



President's Report

By Tamsin Rossiter

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AMT has swung into action early this year. A small group of Directors met recently in Canberra to continue work on the development of our Standards of Practice. This is no easy task, as it involves lengthy discussion and debate regarding the scope of our work. This is especially complex given the recent proliferation of massage-related modalities and touch therapies, some of which have only an oblique connection to the core principles and practice of massage therapy.

The process also requires reflection on many specific aspects of clinical practice and, at times, rulings need to be made that may conflict with what we were taught in our initial massage training. For example, many of us who trained years ago were taught to include breast massage in a full body Swedish routine. As far as I am aware, this is no longer taught in Registered Training Organisations (RTOs). Most educators, clients and students now regard breast massage as clearly outside the massage therapy scope of practice.

Changes have also occurred in areas such as infection control. Massage graduates now should have thorough knowledge and understanding of Standard Precautions, the prevention of transmission of blood borne diseases, and how to handle body fluid spillages and the use of Spills Kits. Many years ago, such preventive measures were not included in massage education. We now need to ensure that these protocols are encompassed in our Standards of Practice, especially when there are statutory obligations associated with them (such as health information privacy legislation, for example). As we increasingly work towards acceptance and credibility in the sphere of healthcare, our legal and ethical responsibilities step up proportionally. The job of being a Massage Therapist is demonstrably more complex and demanding than it was 20 years ago precisely because we have made such a lot of ground as health professionals.

Again, I invite all members to be involved in the development of our standards. This can be done by contributing feedback to our Wiki space (www.amt.org.au/wiki) and the AMT forum (www.amt.org.au/forum), or by participating in discussion with other members at regional meetings.

Planning and preparation for this year's annual conference is moving along efficiently and effectively thanks to our Canberra members, in particular Derek Zorzit and Alan Ford. This year's program looks exciting even in its preliminary form, as we are making the most of local talent in the ACT with some fresh faces presenting throughout the weekend. Please mark October 29 – 31 in your diary and make this year's conference a priority in your professional development and networking program for 2010.

Our Annual General Meeting is scheduled for Sunday March 21. Due to the popularity of last year's AGM/ Members' Day, we have scheduled two presenters this year. Most of you should be familiar with Colin Rossie, AMT's Vice President and presenter extraordinaire. Colin will be presenting a lively session on using props in your clinic, with the enigmatic title "Balls, bolsters, bits and scrits". We also have John Bragg's workshop on knee and thigh pain. John is fresh back from 2009's International Fascia Research Congress in Amsterdam and a professional development course with Robert Schleip incorporating the latest research on fascia. Both of these workshops will be well worth attending and a great opportunity to extend your knowledge and skills.

For those of you able to attend, I look forward to meeting with you on the 21st March at Burwood RSL.

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Secretary's Report

by **Rebecca Barnett**

As we hurtle towards yet another AMT AGM, I thought it might be fitting to reflect on some of the achievements of 2009 in relation to this publication, the AMT journal. As Editor of *In Good Hands* for most of the last 42 editions, it has been gratifying to watch both the profession and AMT's journal come of age. The last few years have been particularly pleasing, with 2009 being a high watermark for *In Good Hands*.

Across all editions of last year's AMT journal, we spoke in our own voices to our peers: every single published piece was written by Massage Therapists for Massage Therapists. Equally impressive, we only published one article by an overseas contributor in the September issue (a somewhat philosophical piece "Exploring with Science", by Keith Eric Grant). Other than Keith's contribution, the journal was 100% Australian manufactured and owned!

I do not believe that this is a celebration of insularity, but rather a fitting acknowledgement of a significant maturation of our local massage scene. Having the confidence and knowledge to speak with our own voices and not rely on Canadian physios or American chiro's to speak for us is a great leap forward for our profession.

I salute all those who have contributed in recent years to the journal, particularly the ever-reliable Kerry Hage, Alan Ford, Tyraus Farrelly, Colin Rossie and Jeff Murray who have been generous enough to share their ever-readable expertise and knowledge repeatedly.

A great deal of the work we do is yet to be validated by research. Ironically, much of what we publish in this journal is pioneering in the context of evidence-based practice, even though we can trace the origins of therapeutic massage back thousands of years (in the western world, to the foundations of modern medical practice!) and we can see the results of our craft daily in our practices.

In this sense, every time a therapist generously shares their clinical observations and experience via journals such as this, it contributes to the foundations of our body of knowledge. In my article on page 6, the DIY of Massage Research, I pick up on this theme in more detail.

I sincerely hope you join me in saluting the effort and energy of our pioneering contributors and, perhaps, even consider standing on the shoulders of giants and sharing your observations, experiences and hard-won knowledge some time via the journal.

Health Fund News

Since the introduction of the Private Health Fund accreditation rules last July, AMT's reporting responsibilities have become far more onerous. Most of the initial hiccups have been ironed out now but, unfortunately, each of the funds has a different report format and reporting cycle so this adds to the amount of time Head Office devotes to servicing the health fund lists. Add to this the fact that many funds are still tweaking their systems, requiring more and different kinds of data, and you can appreciate where a significant proportion of your membership dollars are invested.

We have published a list of Health Fund FAQs on page 16 of this journal so please read this carefully so that your clients' claims can continue to be processed smoothly. It is more important than ever to keep Head Office up to date with all your critical paperwork (insurance, first aid and CEUs) since we have no leeway with reporting to the funds. If you hold pre-HLT qualifications and drop off the provider lists, it will not be possible to reinstate you at a later date.

New insurance underwriter

AMT is in negotiations with Rowland House regarding a new insurance policy for members.

They are offering extremely competitive rates and other key benefits such as online renewal and instant generation of Certificates of Currency. We will inform you of our progress via this Journal.

This Sporting Life: the 2010 AMT Annual Conference

Our 21st Annual Conference is confirmed for October 29- 31 at The Hotel Realm in Canberra. The full conference brochure will be released in the June AMT journal as usual but keep an eye on the AMT website for an earlier electronic release. Confirmed speakers include Australian sporting legend, Dick Telford, and ACT Sports Medicine Australia President, Dr Rob Reid. International guest speaker and author Art Riggs will present a one-day workshop on Friday 29 and a breakout over the weekend. As Tamsin mentioned in her report, the program is shaping up to be exciting and fresh!

I look forward to seeing all you groovy true believers in all your groovy glory on the dance floor at the conference dinner. See if I don't.

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DEADLINE

**Deadline for the
June 2010 issue of
In Good Hands is:
1st May, 2010**

Please email
contributions to:
journal@amt.org.au
or phone: 02 9517 9925

News from the regions



Hunter by Paul Lindsay

November 2009 was a busy month for Hunter members. It began with a presentation at the Inaugural Graduation and Awards Ceremony of the WEA Academy of Complementary Health. Unfortunately, the recipient of AMT's award was not able to be present, but AMT member Eleshia Venners spoke on the philosophy of AMT and the activities of the Hunter Branch. Having now established a liaison with the Academy, we look forward to greater contact between our members and the students who will be part of the next generation of therapists. [A copy of the letter of appreciation from the college is reprinted at the end of this report- Ed.]

The guest speaker for our November meeting was Liana Burrows, an exercise physiologist. Liana gave an interesting presentation on what exercise physiology involves and how it differs from physiotherapy. Then she had everyone bending and stretching with some rehabilitative exercises that we could use in our practices. Several members who could not attend the meeting expressed disappointment at missing Liana's presentation, so it will probably be repeated in the future.

At the end of November two members provided voluntary massage at Camp Quality for parents who had lost a child to cancer. This is the first time that Hunter branch has worked with Camp Quality. Another session has been organised for March 2010, which will be for mothers at a Mother and Daughter camp (where the daughters have cancer).

Three workshops are planned for the Hunter region this year. In March, Jeff Murray will present Volume I of his Onsen Muscle Therapy course. On 8 May, we will attend the Newcastle University Gross Anatomy Wet Lab.

This is a rare opportunity to visit one of the few wet labs in the country, and will really enhance your muscle appreciation. Most members who have been on prior visits want to go again – I can personally recommend it. The visit will be on a Saturday morning and members from outside the Hunter area who would like to come up the night before should contact me, as some billeting with local members may be available.

The final workshop for the coming year will be on July 18, when John Bragg will present a one-day session on 'Shoulder pain and scapula stability' following our AGM.

On 24 October, Hunter members will be providing fund-raising massage at the Avon Race for [breast cancer] Research. This is a big local event attracting over 3,000 participants, varying from keen athletes to mums and dads with strollers. It will be a great opportunity to market AMT, promote massage and generally enjoy the carnival atmosphere. Any members who are available on that day are encouraged to come along, if only to provide support or collect money.

Our meetings are held bi-monthly, usually on the third Sunday of every odd month, however our March meeting will be held on the 28th to avoid a clash with the Association's AGM. A guest speaker is planned.

Our May meeting will be on the 16th when the guest speaker will be Dean O'Rourke, who will be talking about Buteyko breathing technique.

As you can see, 2010 promises to be a busy year for the region!

Letter of Appreciation from WEA Hunter

The first Graduation and Awards Ceremony of the WEA Academy of Complementary Health was held on Friday 13 November 2009. AMT head office donated a prize of a year's membership and a certificate, while Hunter branch contributed a \$100 book voucher. The following is a letter of appreciation from the WEA.

"I would like to thank [AMT] for your support in helping us to celebrate the Academy of Complementary Health's Inaugural Graduation and Awards night. As our first event, I was very happy with how it went and look forward to it building each year from now on. One of the reasons it was such a success was the quality of the awards that were presented on the night.

Please accept our heartfelt thanks for the generosity that AMT has offered to the Academy. I look forward to continued co-operation between the AMT and the Academy."

Carolyn Ward
Co-ordinator: Academy of
Complementary Health - WEA Hunter

Need CEUs?

Journal question -
March edition

What does the acronym MYMOP 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.org.au/index.php?Page=Members_CEU_1.php

News from the regions (cont...)



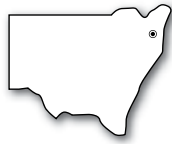
Riverina by Jodee Shead

Our last meeting for the year attracted the largest attendance for quite some time. The guest speaker, called in at short notice, spoke on sports taping and gave some demonstrations of its uses. We all went home with some part of our body in tape!

Confirmed dates and events for the coming year include Paul Hermann's seminar on Swiss Ball (May 2), Jeff Murray's Onsen 3 (28-30 May) and Onsen 4 (26-28 November). The Onsen workshops will be held at Moama Uniting Church, corner Pakenham and Hare Streets, Echuca.

Local member Siebren de Boer is helping organise the Back 2 Basics Expo in Shepparton. Branch members are considering the option of exhibiting at the event to promote the benefits of massage therapy.

In sad news for the region, local member Faye Brown recently announced that she is retiring from Massage Therapy. As a loyal, long-term member of AMT, she has attended Riverina meetings for 10 years! We wish her all the best in her future endeavours.



Mid North Coast by Jan Crombie

Happy New Year from the beautiful Mid North Coast.

The scheduled presenter for our December meeting cancelled at the last minute, so a lightning fast programming decision had us all doing swap foot massages (after a quick trip home to get towels, talc powder and some old reflexology notes!). The response from members who attended this session was fantastic. It was certainly nice to be on the receiving end of treatment.

The 25th anniversary of the Australian Ironman will be a big event for the region. Held in Port Macquarie on 28 March, the triathlon is a great opportunity for therapists to get involved in promoting massage therapy. We usually have about 150 massage therapists and helpers to cater for some 1500 triathletes. Volunteers are always welcome. We also run a pre and post massage service from the 24-29 March so, if you are interested in some paid work, please ring 0401 149 858.



Sydney South by Rene Goschnik

We finished 2009 on a high, with our Christmas Party at the Ritz Hotel in Hurstville. A fine time was had by all!

Throughout 2009 we had an average of 14 people attend branch meetings. This is a good, solid showing but we are always keen to encourage more local members to join us.

At our first meeting for 2010, we had an interesting discussion about research in massage. Lots of ideas and practical information were put forward by local members.

Chiropractor Kieran Shannahan will be the first guest speaker of the year at our meeting in April. Other speakers planned for the coming year include a Nutritionist, Bowen Therapist and Physiotherapist. Why not join us, meet other local therapists and be inspired by the interesting speakers and discussions that ensue?

For further details or information about the Sydney South Branch, please contact Rene Goschnik on 0411 039 819.


















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PLEASE QUOTE YOUR AMT MEMBERSHIP NUMBER WHEN PURCHASING ONE OF THESE SPECIAL OFFERS

The DIY of Massage Therapy Research

by Rebecca Barnett

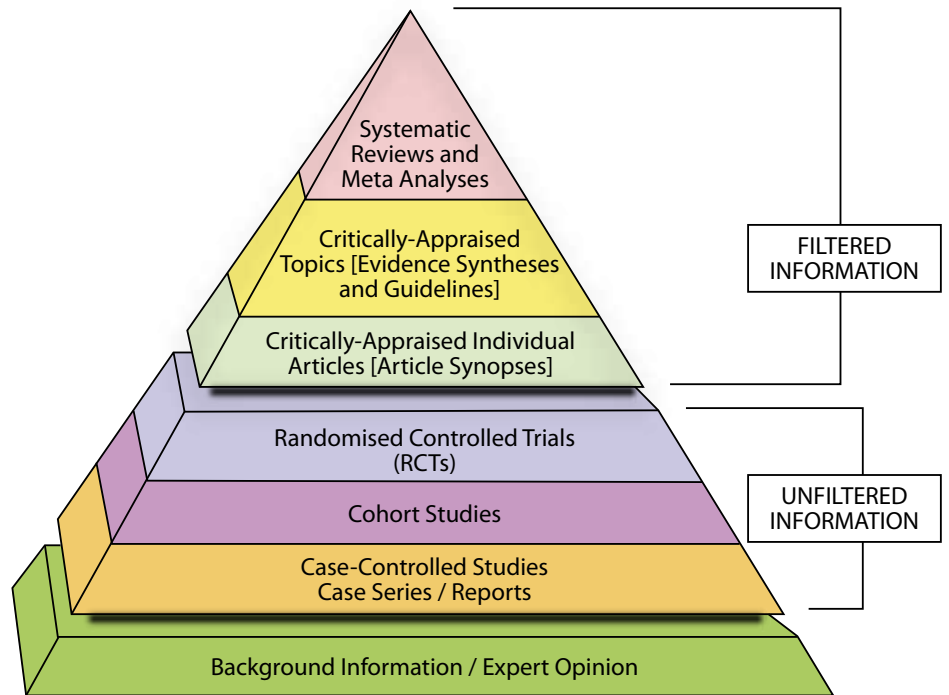
As busy clinicians working within a rapidly-evolving treatment context, the research agenda can seem both burdensome and remote. With clients to treat and businesses to run, how can we be expected to keep up with the proliferation of evidence-based information and knowledge, let alone participate in the process of growing an evidence base that supports, explains, validates and ultimately serves to promote the specific work we do in our clinics?

In his keynote address at the AMT conference last year, Associate Professor Jon Adams spoke about the challenges of evidence-based practice for health clinicians. Ironically, research has demonstrated that the results of health research are only poorly understood by clinicians and even less well applied in clinical practice! This might sound a little like a snake eating its own tail but the principle holds whether you are a GP working in a family medical practice, a physio specialising in back pain or a massage therapist treating within a wellness and prevention framework.

The massage therapy profession cannot avoid the reality of evidence-based practice even if many of us would like to throw in the towel and admit defeat in the face of the research juggernaut. It is an all-pervasive influence on health policy-making, third party payment systems, health economics and the biggest dealmaker and breaker with the gatekeepers of public health referrals, the General Practitioner.

The Evidence Pyramid

The best evidence pyramid (pictured above) is a guideline to the hierarchy of evidence available in the medical literature. It is central to the concept of evidence-based practice.



As you move up through the levels of the pyramid, the amount of available literature decreases, but the information therein is perceived to increase in relevance in the clinical setting. The elements at the top of the pyramid are considered the most relevant to clinical reasoning and application, and the bottom layers are considered to be the least clinically relevant.

The massage therapy community is at a particular disadvantage in the context of the health evidence pyramid since the kind of data that is privileged as the most clinically relevant is in relatively scarce supply within our field. Concomitantly, the kind of information that we could easily produce given the nature of our clinical practice - and that constitutes the majority of the content we publish in our professional association journals - sits at the bottom two levels of the pyramid. Put simply, the vast bulk of the research that occurs in the field of massage therapy happens at the clinic level and much of that is not formalised or recorded in a systematic fashion.

Those who share their clinical experiences and knowledge via the AMT journal are often, in this sense, pioneers in our field and we are deeply indebted to them.

Getting on with the business of gathering the kind of higher-level data that sits at the top of the evidence pyramid poses significant challenges to us due to the peculiarly labour-intensive nature of the work we do. A clinical trial with a large number of subjects requires significant resources and labour. Additionally, it is impossible to blind subjects to whether they are receiving massage and even more entertaining to contemplate the concept of blinding the practitioner to whether they are delivering massage! (though some of the more outspoken in our professional community may beg to differ with me on the latter). Because of this, massage therapy can only be compared in effectiveness against no treatment and/or other forms of treatment, rather than against a placebo, thereby compromising the validity of the research in the eyes of some hard-bitten skeptics.

Our other big handicap is that we don't have the multi-million dollar research and development budgets of the pharmaceutical industry. This funding has traditionally been the engine of a significant and, many would argue, overly influential portion of the health research pie. A great deal of health policy has been developed off the back of pharmaceutical dollars and enormous sums are invested in subtle marketing to the medical community via indirect incentives and inducements.

Doing it for ourselves

All of these factors make it easy to fall into the trap of believing that our cause as a professional community is hopeless ... or that research is somebody else's job - the domain of a PhD scientist investigating the mating habits of the gall wasp, rather than that of the humble working clinician. However, as a professional community, we do have significant resources to draw upon that could help to foster our research agenda. The most potent and under-utilised of these resources is ourselves.

In his breakout sessions at the conference, Jon Adams opened the door for us on the qualitative research paradigm, and the potential power of action research to advance our understanding of health outcomes. Part of Jon's mission is to bring the practitioner and the patient back into the centre of the frame. How can we continue to call something "evidence-based practice" if it is so far removed from real clinical conditions and the realities of day-to-day practice?

Jon clearly demonstrated that the qualitative paradigm has the capacity to empower us in furthering our own research agenda. But are there options available to us in the more 'medically accepted' quantitative paradigm?

Let's take a look at the maths, starting with AMT's member base alone. Assuming that AMT's 1400-strong membership performs an average of 10 consultations a week, that adds up to a whopping 14,000 consultations each week or approximately 670,000 consultations a year (allowing for holidays and sick leave). That's potentially an enormous amount of data - waaaay more than the average clinical trial.

Imagine if we could harness the power of those numbers in a meaningful way!

"But I don't know how to conduct research", I hear you protest, "I am just treating clients, not collecting data".

Actually, that's not true. The notes you keep in your client file are a kind of data, perhaps not necessarily formalised or systematic but it's data nonetheless. If you have ever used a simple tool like a visual analogue pain scale to track and record your client's progress, then you've conducted a tiny piece of research. The VAS is perhaps the simplest form of outcome measurement we have in the business.

Free research tools

Therapists who treat WorkCover clients will already be familiar with some of the available outcomes measurement questionnaires and tools, such as the Oswestry Disability Index (otherwise known as the Oswestry Low Back Pain Disability Questionnaire). Third party insurers require therapists to report back to them using these sorts of surveys to quantify and monitor patient progress. In the context of third party payment, the questionnaires are principally employed as a rationale to justify further treatment. They answer a basic fiscal question "Should we continue to pay for this form of treatment"?

We are far more empowered and knowledge-rich than we might think.

However, questionnaires such as Oswestry are also a research tool. They provide us with a recognised and accepted framework to organise and quantify our clinical data. As such, we could readily make use of them in our clinics to conduct practice-based research.

Fortunately, there are dozens of questionnaires available in the public domain, including surveys that help us investigate specific conditions such as neck pain and headache. Given that they are freely available, we could begin making use of them in our practices tomorrow to organise and record results, identify trends, validate our work and perhaps even contribute to the research base of our profession. After all, the top levels of the evidence pyramid would not exist without the foundations of practice-based discovery and investigation.

Research always begins with an idea or hypothesis begging for validation: without the insights that clinical practice and individual practitioners bring, the systematic review and meta-analysis would not exist.

I have compiled a short list of some of the available questionnaires (see overleaf), along with a brief description and links to where you can download them for free. This list is by no means exhaustive but contains some of the more commonly used surveys that are in the public domain. You'll see them turn up repeatedly as the measurement tools used in clinical trials.

There are many other surveys available, some of which are subject to copyright and attract a fee.

Perhaps the best way to select an appropriate survey for something you'd like to explore in practice-based research is to check out the available literature in a comparable area and see which measurement surveys have been selected. A quick search in PubMed is likely to yield hundreds of results and the published extracts always include a summary of how results are measured.

Did you know that PubMed can filter results according to whether full text versions of a citation are available or whether it's just an abstract?

<http://www.ncbi.nlm.nih.gov/pubmed/>
There are two surveys I would like to feature in a little more depth before you race off to puddle around in PubMed!

Measure Yourself Medical Outcome Profile (MYMOP)

MYMOP is a patient-generated, individualised outcome questionnaire. It is designed to measure the outcomes that the client considers to be the most important - in other words, it is a patient-centred measurement tool. This approach to survey design acknowledges the underlying principle that medical outcomes belong to the patient and that their experience of illness should be incorporated into the measurement process. It marks a shift toward acceptance that subjective perceptions of health are a valid area of inquiry and should be encompassed in research.

When a MYMOP survey is completed for the first time, the patient does this in consultation with the therapist. They choose one or two symptoms that they are seeking help with and that they consider the most important. The patient also chooses an activity of daily living that is impacted by this problem. The choices are recorded in the patient's own words and then scored for severity over the past week on a 7 point scale. General wellbeing is also scored on a similar scale. In subsequent questionnaires, the wording of the previously chosen items is unchanged and the patient can fill out the questionnaire independently.

The most recent version of the initial and follow up MYMOP forms are available for download here:

http://sites.pcmd.ac.uk/mymop/files/MYMOP_questionnaire_initial_form.pdf

http://sites.pcmd.ac.uk/mymop/files/MYMOP_questionnaire_follow-up_form.pdf

Short Form 36 Health Survey (SF36)

The SF-36, sometimes referred to as the Rand 36-item Health Survey, consists of only (you guessed it) 36 questions. It contains a set of generic, coherent and easily administered quality-of-life measures. Like MYMOP, these measures rely on patient self-reporting. Also, it is a general measure rather than one that targets a specific age, disease or treatment group. As such, it is incredibly useful in differentiating the health benefits produced by a wide range of different treatments. It's commonly used in health economics to evaluate the cost-effectiveness of a particular treatment.

The survey consists of 8 scaled sections that evaluate the following: physical functioning, bodily pain, role limitations due to physical health problems, role limitations due to personal or emotional problems, emotional wellbeing, social functioning, vitality and general health perceptions.

The original SF36 arose from the Medical Outcomes Study (MOS), a two-year study of patients with chronic conditions. The work was undertaken by Rand Health, an organisation dedicated to improving policy and decision-making through research and analysis.

SF36 is available for download from the Rand website:

http://www.rand.org/health/surveys_tools/mos/mos_core_36item_survey.html

Conclusion

The research agenda is not as remote and high-falutin' as we might sometimes think. There is much that we can contribute to our own body of knowledge if we're willing to turn our clinics into mini-laboratories and systematise the way we record our client's data. Many of the resources we need are both literally and figuratively at our fingertips.

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Oswestry Disability Index

Oswestry is one of the most commonly used and recommended tools for measuring the disabling effects of low back disorders.

Available for download from:
http://www.tac.vic.gov.au/upload/oswestry_question.pdf

Roland Morris Disability Questionnaire (RMDQ)

The RMDQ is also a widely used measure for low back pain.

Available for download from:
<http://www.rmdq.org/Download.htm>

Neck Disability Index (NDI)

This was designed to assess pain-related disability associated with activities of daily living in people with neck pain. The NDI consists of 10 sections that measure both pain and function.

Available for download from:
<http://www.tac.vic.gov.au/upload/NDI.pdf>

Headache Disability Index (HDI)

The HDI is a standard questionnaire for assessing the functional status of a person with headaches.

Available for download from:
<http://outcomesassessment.org/Documents/HeadacheForm.pdf>

MOS Sleep Scale

The MOS Sleep Scale measures six dimensions of sleep, including initiation, maintenance (e.g. staying asleep), quantity, adequacy, somnolence (e.g. drowsiness), and respiratory impairments such as shortness of breath and snoring.

Available for download from:
http://www.rand.org/health/surveys_tools/mos/mos_sleep_survey.pdf

Perceived Stress Scale (PSS)

The Perceived Stress Scale is a 10-item self-report questionnaire that measures a person's evaluation of the stressfulness of the situations in the past month of their lives.

Available for download from:
<http://www.mindgarden.com/docs/PerceivedStressScale.pdf>

Beck Anxiety Inventory (BAI)

The BAI is a 21-question survey that is used for measuring the severity of an individual's anxiety.

Available for download from:
http://www.headache-adviser.com/support-files/beck_anxiety_inventory.pdf

MASSAGE THERAPISTS INSURANCE POLICY

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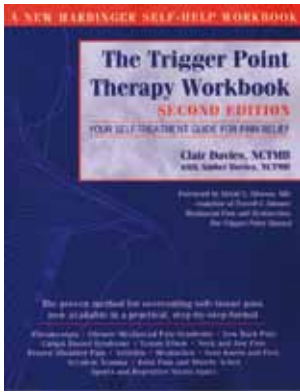


College of
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Education

Book Review

By Robert Gibbon

THE TRIGGER POINT THERAPY WORKBOOK (YOUR SELF-TREATMENT GUIDE FOR PAIN RELIEF) 2ND EDITION



Clair Davies, with Amber Davies
Foreword by David G. Simons

Published by: New Harbinger Publications, 2004

Supplier: Amazon (Shipped by Thermite Media)

Format: Softcover, 323 pp.

Price: \$36 AUD (incl shipping to Australia)

ISBN-10 1-57224-375-9

ISBN-13 978-1-57224-375-0

Websites: www.amazon.com;
www.newharbinger.com

What would you do if you discovered that your therapist had the same debilitating condition as you and was unable to treat it? If you were Clair Davies, you'd write this book!

A self-professed 'good mechanic', Mr. Davies spent a long, lucrative career rebuilding and tuning pianos. When his shoulder became so painful that he felt he could no longer continue his work, it was a massage therapist who gave him hope - he remembered books he'd seen in her office. Travell and Simons' Trigger Point Manual became his lifeline, and he spent months devising ways to press on his own trigger points.

That is how Clair Davies came to the field of massage therapy at age sixty. Being the oldest student in his massage course, he was surprised to find that he was the only one not experiencing persistent pain. It was only a matter of time before he was able to demonstrate his trigger point knowledge to the class. Opportunities to share this knowledge grew from there, including helping his peers in the piano industry.

Now devoting his time to 'tuning people' rather than pianos, the author is described by David Simons as being "determined to help relieve mankind of unnecessary suffering". Davies himself states that he wishes "to get the word on trigger points to every corner of the earth".

In this book, Davies provides medically sound information in plain language that can be understood by the new student, the qualified therapist, physicians and lay people alike.

Some of his approaches vary from the classical training on trigger points that massage therapists usually receive. For instance, "deep stroking massage" is recommended rather than static (or ischaemic) compression. Davies explains "This gets results quicker and with less irritation to the trigger point, less damage to your hands, and less risk of bruising the skin and muscle. In addition, a moving stroke, frequently repeated, elicits a greater change in a trigger point than static compression."

Here is an excerpt showing the basic guidelines for self-treatment of trigger points recommended by Davies:

1. Use a tool if possible to save your hands.
2. Use deep stroking massage, not static pressure
3. Massage with short, repeated strokes.
4. Do the massage in one direction only.
5. Do the massage stroke slowly.
6. Aim at a pain level of seven on a scale from one to ten.
7. Limit massage to six to twelve strokes per trigger point.
8. Work a trigger point three to six times a day.
9. If you get no relief, you may be working on the wrong spot.

Drawings done by Davies himself show not only trigger points, referral locations and the muscles involved, but also the recommended postures and hand positions. Creative uses of hands, knees and elbows abound, with proper bracing to minimise strain. Other tools such as a TheraCane are vital for reaching above and behind (sub-occipitals, deep spinal muscles, supraspinatus) or below (tensor fascia latae, tibialis anterior). Improvisations include using a tennis ball in a sock to massage your back against a wall and a rubber eraser held on a spring clip to apply direct pressure where it is needed, without causing fatigue.

Organisation of the book is flawless. In fact, it makes an excellent reference manual and companion to the two-volume tome of Travell and Simons. Davies has drawn heavily on the research presented by the two medical doctors and added a massage therapist's perspective. His book allows quick access to key information in a format that is easy to follow and easy to read.

Each chapter is arranged in clear and logical sections. A specific pain region is shown, followed by a list of which muscles form active trigger points that might refer pain to that region. The most likely suspect is listed first. For example, in the case of toothache, temporalis is listed first, followed by the masseter etc, remembering that more than one muscle may be involved.

Background information in each chapter reveals the kind of treatments that are undertaken when trigger points are not suspected. For example, Carpal Tunnel Syndrome sufferers may have already tried wrist splints or surgery, but they can often experience relief from treating the subscapularis trigger point. Davies points out that conventional treatment tends to focus only on the local area of pain. The phenomenon of pain referral is not often taken into account. Referred pain of unknown aetiology usually receives the label of "peripheral neuropathy" and may go untreated. Again, for example, clients find that self-treating the gastrocnemius and soleus muscles alleviates stubborn foot and heel pain, allowing them to walk and run again without surgery or painkillers.

At first glance, the final chapter has little bearing on the subject of trigger point self-massage. It is intensely autobiographical, detailing Davies' own life journey and experiences of pain and anxiety management. However, it all ties together at the end as it becomes apparent that Davies wants us to be mindful of our muscular aches and pains, and tension levels. That is part of his commitment to reducing our pain and suffering: it is pointless to merely 'kill' a trigger point or two if our own lifestyle and habits create the conditions that bring our trigger points to life.

This book is an ideal study guide and learning tool for students - your own body serves as the "laboratory". Each trigger point and referral pattern that you find on yourself can be applied in a clinical context, thereby serving as a guide for treating clients.

At a glance:

- Relevant muscles clearly described
- Illustrations crystal clear, thoughtfully presented
- Great affordable price
- Offers the reader insight into their own condition
- Offers reader potential relief from pain
- Educational resource for classes, therapists, study groups
- Reaches out to medical establishment regarding existence of trigger points/ treatment
- Empowers clients to participate in their treatment (and save money)

Overall Rating

★★★★★

Excellent - very helpful reference material

Robert Gibbon is a Senior Level Two member of AMT and a recent graduate from Blue Mountains College of TAFE in NSW. He also holds a BSc in Biology from Eastern Oregon University (USA). He has worked with disabled and elderly clients in institutional and community settings in Australia and overseas. He remains actively involved in community work and is a team member of Mountains Massage in Faulconbridge, based at the Blue Mountains Wellness Centre.

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Product Review

By Tyraus Farrelly

MyoTool



Self Massage & Treatment Device

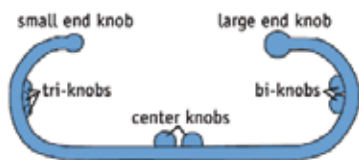
Contact: SPORTSTEK 1300 785 786

Website:

www.sportstek.net/myotool.htm

Price: \$71.00 Plus GST & P/H
(Discount may apply)

The MyoTool is another one of those great little – well, actually quite big in this case – products that many therapists seem to know little about! However, as you can see from the diagram below, it is a large, C-shaped device, approximately 83cm long, with 6 knobular (is that a word?!) applicators.



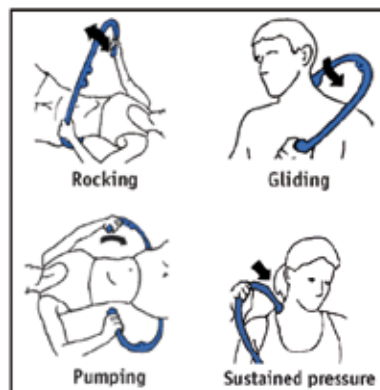
The advertising paraphernalia for the device says that every MyoTool is shipped with a user's guide featuring 50 treatment techniques in the following areas:

- Neck
- Mid Back
- Chest, Shoulders, & Arms
- Lower Back
- Buttocks & Hips
- Thighs
- Lower Legs & Feet



Some functions listed for the device are:

- First rib mobilisations
- Plantar fascia massage
- Buttock and piriformis pumping
- Pumping massage to the hamstrings
- Gliding massage of the calf muscles
- Quad and hamstring stretching
- Upper cervical traction / suboccipital release
- Acupressure and trigger point release
- Soft tissue pumping and gliding techniques for the spine and extremities
- Combined neural gliding and soft tissue treatment techniques
- Spinal traction techniques
- Mobilisation/release of fascial restrictions
- Assisted stretching
- Self joint mobilisation/manipulation to every spinal joint
- Segmental spinal facilitation and stabilisation.



Holy dooly!

So can it do all that it claims?

When I first saw this device, it struck me as a fantastic idea. I especially liked the two central knobs as they looked perfect for spinal mobilisation, and releasing those deep paraspinal muscles and fascia that so often get tight and restricted.

A number of the other applicators on the MyoTool would perform a similar function to the Backnobber and TheraCane (reviewed in the September 2007 edition of *In Good Hands*). Both of these are fantastic devices and I can honestly say that I use them all the time.

My first piece of self-experimentation with the MyoTool was a sub-occipital and posterior neck release performed in supine position. Well, this was absolute heaven! I moaned and groaned with both pleasure and pain for about 5 minutes.

I had to lift the outer C-curves up a little, to accommodate my cervical lordosis, but this was easy enough.

I did find that the device was a little fiddly at first, since different people have differing degrees of spinal curvature. You may need to prop the MyoTool up with a towel or reduce the lumbar lordosis by going into hip and knee flexion to gain adequate pressure. I was a little disappointed with this aspect at first. However, the more you use the device, the more proficient you become at finding the right leverage and position to do some really great self treatment!

For me, applicators like the MyoTool, the Backnobber and the TheraCane are so much more versatile and effective than any of the plethora of electric massagers on the market. They can literally treat anywhere in the body with a surprising array of techniques. They do take a little time and experimentation but, once you get proficient with them, they are worth their weight in gold!

The one issue with the MyoTool, is its size. At 83cm long, you won't be putting one in your travel bag. This is where the TheraCane and the Backnobber really shine, as their compact nature means you can take them anywhere.

In terms of sheer treatment versatility, in order of least to most versatile, I would rank the three devices:

1. Backnobber
2. TheraCane
3. MyoTool

If you invest the time to use the MyoTool proficiently, it is fantastic. My advice - get one!

Tyraus Farrelly is a senior level 2 AMT member. He completed the TAFE Associate Diploma of Health Science in 1995. He was the head Massage Therapist for the Illawarra Steelers and the St George Illawarra Dragons for 4 years and the head consultant Therapist for the Australian National Martial Arts team for the World Karate Championships. He has conducted post graduate workshops privately and for the Illawarra Steelers and delivered workshops on Massage for Pain Relief within a pain management course. He has worked with many Physiotherapists, Musculoskeletal Specialists, Chiropractors, Exercise Scientists and Sports Physicians within a rehabilitation environment and within an elite sports environment. He currently runs a full time clinic in Wollongong, with a focus on sports and occupational injuries.

For comments or suggestions please contact Tyraus at tyraus@hotmail.com

Musician's Medicine: A new specialty for the Massage Therapist

by **Maike Brill**

I have been fortunate to attend two International Congresses on Music Physiology and Musicians' Medicine held in Germany. The congresses were organised by the German Association for Musicians' Medicine and the Freiburg Institute for Musician's Medicine. The mission of these associations is to examine all the factors that are key to enabling musicians to make music with joy and pleasure.

Making music and listening to music is a source of immense emotional power. It creates a feeling of deep fulfilment. However, the conditions of making music are frequently far from optimal. In fact, they often do not allow the musician to exploit their optimal creative potential.

It is the aim of Musicians' Medicine associations to improve the conditions in which music is made by sharing experience and knowledge across a broad variety of disciplines. To help achieve this, musicians, physicians and therapists who are active in the practical or scientific arena embrace the opportunity afforded to them by the congress to compare notes and share their expertise.

It was a wonderful experience to be part of all that knowledge and research. Even more rewarding was the exchange of information between the various disciplines.

Musicians rank very high in the list of occupations with high health risks. For example, orchestra musicians have very high stress levels due to competition, late nights and irregular sleeps. Beta-blockers are not rare in the orchestra scene. And this is just the emotional component of their work as musicians. Repetitive movements, as we all know, are high risk factors for a dysfunctional musculoskeletal system.

Here are some examples of the kind of research that has been undertaken in the field of music physiology to contribute to a better understanding of musicians' health problems:

1. The individual muscular stereotype of the head-eye-movement as a cause for neck and shoulder pain
2. Music Performance Anxiety – manifestation and regularity competence in regards to experiencing stress and coping with stress
3. Movement control and postural stability
4. Coordination in music performance
5. Pain and other complaints in the locomotor system of musicians – Holistic Medicine in diagnosis and treatment
6. Low back pain in musicians – diagnosis and prevention strategies
7. Therapy for musicians with rheumatoid arthritis

The list above is specifically related to the kind of work we do as Massage Therapists.

As you can no doubt deduce from this list, musicians are in need of everything that the massage therapist has to offer! In Germany, Musicians' Medicine has already become a recognised speciality for health professionals, in much the same fashion as Sports Medicine. Some Universities offer Musicians' Medicine as part of a medical degree. Germany is also already devising a model for a Masters degree in Musicians' Physiotherapy and, on the other side of the fence; music physiology is now an optional study for music students. The aim is to integrate it as part of a Masters degree in music in the future.

Here in Australia, there is huge interest in Musicians' Medicine from physicians, scientists and musicians but the discipline is still in its early stages.

Perhaps this article might inspire you to become an Australian pioneer like me, and create a network of physicians and therapists for musicians! Being a massage therapist, movement/voice trainer and a singer myself I am very excited about the potential for Musicians' Medicine to become a new speciality in Australia.

For more information, go to www.maikebrill.com.au

Maike Brill was born in Germany but has been calling Canberra home since 1999. She studied physiotherapy/massage in Germany, Spiraldynamik® (movement therapy and training) in Switzerland, and Shiatsu in Germany and Italy. She has also studied Integrative Vocal Training® (voice technique and bodywork, known in Germany as Integratives Stimmtraining or IST) in Germany and Austria. Now, as the first Integrative Vocal Trainer in Australia, she works with this precious method both here and overseas.

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Health Fund FAQs

by Linda Hunter

The transition to the Private Health Fund Accreditation Rules has created no shortage of headaches for both the Association and individual AMT members.

We have prepared the following list of Frequently Asked Questions to assist you in maintaining your provider status without too much fuss.

What information should I keep up to date with Head Office?

Please notify Head Office as soon as possible when you:

- Change your practice address
- Add a practice address to your existing address(es)
- Change your mailing address
- Change your email address
- Change your name (evidence is required e.g. marriage certificate)
- Renew your First Aid certificate (a copy of the certificate is required)
- Renew your Insurance (a copy of the Certificate of Currency is required)

It is important that Head Office is notified of these changes promptly so that the information is reported to the health funds and claims continue to be paid out to your clients without interruption.

How can I be sure my details are up to date with Head Office?

Every endeavour is made to inform you when we receive critical documents such as insurance and first aid certificates. However, if you do not hear from us, we recommend that you check. Occasionally, blank pages are faxed through or information is sent to the wrong email address.

Is the information that I supply to Head Office immediately updated with the Health Funds?

No. Each of the funds has a specified reporting cycle. For most, this cycle is monthly.

Each fund has appointed a particular day on which AMT must submit a report. They also have different formats for reporting changes and member compliance so we must produce multiple reports in each reporting cycle.

Does the health fund reporting cycle affect me in other ways?

To maintain your provider recognition with Health funds you cannot:

- ✗ allow your AMT membership to lapse
- ✗ allow your first aid to lapse
- ✗ allow your insurance to lapse
- ✗ fall below the tally of 100 CEUs per year.

If you fall off the health funds list for any one of the above reasons, the funds will not backdate you once you are up to date again. The new provider legislation does not allow this practice. For this reason, we cannot give you an extension on supplying us with all the relevant documentation that demonstrates your currency with all of the above.

Head Office sends out reminders if it looks as though you are going to fall off the list but it is your responsibility to have everything up to date.

What if I qualified prior to HLT?

If you fall off the provider lists, we cannot guarantee that we will be able to reinstate you. Most of the health funds now require HLT qualifications. We can continue to grandfather you as a provider only as long as you maintain currency of CEUs, first aid and insurance.

How can I update my qualifications to HLT?

Contact a Registered Training Organisation (RTO) and ask what their procedure is for Recognition of Prior Learning (RPL). All RTOs are required to have a policy on this. A list of RTOs can be found on the AMT website or you can call Head Office for assistance.

You can also visit the National Training Information Service (NTIS) website www.ntis.gov.au.

Which funds require me to use a provider number on receipts?

The following funds have definitively indicated that they require a provider number to be listed on receipts:

- ARHG
- Australian Unity
- GU Health
- Medibank Private
- Doctors' Fund
- HBA

The following funds have indicated that they no longer require a provider number on receipts:

- HCF
- Manchester Unity
- NIB

Please contact the health funds directly on any issues related to provider numbers.

How are provider numbers issued?

The Health Funds will notify you directly of your provider number. Some funds do not issue a provider number until a client has made a claim.

Provider numbers for ARHG, Doctors' Fund and HBA are issued by AMT.

Who can I call regarding my provider number with a specific fund?

You need to call the health fund and ask to speak with the provider department. Please see the contact numbers opposite.

Can I bypass AMT and apply to the Health Funds directly?

No. As of 1 July 2009, all funds will only deal with the association. This is a requirement of the Rule 10 legislation.

Health Fund Status

HEALTH FUNDS AND SOCIETIES	CRITERIA
Commonwealth Bank Health Society	This fund recognises all AMT practitioner levels.
A.C.A Health Benefits Fund Cessnock District Health Benefits Fund CUA Health Limited Defence Health GMF Health GMHBA Heath Care Insurance Limited Health Partners HIF WA Latrobe Health Services (Federation Health) Mildura District Hospital Fund Navy Health Fund Onemedifund Peoplecare Health Insurance Phoenix Health Fund Police Health Fund Queensland Country Health Ltd Railway & Transport Health Fund Ltd St. Luke's Health Teachers Federation Health Teachers Union Health Transport Health Westfund	ARHG recognises all AMT practitioner levels. They require you to use their provider number. This number is AW0XXXXM, where the X's are your 4-digit AMT membership number.
NIB	This fund will recognise members with HLT50302/07 Diploma of Remedial Massage; HLT50102/07 Diploma of Chinese Remedial Massage; HLT50202/07 Diploma of Shiatsu and Oriental Therapies; Advanced Diploma of Remedial Massage (Myotherapy)
Victorian WorkCover Authority	This fund recognises Senior Level 1 and 2 members.
Australian Unity GU Health	These funds recognise members with HLT40302/07 and all Senior Level One and Two members.
HCF Manchester Unity	These funds recognise members with HLT50302/ HLT50307 Diploma of Remedial Massage Advanced Diploma of Applied Science (Massage) Diploma of Health Science (Massage Therapy) 2151 1VIC/21920VIC Advanced Diploma in Remedial Therapy (Myotherapy). Existing HCF providers remain eligible. Manchester Unity will recognise HLT50202/07 Diploma of Shiatsu.
MBF NRMA SGIC (MBF Alliances) SGIO (MBF Alliances)	These funds recognise members with the HLT 50302/07 Diploma of Remedial Massage. You must send a signed consent form to AMT. Existing Senior Level One and Two providers remain eligible.
Australian Health Management Group Medibank Private	These funds recognise Senior Level One & Two members.
HBF	HBF recognises Senior Level 2 members.
ANZ Health Insurance (HBA) Cardmember Health Insurance Plan (HBA) CSR Health Plan (HBA) HBA (formerly AXA) HealthCover Direct (HBA) Mutual Community (HBA) Overseas Student Health Cover (HBA) St George Protect (HBA) VSP Health Scheme (HBA)	These funds recognise members with HLT 50302/7 Diploma of Remedial Massage and HLT 50102/07 Diploma of Chinese Medicine Remedial Massage. Existing providers remain eligible.
The Doctor's Health Fund	Doctors' Fund recognises members with HLT 50302/07 Diploma of Remedial Massage, Advanced Diploma of Applied Science (Remedial Massage), Advanced Diploma of Soft Tissue Therapies, Advanced Diploma of Remedial Massage (Myotherapy) and Bachelor of Health Science (Musculoskeletal Therapy). All Senior Level One and Two members remain eligible. They require you to use their provider number. This number is AMXXXX, where the X's are your 4-digit AMT membership number.

AMT has negotiated provider status on behalf of members with the Health Funds listed. All funds require a minimum of \$1 million insurance, first aid and CEUs.

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.

Please check the AMT website for further information on specific Health Fund requirements:

www.amt.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 2010		CEUs
1-2	Marketing Your Holistic Therapies Business. Presented by Melanie Surplice. Bathurst. Ph: 0416 925 405	60
5	Better Body Therapy. Presented by Philip Latey. Sydney. Ph: 02 9437 3900	15
5-7	Structural Assessments and Corrections for Pelvis, Sacrum and Lumbar (Onsen Vol.1) Presented by Jeff Murray. Newcastle. Ph: 07 5599 2514	105
6-7	Traditional Cupping - Eastern Tradition. Presented by Bruce Bentley. Sydney. Ph: 03 9576 1787	80
6-7	Scoliosis - Treatment Protocols & Perspectives (Drawn from the Roling Paradigm) Presented by Colin Rossie. Heidelberg. Ph: 02 9517 9925	70
6	Melbourne AMT Meeting. Heidelberg. Ph: Kerry Hage 0401 256 015	15
8	Gua Sha Day. Presented by Bruce Bentley. Sydney. Ph: 03 9576 1787	40
12	Better Body Therapy. Presented by Philip Latey. Sydney. Ph: 02 9437 3900	15
13-14	Contemporary Cupping. Presented by Bruce Bentley and Shirley Gabriel. Brisbane. Ph: 03 9576 1787	80
13-14	Dorn Spinal Therapy. Presented by Barbara Simon. Perth. Ph: 02 8919 0090	95
19	Better Body Therapy. Presented by Philip Latey. Sydney. Ph: 02 9437 3900	15
19-21	Infant Massage Training. Presented by IMIS. Wollongong. Ph: 1300 137 551	120
20-21	Pregnancy Massage. Presented by Catherine Mclnerney. Melbourne. Ph: 03 9532 8144	60
20-21	Traditional Cupping - Eastern Tradition. Presented by Bruce Bentley. Melbourne. Ph: 03 9576 1787	80
20-21	Marketing Your Holistic Therapies Business. Presented by Melanie Surplice. Melbourne. Ph: 0416 925 405	60
21	Members' Day/AGM. Burwood. Ph: 02 9517 9925	40
26	Better Body Therapy. Presented by Philip Latey. Sydney. Ph: 02 9437 3900	15
26-30	Neurostructural Integration. Presented by Ron Phelan. Launceston. Ph: 0419 380 443	175
27-28	Contemporary Cupping. Presented by Bruce Bentley and Shirley Gabriel. Canberra. Ph: 03 9576 1787	80
27-30	Akupunkt- Massage according to Penzel (Course A). Presented by Rene Goschnik. Sydney. Ph: 02 9547 0158	200
27-28	Dorn Spinal Therapy. Presented by Barbara Simon. Melbourne. Ph: 02 8919 0090	95
27-28	Marketing Your Holistic Therapies Business. Presented by Melanie Surplice. Adelaide. Ph: 0416 925 405	60
27-28	Ortho-Bionomy Fundamentals (Phase 4). Presented by Anthony Swan. Canberra. Ph: 0412 286 385	70
28	Hunter Branch Meeting. Adamstown. Ph: 02 4953 2252	15
29	ACT Branch Meeting. Venue TBA. Ph: 0408 238 274	15
30	Illawarra Branch Meeting. Corrimal. Ph: 0417 671 007	15
April 2010		CEUs
7	South Sydney Branch Meeting. Hurstville. Ph: 0411 039 819	15
10-11	Polarity 1. Presented by Kathryn Garth. Sydney. Ph: 1800 101 105	80
12-13	Spinal Release. Presented by Kathryn Garth. Sydney. Ph: 1800 101 105	80
17-18	Pregnancy Massage. Presented by Catherine Mclnerney. Brisbane. Ph: 03 9532 8144	60
17-18	Pregnancy, Labour and Post Natal Massage. Presented by Julia Willoughby. Sydney. Ph: 02 6295 2323	70
17-18	Marketing Your Holistic Therapies Business. Presented by Melanie Surplice. Brisbane. Ph: 0416 925 405	60
23	Better Body Therapy. Presented by Philip Latey. Sydney. Ph: 02 9437 3900	15
27	Illawarra Branch Meeting. Corrimal. Ph: 0417 671 007	15
30	Better Body Therapy. Presented by Philip Latey. Sydney. Ph: 02 9437 3900	15
30-2	Infant Massage Training. Presented by IMIS. Adelaide. Ph: 1300 137 551	120
30-2	Infant Massage Training. Presented by IMIS. Perth. Ph: 1300 137 551	120
May 2010		CEUs
2	Neck and Headache Pain. Presented by John Bragg. Katoomba. Ph: 0410 434 092	35
7	Better Body Therapy. Presented by Philip Latey. Sydney. Ph: 02 9437 3900	15
8-9	Marketing Your Holistic Therapies Business. Presented by Melanie Surplice. Gold Coast. Ph: 0416 925 405	60
14	Better Body Therapy. Presented by Philip Latey. Sydney. Ph: 02 9437 3900	15
16	ACT Branch Meeting. Venue TBA Ph: 0408 238 274	15
16	Hunter Branch Meeting. Adamstown. Ph: 02 4953 2252	15
17-21	Somatic CST 1. Presented by Patricia Farnsworth. Sydney. Ph: 1800 101 105	160
20	Mackay Branch Meeting. Mt Pleasant. Ph: 07 4955 2553	15
21-23	Infant Massage Training. Presented by IMIS. Coffs Harbour. Ph: 1300 137 551	120
22-23	Chi-Acupressure. Presented by Zhang Hao. Strathfield. Ph: 02 9629 1688	75
24-25	Marketing Your Holistic Therapies Business. Presented by Melanie Surplice. Sydney. Ph: 0416 925 405	60
25	Illawarra Branch Meeting. Corrimal. Ph: 0417 671 007	15
28-30	Structural Assessments and Corrections for Cervical and Thoracic region (Onsen Vol.3). Presented by Jeff Murray. Echuca. Ph: 07 5599 2514	105
30 & 6 May	Ortho-Bionomy Fundamentals (Phase 4). Presented by Anthony Swan. Canberra. Ph: 0412 286 385	70
30	Lower Back Pain and Pelvic Stability. Presented by John Bragg. Katoomba. Ph: 0410 434 092	35

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