturday March 25th. Kick off at 11am, please advise Keryn of attendance on 02 6622 1053. Email and the forum on the AMT website will be a future approach to notification. Please email all your updated details to message_revive@yahoo.com.au. Otherwise all other regional members will be informed by mail. We apologise to those in the region who either weren't informed or weren't given enough notice this time round.

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Changing of the Guard

by Bronwyn Shannon



Welcome to the first issue of "In Good Hands" for 2006. I trust everyone had a safe and happy festive season.

Firstly, I wish to express my sincere condolences to Joel Morrell's family. Joel will be sadly missed by all who knew him.

2006 brings a lot of changes here at AMT Head Office. Not least, being the departure of Rebecca Barnett who served as Editor for many years. I am well aware of the large shoes I have to fill and will do my best to ensure the high standards Rebecca set, are maintained. No mean feat, however, I am always ready for a challenge!

I have been in the industry for 8 years. I am the Regional Leader for the Blue Mountains and run my own massage/beauty therapy business in the area. I believe my experience in both business and life is well suited to the philosophy and values that AMT holds true.

A Book Review section will become a regular part of the newsletter. I will review the books - however, I would like to encourage you to

become involved and welcome your reviews on books you feel are relevant and beneficial to our association. I would also welcome articles, case histories; feedback etc. that you think would be of interest to other members. Please submit these to newsletter@amt-ltd.org.au or post them to AMT Head Office, P.O. Box 792, Newtown 2042, I look forward to being inundated with your articles soon!

Finally, I urge you all to become familiar with the AMT website www.amt-ltd.org.au. There is a vast amount of information on the site, which I think you will find most informative, and a great tool to have at your fingertips.

Wishing you all a peaceful, successful 2006.

So long and thanks for all the fish

by Rebecca Barnett

On several occasions over the last six years, I have felt a burning desire to write a letter to the editor of In Good Hands. But, given that I was actually the editor of this publication, the entire notion seemed, at best, charmingly unhinged and, at worst, pathologically solipsistic.

Now that I am in the rather pleasing position of being able to write a legitimate letter to the editor, I intend to grasp the opportunity with a fistful of excess verbiage and an overload of sentimentality.

So here goes...

Dear Bronwyn,

I warmly commend the regular newsletter contributors I have worked with during my term as editor. I trust that they will continue to make the task of editing In Good Hands joyous and satisfying.

May Val Jenkins astonish you with her warmth and support.

May Kirsten McCulloch impress you with her easy professionalism.

May Paul Doney weaken your knees with his devastating charm and gentlemanliness.

May Mark Philip Deal gobsmack you with the twin pillars of his knowledge base: A&P and Star Trek.

May Diana Glazer ever-so-slightly intimidate you with her towering intellect and enviable library.

May the spirit of Joel Morrell suffuse you with a passion to advance the massage therapy profession.

And may all the casual and future contributors to the newsletter delight you with their unexpected insights.

This newsletter is only ever as strong as its contributions so I would like to sincerely thank these people for making In Good Hands a labour of love. I am acutely aware of the sweet sorrow of this parting but I am excited by the prospect of the fresh and interesting direction the newsletter will take in your capable hands.

I am looking forward to becoming a rank and file member of AMT again. And I can't wait for the surprise of opening the next issue of In Good Hands and devouring its unfamiliar contents.

So long and thanks for all the fish.

Warm regards,

Rebecca Barnett

P.S. My shoe size is 6 ½ so it's going to be a snack!

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Mobility and Scar Tissue Treatment

Massage and Hip Joint Replacement

by Diana Misiak

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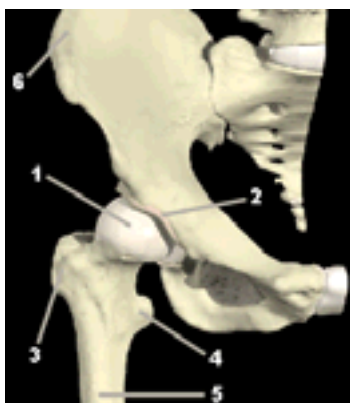
More and more of our articles focus on the needs of our rapidly ageing population. The Baby Boomers aren't babes anymore and their hips and knees are beginning to require plenty of maintenance. Diana Misiak tells us how massage therapy can assist those who have undergone hip replacements to return to an active, pain free existence.

The majority of people seeking hip replacement surgery are in their sixties or seventies. But, increasingly, we are seeing people from all age groups, from teenagers to nonagenarians, undergoing this painful procedure.¹ Happily, massage can help to restore function and mobility to the hip joint by softening the contractures around the scar site, thus enhancing the quality of life for patients who suffered considerable pain previously.

The hip joint like most other weight bearing joints suffers from wear and tear and can gradually deteriorate creating bone spurs on the edges of the joint. Painful, limited movements are the result. This particular form of hip disease is called **osteoarthritis** and is the most common cause for hip joint replacement surgery.^{2,5} Other common causes include inflammatory arthritis, slipped epiphysis, congenital dysplasia, avascular necrosis and Legg-Clave-Ferthes disease.³

The Hip Joint Anatomy

The hip joint is a ball and socket joint, with the ball of the femur fitting snugly into the cup shaped acetabulum.⁴ The areas of the hip joint that are commonly involved in total hip replacement are shown below, with the numbers corresponding directly to those in the diagram.³ Most of the hip diseases occur within these structures.



1. Femoral Head
2. Acetabulum Lining
3. Greater Trochanter
4. Lesser Trochanter
5. Femur Bone
6. Iliac Crest

The ligaments of the hip are another integral part of the hip anatomy.³

Functions of the Hip Joint

The hip joint serves to move the femur providing an array of movements so we can walk, jump and run. Some of those actions are:⁴

- **Flexion:** moving the femur forward in the sagittal plane
- **Extension:** the return movement from flexion
- **Hyperextension:** moving backward in the sagittal plane
- **Abduction:** moving sideward in the frontal plane, away from the midline of the body

- **Adduction:** the return movement from abduction, hyperadduction is possible when the other leg is not in the way
- **Outward Rotation:** a rotation that moves the femur so the knee faces outwards
- **Inward Rotation:** a rotation that moves the femur so the knee faces inwards
- **Circumduction:** is a combination of flexion, abduction, extension and adduction done in progression, either clockwise or anti-clockwise.

As you can see, the hip joint plays an important role in a wide range of movements and, as such, prior to a total hip replacement the patient loses the ability to move with ease.

Signs and Symptoms that may indicate Severe Hip Pathology

The first inkling the hip is deteriorating may come in the form of a little stiffening and discomfort in the groin, thigh or buttock on rising. The pain usually gets worse when the sufferer is active and eases when the sufferer rests.⁵ As time goes on even rest won't relieve the pain. According to a number of articles on the subject, osteoarthritis is the most common cause of hip disease.^{2,5}

When the cartilage between the bones of the joint breaks down, the cushioning effect decreases resulting in the bones rubbing together.^{1,2} Continuous rubbing may result in bone spurs forming at the edges of the joint limiting the ability to extend, rotate or flex the hip.⁵

As the disease progresses, signs showing hip deformities may be evident. At this point, most people require medical treatment.

Treatment choices for advanced hip disease include both non-surgical and surgical options.

The non-surgical methods involve, but are not limited to:³

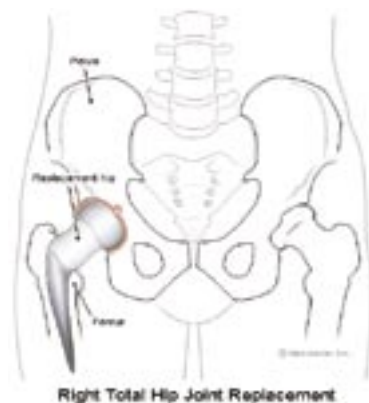
- anti inflammatory medication,
- physical therapy and
- changes in diet.

Surgical options include:

- hip resurfacing techniques,
- revision procedures, and
- total hip replacement

What happens in Hip Joint Replacement Surgery?

The bone of the hip joint and the diseased cartilage are replaced with artificial materials and look something like the picture below.



Source: MedicineNet (2004)

Process of Wound Healing

The surgical scar remaining after a total hip replacement can take many months to heal⁶ with symptoms of pain, tenderness, itching and loss of sensation.⁷ An understanding of the process of healing can ease the worry your client may feel post surgery.

Healing begins as soon as the wound is sutured, with fibrin and clotting agents being deposited throughout the wound.⁶ When the sutures are removed, within the

first two weeks, the wound has only regained about 10% of its strength. Collagen deposits continue to build fibrous tissue with resulting redness and itchiness occurring as a result of more blood flowing into the area. Sometimes the scar becomes raised and tender as the excess collagen stretches the skin.⁶

The tenderness and redness of the scar remains up until around 6 months.⁶ From 6-9 months, the process of wound remodelling occurs, decreasing the collagen fibres and capillary network, resulting in a flatter and paler scar.⁶ Also, during this time the wound shrinks by around 30% in both length and width.⁶

Benefits of Massage for the Client with a Hip Replacement

In terms of responding to the inflammatory response Tappan (1988)⁸ reports massage can sometimes help loosen and prevent scarring to some degree by moving through any formation of oedema around the injury. Fritz (1995)⁹ theorises the following reasons for possible benefits of massage in cases of prolonged states of inflammation:

1. massage stimulates the release of anti inflammatory agents within the client
2. by increasing the inflammation a little, the body completes the process more quickly
3. the increase in lymphatic flow may help dilute and flush out the irritants.

Along with other physical therapy, massage can be a wonderful adjunct to the healing of the hip joint, providing an arena for scar mobilisation, increased hip function and deep relaxation. There is, however, some

controversy within the medical industry as to whether massage therapy is indeed an effective treatment for scar tissue.

According to Bayat et al, (2003)⁷ massaging the actual scar site, "lacks evidence of benefit". However, Demling and DeShanti (2001)¹⁰ state "deep massage reportedly stretches fresh scar and appears to be most beneficial in preventing contractures". They go on to say, that because of its stimulating effect to the fibroblast synthesis of collagen, an effective treatment would then be to combine massage with an anti-collagen synthesis approach.

Contra-indications to Massage

When the following conditions exist, then, massage is not recommended:¹¹

- if the staples or sutures are still present
- the scar isn't sealed properly
- if there is any bleeding
- if there's any moisture or seepage
- if infection is present (which may be indicated by redness and swelling)
- if you suspect your client may have a blood clot (DVT)

Deep vein thrombosis (DVT) is a particularly major risk in hip replacement surgery.¹² DVT is considered a serious condition; the clots could become dislodged from their site of origin and begin travelling through the bloodstream.

Hoppenfeld (1976)¹³ shows how you can test for deep vein thrombosis (DVT) in the lower leg area by applying the Homans Sign but this test is considered unreliable by a number of medical institutions^{12,14} and therefore is not

considered to be a valuable diagnostic tool. A thorough history and some obvious signs and symptoms will aid in determining your course of treatment. If in doubt always consult with the client's doctor.

Some signs and symptoms that could indicate DVT:¹⁵

Lower leg:

- swelling
- tenderness and redness
- pain in the lower leg
- a chord like feeling along the vein

Lung:

- sudden and sharp pain in the chest
- rapid heart rate
- shortness of breath
- coughing with blood tinged mucous
- low grade fever

Heart:

- chest pain that could lead to a heart attack

Brain:

- visual disturbances
- speech impairment
- seizure
- weakness

Stomach:

- vomiting
- severe abdominal pain and/or diarrhoea

The Medical Resource Network Inc. (ca 2000)¹² states: "Diagnosis based on clinical exam alone can be difficult since none of the symptoms of DVT are unique and can be due to other disorders. Objective testing is mandatory to establish the diagnosis."

Treating the Scar Site

Before massaging the scar site, the above contra-indications need to be considered. Once you have established it is all right to proceed, the following techniques are

useful for keeping the scar soft and flexible.^{3,11,16}

Left Hip Replacement Scar ▼



Source: Photo from client

The scar line can be massaged as soon as the staples are removed and the wound is completely healed, that is, there are no scabs along the scar line and no seepage.^{3,16} Apply as much pressure as your client can tolerate, beginning with light pressure and increasing to stronger pressure. There seems to be some conflicting advice regarding the use of creams, lotions or oils during the actual massage.

Most author suggest using creams and lotions such as Vitamin E cream/oil, aloe gel or cocoa butter^{16,17} while another specifically advises no creams or lotions during the massage.¹¹ In this instance, the Ohio State University (2002) suggests applying the cream or lotion after the massage to help alleviate any cracking. For those of you who wish to make your own scar healing lotion, Rosemary Ann Ogilvie (1999) has provided the following recipe high in natural vitamin E:

Rosehip Scar Healing Lotion

- 1 tablespoon rosehip oil
- 1 tablespoon wheatgerm oil
- 3 drops sandalwood essential oil

Method: Combine the ingredients in a glass jar, and shake well. Apply the lotion to surgical wounds (after sutures have been removed), burns, scars and stretch marks. Apply twice a day.

Begin by ensuring your client is comfortable, then, gently using the pads of two fingers, make small circles toward the centre of the scar,^{3,11,16} diagonally or in an up and down motion^{3,16} over the entire length of the scar and surrounding tissue as shown in Figure 1.

Figure 1.

Using circles over the scar ▼



Source: The Ohio State University (2002)

Using two fingers from one hand and two fingers from the other hand, apply a push/pull effect across the scar similar to a sawing motion. Continue with both hands moving together along the entire length of the scar as shown in Figure 2. If the scar is small, then treat the area, again, with the push/pull method but only with one hand.¹¹

Figure 2.

Using a sawing motion over the scar line ▼



Source: The Ohio State University (2002)

Gently pinch some of the scar tissue between the thumb and first two fingers. Rolling involves moving the first two fingers along the scar while sliding the thumb forward to catch up, maintaining a small mound of tissue while you're doing this. Continue along the entire length of the scar.¹¹

Figure 3.

Rolling the scar ▼



Source: The Ohio State University (2002)

Patient information sheets recommend that scar tissue massage be done for 5 minutes once or twice per day.^{3,16}

Helpful suggestions for your Client

- prevent exposure to the sun for one year after surgery¹⁶
- massage the scar twice a day for at least five minutes each time, using the techniques outlined above^{3,16}
- use a good quality vitamin E cream/oil/lotion, aloe gel or cocoa butter¹⁶, natural Vitamin E cream is best and can be distinguished by the ingredient d-alpha tocopherol as opposed to the synthetic version, dl-alpha-tocopherol.¹⁸

Conclusion

Hip joint replacements allow people to lead more active and fulfilled lives, where previously pain and limitation had been the norm. Massage, along with other treatment modalities, helps speed up the client's recovery time by

freeing up the scar tissue allowing for greater mobility and function. Scar tissue massage for surgical wounds is a relatively simple procedure and can be performed twice a day for approximately 5 minutes each time using cocoa butter, aloe gel or vitamin E cream/oil (for its healing properties).

References

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This technique was developed in Germany by Willy Penzel, and has been very successful over the last 35 years. The course is now in 10 countries around the world, and it is now been brought to Australia and New Zealand by Rene Goschnik, the only certified lecturer/therapist.

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Course B: Energetics - therapy over the dividing of the energy circulation system

- the use of acupuncture points relevant to this therapy
- the treatment of scars

Course C: Energetic - Physiological treatment of the spine

- that involves learning new diagnostic skills and gentle movements (manipulations) of the pelvis and spine

Course D: Akupunkt- Massage of the ear; Teaching of the Five Elements; Examination

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Research – it matters!

by Susan Davis
R.N., B.HSc., R.M.T.

As AMT celebrates its 40th year we can celebrate a thousand and one changes and developments. Massage therapy is practised by people who wish to care and heal. I have spoken to many massage therapists who feel it is like a calling. It is most important to acknowledge that, through the hard work of many people, massage therapy has become a recognised profession.

This is quite a step. A massage clinic 40 years ago was most likely to be a venue for 'gentlemen's pleasure'. Nowadays a massage therapy clinic is staffed by well educated, qualified, skilful practitioners of one of the oldest healing arts. This has been no mean feat. One of the most important reasons for this elevation in social awareness has been, and continues to be, research.

We now understand how many of the time tested massage techniques actually work. We have learnt about the positive influence that massage has in relieving depression. There is a better understanding about how massage helps muscle recovery. Current research is describing the benefits of massage in pregnancy where there is a considerable reduction in premature births. Direct massage on premature babies speeds up development and helps increase birth weight.

Ongoing work is looking into the nature of connective tissue, the effects of massage on brain function and the benefits of massage with rheumatoid arthritis. This is just a taste of what is happening around the world.

...the importance of research is being able to understand the mechanism... and being able to explain it to your client!

Research becomes an integral element of everything we do. When I began as a therapist over 25 years ago I remember my 'wish list': to be a constantly improving therapist; for my clients to want to come back; and for my clients to recommend me to others. Research was not a big issue back then. There were so many techniques being devised and introduced that it was hard to keep up. Over the last 10 years, however, we have been taking the time to investigate, validate and develop the best of these techniques. Maintaining an awareness of research became the foundation of good practice.

Marissa Brooks writes on the Massage Therapy Foundation website about the importance of research: '...being able to understand the mechanism...and being able to explain it to your client!' This is part of her wish list which she sees as the ongoing outcome of research.

Brooks notes 4 important reasons for research:

- 1. Insurance coverage:**
evidence based medicine will be an increasingly important element of health fund coverage.
- 2. Knowledge promotes professionalism:**
therapists will be able to professionally interact with other health practitioners.
- 3. Increasing your treatment effectiveness:**
with understanding you will be able to translate research information into your treatments.
- 4. Expand your clientele:**
clients will be assured by your knowledge and the medical community will be more inclined to refer.

Essentially, this ties in neatly with my wish list.

Recently a client presented with fibromyalgia. She had been referred by her doctor who had diagnosed her condition using the '18 point checklist'. I had just been reading about this research and also some of the follow up commentary. The '18 points' were used by the researchers as a mechanism for screening participants, not as a diagnostic measure. Unfortunately the research has been misread concerning the checklist.

I explained the nature of fibromyalgia to the client and about the similarities with chronic myofascial pain. She was then confident for me to re-examine her condition. I determined that

she was actually suffering from a combination. This allowed me to treat the myofascial condition separately from the fibromyalgia.

The patient was pleased because there was relief from her myofascial pain. From the client's point of view there was a 'miraculous' reduction in her discomfort. I continued to explain how I would treat the fibromyalgia. From my experience I knew that she would sleep better following treatment and this is now affirmed through the research of Dr Tiffany Field. The research gives me greater confidence.

Devin Starlanyl reports studies that show that 'most specific pains commonly attributed to fibromyalgia are actually caused by TrPs'. Tiffany Field's research shows that in a study of a number of different treatments of fibromyalgia that the massage therapy group '...reported less pain (than) the last week, less stiffness and fatigue, and fewer nights of difficult sleeping. Massage therapy was the most effective therapy with fibromyalgia patients.' This research positively affirms my intuitive, experience based belief that massage therapy works for fibromyalgia clients.

There can be a feeling amongst therapists that treatments become too 'technical', 'medical' or 'scientific' when you try and think too much. It is, indeed, true that much of massage therapy is based on the intuitive skill of palpation. The key is that research is used to stabilise and reinforce the foundations of attitude. Ideally, intuition and research information create an 'inspiration and confirmation' cycle that truly satisfies any wish list.

The skill that we need to develop is 'research literacy'. When people use the words 'research literacy' they are referring to the ability to find, understand and critically evaluate research evidence for application in professional practice. We all enjoy being 'critical' consumers in our lives and with a little bit of know-how we can be the same with our work.

Massage therapy was the most effective therapy with fibromyalgia patients.

One of the best places you can go for information is to the Massage Therapy Foundation website: www.massagetherapyfoundation.org. This website holds a FREE database of summaries of published research. These summaries are easier to read but still contain all the relevant information. The important thing to know is that you don't have to wade through technical research writing if you don't want to or find it difficult. There is a huge raft of writing that presents research findings and implications in a readable and digestible form for all therapists. Research is not just for academics, it is for us all.

The idea for this research database and its initial development was by practising massage therapists, Martha Brown Menard Ph.D. from the United State and Janet R. Kahn. Ph.D. from Canada. The aim of the Foundation database is to '... become the primary source of citations to articles about massage therapy.' This will include not only articles from peer-reviewed journals, but also other articles

that serve as an important part of the literature on massage. There are many other sources of valuable information, but this is an excellent place to start.

I was fortunate to meet both these women at the Massage Therapy Foundation conference in September, 2005. Their openness about the sharing of information and the benefits that this can bring to each individual therapist was inspiring. More than once they expressed their invitation and desire for Australians to utilise the website. They also invited us to participate. Even though direct involvement in research is only attractive to a small section of the therapist population, they encouraged these people to apply for funding and support from the foundation.

At the moment, research literacy is a component in many courses, but mostly as an add-on subject. It has a peripheral position along with office management, OH&S and how to set up a business. The task is to integrate research literacy into the body of study and in the further investigation of what is taught in the established syllabus. When this happens, interest in the findings of research will become second nature to every therapist. I suggest that this will make us a better profession and better practitioners.

Kahn and Brown-Menard have initiated a program throughout the United States and Canada where schools combine into a consortium dedicated to the integration of research within the massage school environment. Imagine a system where all the massage schools work together to improve the quality and benefits for all massage students. The recent past President of the

Massage Therapy Foundation, John Balletto, envisioned that research could be the mechanism by which ALL the different massage therapists, schools, associations and cultures can join together in a focused direction for the betterment of massage therapy.

***The task is to
integrate research
literacy into the body
of study and in the
further investigation
of what is taught in
the established
syllabus.***

At this time much of the research is being done by scientists and medical researchers. Once we become more knowledgeable about research WE can be of use in two ways.

We can target researchers to encourage particular research and we can help researchers by telling them what it is we need to know.

Nobody has to be a white coated, bespectacled microscope watcher to participate in research. What is needed is a profession with passion and a desire for knowledge, for understanding and for the confirming wisdom of knowledge that will support your intuition and satisfy your wish list.

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Biography

Susan Davis practises massage therapy at the Davis Health Centre, Gordon in the northern suburbs of Sydney. The Centre was established over 35 years ago and has four staff. She began her career in nursing in 1974 and joined her mother, Cynthia Davis, at the Centre in 1979. The Davis family were instrumental in the formalisation of massage therapy as a profession and the development of the first formal course at TAFE. Susan has been a past secretary of the AMT and is currently Research Officer and sits on the Executive Board. She had the pleasure of studying for her B.HSc. at the University of New England with Joel Morrell in 2000-2002.

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POST GRAD & WORKSHOPS		
Myofascial Pt I	Newcastle	Mon 12/9
Advanced Myo	Newcastle	Feb 06
Lymphatics-5 Mons	Charmhaven	Mon 8/8
Deep Tissue Muscle Therapy-6 wkends	Charmhaven	Sat/Sun 13&14/8
Lomi Lomi - 5 Tues	Charmhaven	Tues 20/9
Hot Stone	Newcastle	Tues 23/10
Hot Stone-3 wkends	Tamworth	5&6/11
Trigger Point Therapy	Newcastle	Oct TBA
Lower Limb Wshop	Newcastle	1 day 27/8
Pelvic Girdle Wshop	Charmhaven	1 day 11/9
Lower Limb Wshop	Tamworth	1 day 8/10
Shoulder Pain Wshop	Tamworth	1 day 9/10
Neck Pain Wshop	Newcastle	1 day 15/10
Neck Pain Wshop	Muswellbrook	1 day 22/10
Detox Massage	Charmhaven	2 days 23/10
Pelvic Girdle Wshop	Muswellbrook	1 day 19/11

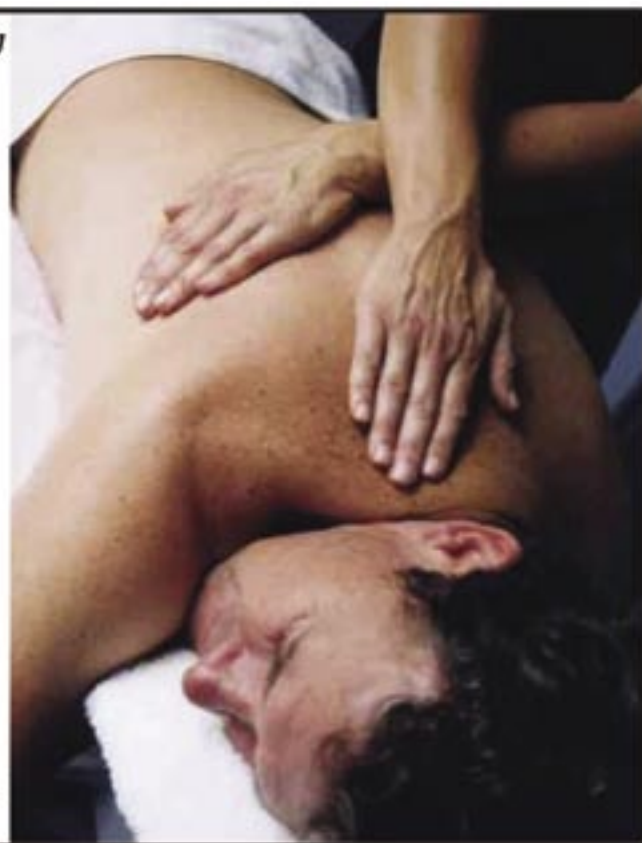
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Health Fund Status

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.

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
Australian Unity	C
Geelong Medical Benefits Fund	C
HealthCover Direct (HBA)	C
NIB	C
NRMA Health	C
Victorian WorkCover Authority	C
MBF	D
Medibank Private	E
The following funds require members to contact them for a 'provider kit':	
Cardmember Health Insurance Plan (HBA) Ph: 1800 060 239	C
Gay & Lesbian Health Fund Ph: 1800 800 245	C
Government Employees Health Fund (AHMG) Ph: 1300 366 868	C
Grand United Friendly Society Ph: 1800 800 245	C
HBA (formerly AXA) Ph: 1800 060 239	C
HCF Ph: 02 9290 0163	C
Mutual Community (HBA) Ph: 1800 060 239	C
Super Health Plan Ph: 1800 624 570	C

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.** Senior Level Two and Three members with:
 - One million dollars current insurance
 - Current Senior First Aid certificate
 Must send signed consent form to AMT with practice receipt(s). **Please note:** all other members please apply directly to MBF
- E.** Senior Level Two and Three members with:
 - One million dollars current insurance
 - Current Senior First Aid certificate
 Must complete an application form (available from AMT). **Please note:** some Senior Level One members may qualify upon AMT's assessment of their qualifications

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		CEUs
	Two days at the Talus. Presented by Dr Paul Conneely. Perth. Ph: 02 9369 1215 (expression of interest sought)	70
3-5	Onsen Muscle Therapy, Volume 1. Presented by Jeff Murray. Newcastle. Ph: 07 5599 2514	105
3-6	Myofascial Release 1. Presented by Patricia Farnsworth. Randwick. Ph: 1800 101 105	160
4-5	Daavid Method Reflex Therapy. Presented by Pierre Daavid. Newcastle. Ph: 02 4963 3148	50
9-13	Myofascial Release 6. Presented by Patricia Farnsworth. Randwick. Ph: 1800 101 105	300
18-19	Daavid Method Reflex Therapy 100hr course, 1 weekend per month until 10 December. Presented by Pierre Daavid. Newcastle. Ph: 02 4963 3148	500
18-19	Myofascial Release 1. Presented by Michael Stanborough. Brisbane. Ph: 0417 736 752	80
24-27	Advanced Remedial Massage (Module One). Presented by Mark Philip Deal. Sydney. Ph: 02 9387 2319	160
25-26	Daavid Method Reflex Therapy 100hr course, 1 weekend per month until 10 December. Presented by Pierre Daavid. Sydney. Ph: 02 4963 3148	500
April		
1-2	Chi Acupressure Massage Workshop. Presented by Master Zhang Hao. Strathfield. Ph: 02 9899 9823	70
7-8	Functional Fascial Taping® Level 1. Ron Alexander. Ph: 03 9376 3652	45
8-22	China Tui Na Massage Study Tour. China International Exchange Centre of Traditional Chinese Medicine, Beijing. Ph: 02 9899 9823	300
14-15	Functional Fascial Taping® Level 1. Ron Alexander. Ph: 03 9376 3652	45
15-16	Chronic pain and structural alignment (Series 2). Presented by Alan Ford. Sydney. Ph: 02 6232 6883	70
28-30	Onsen Muscle Therapy, Volume 1. Presented by Jeff Murray. Sydney. Ph: 07 5599 2514	105
May		
5-8	Sports & Occupational Massage (Module One). Presented by Mark Philip Deal. Sydney. Ph: 02 9387 2319	160
6, 7, 20, 21	Myofascial Release 1. Presented by Patricia Farnsworth. Randwick. Ph: 1800 101 105	160
13-14	Myofascial Release 2. Presented by Michael Stanborough. Brisbane. Ph: 0417 736 752	80
19-21	Myofascial Release 1. Presented by Michael Stanborough. Melbourne. Ph: 03 8802 4345	80
26-28	Onsen Muscle Therapy, Volume 1. Presented by Jeff Murray. Canberra. Ph: 07 5599 2514	105
27-28	Chi Acupressure Massage Workshop. Presented by Master Zhang Hao. Strathfield. Ph: 02 9899 9823	70
27-28 and June 3-4	Myofascial Release 1. Presented by Patricia Farnsworth. Randwick. Ph: 1800 101 105	160
27-28 and June 3-5	Akupunkt Massage. Presented by Rene Goschnik. Sydney. Ph: 02 9547 0158	200

Please view the Calendar of Events on the AMT website for the complete 2006 listing: www.amt-ltd.org.au



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CALL FOR NOMINATIONS FOR ASSOCIATION OFFICE-BEARERS FOR 2006

Nominations are called for the following positions for persons to take office on the AMT Executive Committee:

President, Treasurer, 4 Vice-Presidents and up to 12 other Committee Members

The 4 Vice-Presidents shall become Sub-Committee leaders in the recognised priority areas of:

1. Education
2. WorkCover and Health Insurance Funds
3. Marketing and Public Relations
4. Information Technology

Ideally the 12 other Committee Members will elect to serve on one or more of the Sub-Committees. The Treasurer shall be responsible for all AMT finances. The President shall remain directly responsible for Government matters, the Media, relations with other professional groups, Code of Conduct, Association Standards and for the administration of the Association generally.

Nominations shall be on the form or in the form prescribed below and close at the AMT office 3pm Friday, 31 March 2006.

Where nominations equal vacancies on 31 March 2006 then those persons shall be deemed to be elected. Where nominations exceed vacancies a postal ballot will be conducted via the June newsletter. Where nominations are below vacancies the differential shall be treated as casual vacancies.

Nomination for Office for the Association of Massage Therapists Ltd

I * (name) _____

consent to be nominated for the position of _____

Signature _____ Ph _____

Nominator * _____ Ph _____

Seconder * _____ Ph _____

* All must be financial members of AMT



Client Review Form for AMT CEUs

(to be completed by the client))

Date _____

Therapist _____
(gives the treatment)

Client name _____

	YES	NO
PRE MESSAGE - did your therapist: <ul style="list-style-type: none">• start the appointment on time• take a current medical history or review your progress since the last treatment• discuss your needs and agree on the treatment priorities with you• wash their hands before the massage	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
MASSAGE - did your therapist: <ul style="list-style-type: none">• drape the areas of your body that were not being worked on with towels or sheets• ask you for feedback about the pressure being applied• respond appropriately to your feedback• answer your questions• ensure that the room was at a comfortable temperature throughout the session	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
POST MESSAGE - did your therapist: <ul style="list-style-type: none">• conclude the appointment on time• provide you with appropriate feedback after the massage• if appropriate, re-assess for the effectiveness of massage	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
PROFESSIONAL ATTITUDE - did your therapist: <ul style="list-style-type: none">• dress in an appropriate and professional manner• allow you to undress/dress in private• have towels large enough for secure draping	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
List the best aspects of this treatment session		
Did the treatment meet your needs? What would you change to make the session better?		

You will receive 5 CEUs per client review to a maximum of 20 CEUs per year. You cannot ask the same client to review you more than once in a year.



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DVD ORDER FORM

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DVD TITLE	COST	SUBTOTAL
An Effective Approach to Assessment & Treatment of Common Postural Syndromes	WAS \$49.95 NOW \$59.45	
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The Fascia & its Relationship to Muscle in 3	WAS \$49.95 NOW \$59.45	
Outcomes Measurement for Massage Therapists: How Effective is your Treatment	WAS \$49.95 NOW \$59.45	
Trigger Points and Myofascial Pain in the Shoulder Girdle	WAS \$49.95 NOW \$59.45	
Postage and Handling of DVDS \$8.50 - 1 DVD, \$12.50 - 2 DVDS, \$14.00 - 3-9 DVDS		

GRAND TOTAL \$ _____

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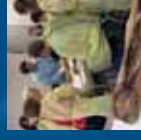
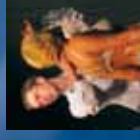


Message Conferences Australia (MCA) provides the best local and international presenters, covering topics from evidence-based to the more subtle energetic modalities. Continuing Education is an important ongoing concern for any therapist who is serious about their profession. MCA events and educational resources including our DVD Live Recordings listed in this brochure provide you with professional and educative presentations and workshops where new research, techniques and other important issues facing therapists are both discussed and demonstrated.



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Massage Conferences Australia, in conjunction with the Association of Massage Therapists (AMT), is pleased to announce a new distance education scheme for AMT members. *Learn While You Earn* with the purchase of selected educational DVD titles.

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When you purchase a Continuing Education DVD, simply watch the recorded seminar and complete the short questionnaire that will be sent to you with your order. Send the completed questionnaire to AMT Head Office with your CEU record and you will receive 10 CEUs per DVD.

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We look forward to supporting your continuing educational needs in 2006!

The MCA team



The Fascia and its Relationship to Muscle: Dissection of a Human Leg

Gain further knowledge and understanding of the relationship between Fascia and Muscle in the human body with this unique educational DVD by observing the fascia, its connections and interactions in 3D with the use of real human specimens. Filmed from the Wetlab at Victoria University, Melbourne in 2005, this DVD is a must for any therapist who incorporates Myo-Fascial Release (MFR) technique in their treatment regime.

The workshop DVD will cover a musculoskeletal anatomy review, followed by a dissection of the human leg in front of your eyes! The dissection will demonstrate to you the fascia of the human body and its interaction with muscle.

Duration: approx. 60 mins Price: Now \$59.45 (15% off) Was \$69.95

Muscle Energy Technique (MET): Theory & Technical Demonstration

Muscle Energy Technique (MET) is fast becoming an integral tool to the overall treatment regime for many qualified Remedial and Soft Tissue Therapists. During this live presentation seminar filmed in Melbourne, Australia in 2005, Dr. Brett Vaughan BSc, MHLthSc (Osteo) will present on the science of MET via a PowerPoint presentation, followed by a Technical Demonstration of the more useful and relevant techniques that can be used by practising therapists.



Duration: approx. 60 mins Price: Now \$59.45 (15% off) Was \$69.95



Trigger Points and Myofascial Pain in the Shoulder Girdle

In order to effectively and efficiently address shoulder girdle pain and dysfunction, manual therapists must be capable of prompt identification of the primary cause of the individual's complaint and not waste time treating muscles that have reacted to the primary lesion. This seminar, filmed in October 2005 presents a framework for identifying whether myo-fascial pain is the primary or secondary diagnosis and will discuss and demonstrate the relationships between various shoulder girdle muscles and also between the muscles, joints and the nervous system using Manual TP techniques as well as a specific demonstration using Myo-fascial Dry Needling.

Duration: approx. 120 mins Price: Now \$59.45 (15% off) Was \$69.95



An Effective Approach to Assessment and Treatment of Common Postural Syndromes

Pain and dysfunction caused by postural overuse syndromes commonly present to the manual therapist. During this live presentation recorded in Melbourne, Australia in 2005, we will discuss key contributing factors to the development of postural strain syndromes.

The presentation DVD focuses on:

- The role of the postural stabiliser and mobiliser muscles
- The implications of muscle imbalance on posture, pain and dysfunction

- The presentation of upper-crossed and lower-crossed postural syndromes
- Effective assessment and diagnosis of postural syndromes
- Treatment and management of postural syndromes using a variety of soft tissue techniques, self-help exercises and stretching programs

A PowerPoint presentation is followed by the demonstration of various remedial massage treatment techniques.

Duration: approx. 120 mins Price: Now \$59.45 (15% off) Was \$69.95



Outcomes Measurement for Massage Therapists: How Effective is your Treatment?

Do your clients get better from your treatment? Are you able to objectively demonstrate these improvements? If not, then this educational DVD is a must for you. Measuring the outcomes of treatment is now a requirement for many manual therapists treating workers compensation and traffic accident clients. Massage therapists are increasingly required to demonstrate the effectiveness of their treatments.

This DVD will provide you with a number of basic, valid and reliable tools to measure the outcomes of your treatment to demonstrate to your peers, third-party payers and your clients, that the treatment you are providing is effective. Included on the disc are presentation notes and copies of the questionnaires in .pdf format allowing you to print and ready for use in your clinic.

Duration: approx. 120 mins Price: Now \$59.45 (15% off) Was \$69.95