

## President's Message

by Annette Cassar

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in good hands

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**Association of  
Massage Therapists Ltd**

Office hours:  
Monday-Friday 9.30am - 4.00pm

Level 1 Suite B,  
304 King Street  
Newtown NSW 2042

Postal address:  
PO Box 792, Newtown NSW 2042

T: 02 9517 9925  
F: 02 9517 9952

info@amt.org.au  
www.amt.org.au

The much-anticipated Medibank addendum arrived at AMT Head Office at the close of last year. Medibank's new provider criteria are written as an amendment to the existing agreement between AMT and Medibank, and include specific provisions around course duration for the HLT50307 Diploma of Remedial Massage and face-to-face delivery of some training components.

At the time of writing this report, AMT was still in consultation with lawyers and seeking clarification from Medibank on the terms of the addendum. The AMT Board has grave concerns about the impact of the addendum on the industry at large and the potential detriment to long-established therapists and business owners, currently enrolled students and recent graduates, and massage therapy clients who may not have the capacity to access services from the provider of their choice at the location of their choice.

We appreciate that many AMT members have been adversely affected by Medibank's decision to close its books to new providers and provider locations last September. Please be assured that the AMT Board and staff continue to work tirelessly and passionately to represent you. We are working to ensure that all appropriately qualified and ethical massage therapy practitioners are protected from any health fund initiative that threatens to erode the provider privileges we have lobbied to establish and preserve. We will keep you updated via email and the AMT website on the ongoing Medibank campaign.

I am excited to announce that AMT has now signed a research services agreement with the Australian Research Centre in Complementary and Integrative Medicine (ARCCIM) to proceed with the study of patient expectations, perceptions and experiences of massage therapy use in health care management. AMT has committed \$20,000 of funding to this project, which will provide invaluable data to support AMT's advocacy projects and help build the evidence-based case for embedding massage therapy in the mainstream healthcare system. You can read more about this study on page 14 of this journal, where ARCCIM's Dr Jonathan Wardle explains the practical benefits of this project, including the potential for increased integration of massage into the wider healthcare system.

I sincerely hope you will assist AMT by completing the online practitioner survey when it is released. The project will soon move into the recruitment phase so keep your eyes peeled for further updates.

Also in this issue of *In Good Hands*, Robert Schleip shows us how clinicians and scientists are working together to further understand the role of fascia in the human body; Dana Scully continues with her research series, demonstrating how to integrate evidence into our practices; and AMT member Angie Hawke sheds some light on massage and mental health.

Don't miss our interview with AMT's 2013 Therapist of the Year, Takako Jawor, who is an inspiration to us all with her volunteering and mentoring work. And we pay tribute to one of massage's greatest pioneers, Cynthia Davis.

Lastly, I am pleased to confirm that this year's AMT conference will be held at Flemington Event Centre in Melbourne from 17 – 19 October. Please mark the date in your diary now. The conference committee is developing a cracker program, which we hope to release by mid-May. The full brochure and registration forms will be included in the June edition of the journal. I look forward to seeing you there!

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## Secretary's Report

by Rebecca Barnett

At the close of 2013, Medibank Private provided AMT with an addendum outlining new terms and conditions for issuing provider numbers to remedial massage therapists. Medibank's new terms include specific educational requirements that are extrinsic to current training package rules and Vocational Education and Training (VET) regulations. In effect, Medibank is asking AMT to guarantee, under contract, that RTOs comply with specific training delivery criteria in order for their graduates to be eligible for a Medibank Private provider number.

AMT has spent the last six weeks performing due diligence on the new Medibank terms, including seeking legal counsel. At the time of writing this report, AMT had just entered into formal legal negotiations with Medibank. The purpose of these negotiations is to broker the best possible outcome for AMT members and ensure that current provider privileges are not compromised or eroded by Medibank's proposed changes.

I'd like to say a heartfelt thanks to all of you for your patience on this front. We are acutely aware that the freezing of Medibank provider numbers has caused pain and anxiety for many members, and we want you to know that we deeply appreciate your ongoing support and forbearance. The AMT Board and management continue to be grateful for the time and latitude you have given us to get this challenging situation ironed out.

AMT will continue to report on the current state of play via the AMT website, email and social media. I hope to report a positive outcome from the negotiations we have entered into on your behalf very soon. We know that you are sweating on a result!

### Training package revisions

The final draft of the new training package competencies will be released for comment and feedback at the beginning of March. AMT has been involved in the Subject Matter Expert Groups for the revision of the Certificate IV in Massage Therapy Practice, the Diploma of Remedial Massage and the Diploma of Traditional Chinese Medicine Remedial Massage.

This current training package revision has special significance in light of Medibank's move to intervene at the level of training delivery. It is an opportunity for all stakeholders to ensure that the training packages for massage therapy have the necessary rigour to satisfy the demand for national consistency and meet standards that are commensurate with expectations of practitioners operating in the health marketplace.

The new draft versions of the training package will be available for download from the Community Services and Health Industry Skills website this month.

### Annual General Meeting – Sunday April 13

By now, you should have received an invitation to the 2014 AMT AGM. The Sunday program of speakers will be preceded by a full-day practical workshop on Saturday 12, presented by Colin Rossie. "The Touch Lab" workshop not only incorporates the very latest in fascia research and how fascia science translates into clinical practice but also focuses on using correct biomechanics to maximise impact and minimise strain.

The Sunday program will feature the practice-building success stories of four AMT members who have each taken different paths on their professional journey.

These members will generously share their insights into what they believe has helped them to establish and evolve vibrant practices, be it as a sole practitioner, business owner/employer or employee in a multi-disciplinary clinic.

The chief investigator for the AMT/ ARCCIM research project, Jon Wardle, will also be on hand at the AGM to drum up interest and answer questions. This research project gives you - the practitioner on the ground - a rare and precious opportunity to contribute to the body of academic knowledge about massage therapy. The data you can provide by participating in the research survey will greatly assist AMT in all its advocacy work. It will enable us to tell the government how big the massage therapy industry is and how much it contributes not only to the health care system but also the economy. I certainly hope you will grab the opportunity to contribute to the massage therapy body of knowledge with both muscular hands!

### 2014 Annual Conference

As Annette has announced, the 2014 Annual Conference will be held at Flemington Event Centre in Melbourne from the 17 - 19 October. We expect the program to be available online in May. The full brochure and registration forms will be included in the June edition of *In Good Hands*. As usual, you will be able to register online, select your own breakout choices and get instant confirmation.

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## A Journey in Fascia Wonderland with Robert Schleip: Bridging the Gap Between Clinicians and Scientists

**The first Fascia Research Congress, held in Boston in 2007, brought together top scientists and alternative medical practitioners with one common goal: to explore the latest and best scientific research findings on the human fasciae in all its forms and functions.**

**Co-initiator and organiser, Robert Schleip's interest in fascia began with his work as a Rolfer. He later travelled to the 'scientific world', completing a PhD in fascia biology. This article is based on Robert Schleip's presentation - 'Alice in Wonderland: Getting Curiouser and Curiouser' – given at the third World Fascia Congress in Vancouver, 2012 ...**

Organisers of the Fascia Research Congress, Thomas Findley and Robert Schleip came from opposite ends of the spectrum. While Schleip traversed the 'fascial matrix' from clinician to scientist, Findley did the reverse. Initially, Findley worked as a medical scientist, studying the science behind rehabilitation medicine, before subsequently studying Rolfing and becoming the director of research at the Rolf Institute of Structural Integration in Boulder, Colorado. Their goals for the conference were twofold: to inform practitioners of the science behind what they were doing in terms of fascia, while demonstrating to scientists the clinical applications of their work.

While combining the two groups may seem natural, bridging the gap wasn't so easy, with some scientists hesitant to attend, fearing their reputations would be damaged. Despite this initial reluctance on the part of scientists, the first Congress was a resounding success and, more than five years later, the Congress is still providing for the exchange of ideas and current research on the human fasciae.

### Incorporating science into practice

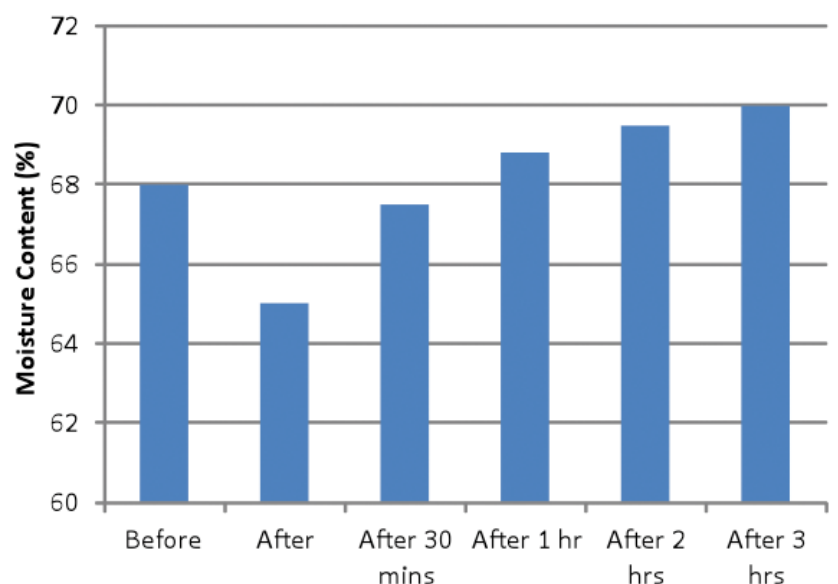
Schleip has compared his journey into the world of science to a 'trip to wonderland', and has even been quoted as calling himself a 'born-again scientist'. In his talk at the third World Fascia Congress, Schleip discussed areas where his visits to 'science wonderland' bore fruit:

#### Fascia and fluid dynamics

It is recognised that water constitutes around 68 per cent of the volume of fascial tissues, and fascia is responsible for regulating fluid flow in the extracellular matrix. This fluid flow, in turn, can cause fascial remodelling. In an *in vitro* study (using animal fascia), Schleip and co-workers at the University of Ulm (Figure 1) measured the water content in facial tissues before and immediately after the tissue was stretched.<sup>1</sup>

The study found that during tissue loading (fascia stretch), water was significantly extruded from the tissue and then, after the manipulation, the tissue gained hydration. The study also found that these water content changes were associated with significant changes in tissue stiffness. This phenomenon is due to the behaviour of the ground substance in the extracellular matrix, which is prevented from absorbing fluid by tension exerted by fibroblast cells on the extracellular matrix fibres. When this tension is relaxed, the extracellular matrix can absorb fluid rapidly.

Another study, conducted by Rutkowski and Swartz, described how subtle change in fluid shear on cell culture profoundly changes the fibroblasts<sup>2</sup>. Fibroblasts are most responsive to fluid shear - ie to the slow motions of the water around them - as sensed through their antenna-like cilia (soft tentacles).



**Figure 1.** Changes in the mean water content of a porcine lumbar fascia before and following a 15 minutes stretch with a 4% strain (After Schleip et al., 2012)

The study found that a large portion of the impact of collagen stretch is less due to the direct effect of transmitting that stretch to the cell membrane than to the sensation of the fluid shear induced by collagen fibre reorientation, which, in turn, is sensed by the hair-like cilia.

This can be illustrated as follows: imagine how much the hairy tip of a painter's brush would bend if you move it at a steady speed through a fluid medium. Or imagine moving a finger through yoghurt. Both the speed as well as the viscosity of the fluid medium will influence the amount of shear. The clinical implication is that if you move very slowly at a constant speed through a dense tissue area, then the tiny cilia of the fibroblasts will be bent only very gently by the resulting fluid shear. This seems to stimulate the cilia to produce an enzyme (MMP-1), which starts to break down excessive collagen over a matter of hours.

These findings have implications when considering the speed and the amount of pressure to use in clinical practice. For example, Schleip found that when he paid more attention to the fluid dynamics (rather than, for example, solely focusing on breaking up the fibrous tissue) and worked slowly and gently, he gained better results. According to Schleip, practitioners should now not only be thinking about stimulating the mechanoreceptors or golgi tendon organ, but also be aware of how the fluid moves.

### Science gives clinicians an objective tool for evaluating the stiffness of tissue

Most palpation is subjective, and therapists often cannot remember how 'stiff' the tissue was before and after treatment. Schleip suggested that a more effective way of measuring tissue stiffness is to use a myometer (the MyotonPRO). He argued that the quantitative digital measurement provided by the myometer is reliable and useful for assessing the biomechanical properties of myofascial tissues. These tools create a constant pre-load of the soft tissue via a movable indentation probe, which is then rapidly released.

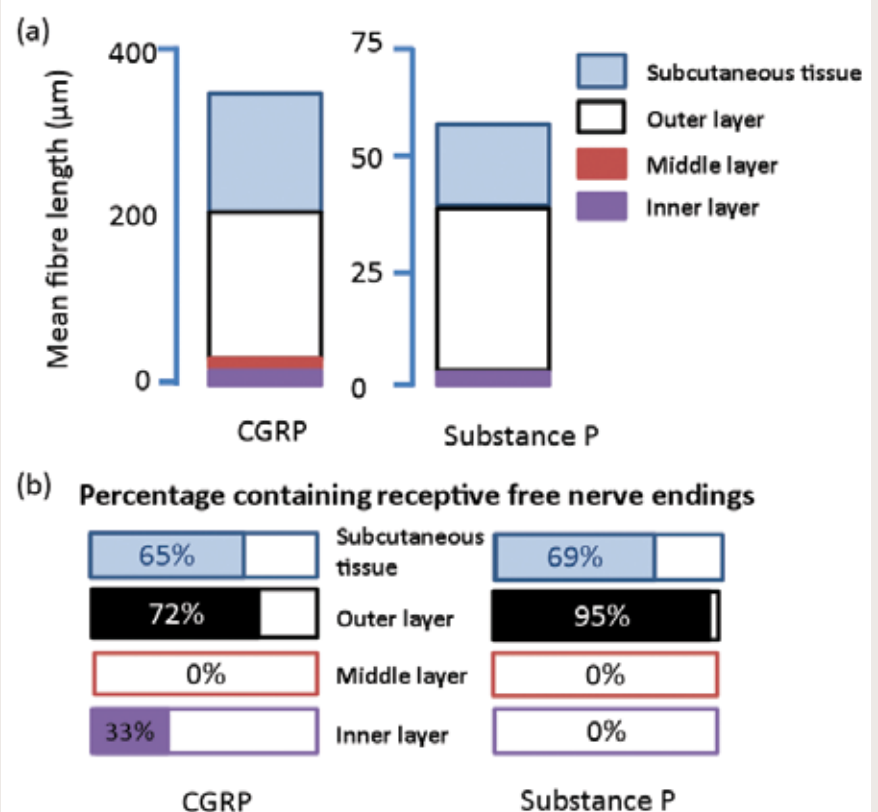
The tissue response (damping oscillation) is subsequently measured. This kind of tool can provide a more objective way to measure the effectiveness of a treatment.

### Innervations of the lumbar fascia provide clinicians with a clue to the treatment of lower back pain

New research into the innervation of fascia has challenged the assumption that to profoundly alter the fascia and combat pain, you must work deeply.

A recent study by Tesarz et al. (2011), published in *Neuroscience*<sup>3</sup> quantitatively evaluated the density of sensory nerves in the different layers of the fascia.

Prof. Sigfried Mense, in his lab in Heidelberg, Germany, showed that the thoracolumbar fascia (TLF) is a densely innervated tissue with marked differences in the distribution of the nerve endings over the fascial layers (Figure 2). Researchers distinguished three layers: an outer layer (transversely oriented collagen fibres adjacent to the subcutaneous tissue); a middle layer (massive collagen fibre bundles oriented obliquely to the animal's long axis); and an inner layer (loose connective tissue covering the paraspinal muscles).



**Figure 2.** The distribution of CGRP and Substance P (SP)-immunoreactive nerve fibers in the thoracolumbar fascia (redrawn from Tesarz et al., 2011). (a) Mean nerve fibre length of CGRP and SP. Almost all fibres were found in the outer layer of the fascia and the subcutaneous tissue. The middle layer was free of SP-positive fibres. (b) Distribution of CGRP and SP-containing receptive free nerve endings expressed as a percent of the total number of CGRP-containing or SP-containing fibers in each fascia layer. SP-containing free nerve endings were restricted to the outer layer of the thoracolumbar fascia and the subcutaneous connective tissue while CGRP-containing free nerve endings were also found in the inner layer of the thoracolumbar fascia.

Both the subcutaneous tissue and the outer layer showed particularly dense innervations featuring sensory fibres - SP-positive free nerve endings - which are assumed to be nociceptive.

In contrast, the dense layer of the lumbar fascia has no nociceptive nerve endings.

Because of its dense sensory innervation, including nociceptive fibres, the TLF may play an important role in lower back pain. The findings of this study suggest that most myofascial pain may arise in the superficial layer, indicating that it may be more effective to work superficially, to stimulate proprioceptive and nociceptive nerve endings.

### Working together

According to Schleip, both clinicians and scientists can profit from an exchange of knowledge. Schleip cited two examples of how advancements can be made when the scientific world and the world of clinicians work together:

### The influence of sympathetic activation on fascial tonicity

Vladimir Janda, a key figure in the 20th Century rehabilitation movement, was one of the first physicians to combine therapy and medicine in a 'hands-on' approach. Janda observed a close relationship between the autonomic nervous system (ANS) and fascial tonicity, implying that sympathetic activation may lead to an increased cellular contraction within fascial tissues. This observation was confirmed by recent findings suggesting that sympathetic activation induces an increased TGF- $\beta$ 1 expression – a cytokine that is known as the most potent stimulator of myofibroblast contraction.

Figure 3 illustrates a possible two-way interaction between ANS activation and fascial tonicity. In addition to indicating the influence of the ANS on cellular contractility in fascia, this diagram also emphasises the potential influence of therapeutic fascial stimulation on ANS tuning.

Stimulation of non-nociceptive mechanosensory free nerve endings can influence ANS tuning. In addition, stimulation of Ruffini corpuscles - which are reportedly particularly sensitive to slow shear application - tends to inhibit sympathetic activation.

### The rhythmic oscillations of fascial tissues

A study by Follonier et al. (2010)<sup>4</sup> demonstrated that myofibroblasts tended to oscillate in synchronicity when they were placed in a close physical contact with each other (Fig. 4). When connective tissue cells were put together in a cell culture medium with a collagen grid, they showed periodic oscillations: in particular, they expressed rhythmic calcium oscillations, which were accompanied by contractions of the cells. The observed oscillations had a mean period length of 100 seconds.

Schleip posed an intriguing question: can the very slow rhythm observed in these cell cultures - with one cycle taking more than one-and-a-half minutes - be related to the so-called 'long tide' oscillations in biodynamic craniosacral therapy? (The so-called 'breath of life' has a reported period length of 100 seconds.) Schleip invited interested therapists and scientists to subject this supposition to rigorous testing.

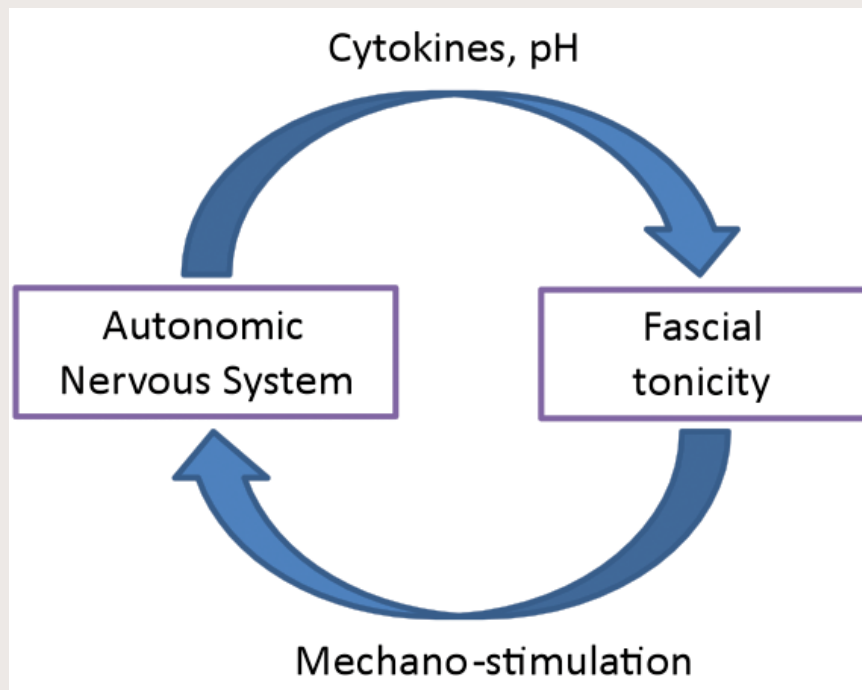
### Clinicians leading the way

In addition, Schleip also suggested an area of consideration where scientists could learn from therapists:

### Scientists need to embrace collaboration

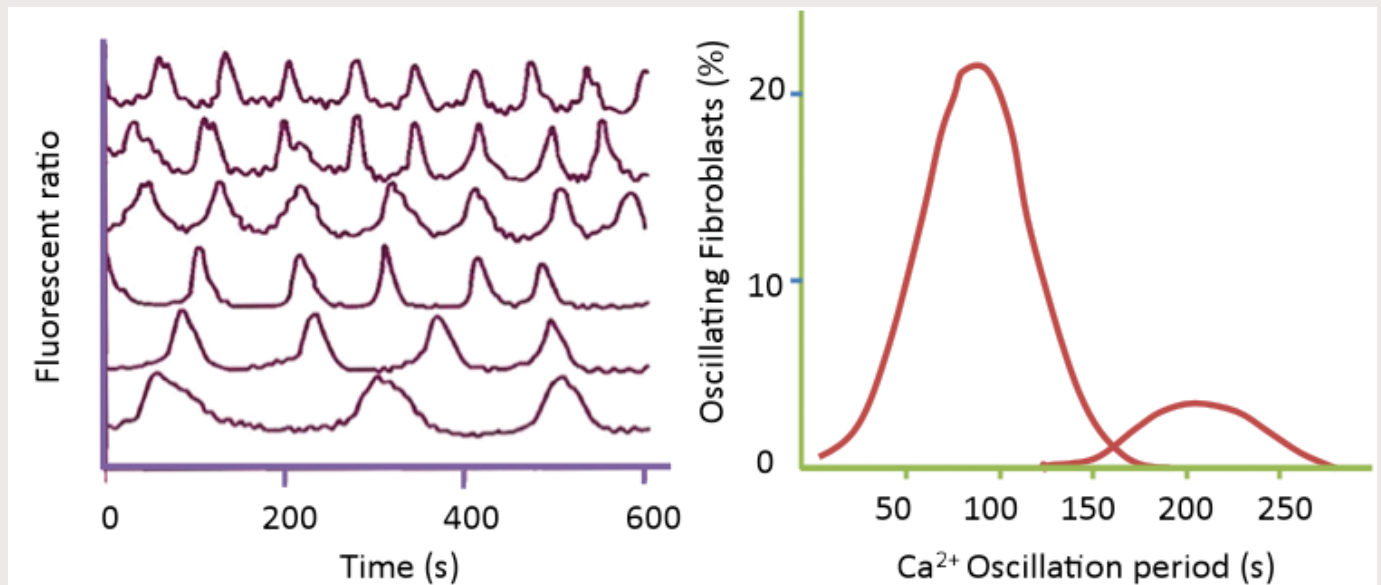
Schleip maintains: "If you want to understand connective tissue, it works well to adapt some of the properties of that connecting tissue within your own social structure."

Competition in the scientific world is strong: researchers compete to publish first and, therefore, their findings or data are usually not shared and are kept secret. This attitude is exacerbated by competition for funding.



**Figure 3.** Proposed interaction between the autonomic nervous system and fascial tonicity. Sympathetic activation tends to activate TGF- $\beta$ 1 expression (as well as probably other cytokines) in the body, which has a stimulatory effect on myofibroblast contraction, thereby leading to an increase of fascial stiffness. In addition, shifts in the autonomic nervous system state can induce changes in pH, which also affects myofibroblast contraction. Skillful therapeutic stimulation in mechanoreceptors in fascia - particularly of Ruffini or free nerve endings - can induce changes in the autonomic nervous system (from Schleip et al. 2012).





**Figure 4.** Myofibroblasts expressed rhythmic calcium oscillations. The graph on the left showed recording of fluorescence activity of five individual cells, which were previously stained with Flura-2. The analysis revealed a common peak around  $99 \pm 32$  seconds of the cells, as well as a second maximum of  $221 \pm 21$  s. Based on Follonier Castella et al. (2010)

Schleip urged scientists to be more open about their work and to collaborate more broadly, without fearing that their ideas might be stolen. He invited scientists to "...incorporate some of the networking strengths (that are very familiar to the complementary therapist) in their collaboration efforts in order to understand the organ of networking."

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## REFERENCES

1. Schleip R, Duerselen L, Vleeming A, Naylor IL, Lehmann-Horn F, Zorn A, Jaeger H, Klingler W. 'Strain Hardening of Fascia: Static Stretching of Dense Fibrous Connective Tissues Can Induce a Temporary Stiffness Increase Accompanied by Enhanced Matrix Hydration'. *Journal of Bodywork and Movement Therapy*. 2012 Jan;16(1):94-100. doi: 10.1016/j.jbmt.2011.09.003.
2. Rutkowski JM, Swartz MA. 'A Driving Force for Change: Interstitial Flow as a Morphoregulator'. *Trends in Cell Biology*. 2007;17(1):44-50. doi: 10.1016/j.tcb.2006.11.007

3. Tesarz J, Hoheisel U, Wiedenhofer B, Mense S. 'Sensory Innervation of the Thoracolumbar Fascia in Rats and Humans'. *Neuroscience*. 2011 Oct 27;194:302-8. doi: 10.1016/j.neuroscience.
4. Follonier, Castella L, Buscemi L, Godbout C, et al., 2010. 'A New Lock Step Mechanism of Matrix Remodeling Based on Subcellular Contractile Events'. *Journal of Cell Science*. 123, 1751-1760.

This article is based on and adapted from an original contribution published in Terra Rosa E-magazine No. 12, June 2013 (<http://www.scribd.com/doc/146701416/Terra-Rosa-E-magazine-No-12#fullscreen>)

You can watch Robert Schleip's presentation on YouTube: <http://www.youtube.com/watch?v=millGLLmXlc>



Robert Schleip (PhD MSc) is director of the Fascia Research Group at Ulm University in Germany. He has been a Roling and Feldenkrais teacher for more than 20 years. Frustrated with his own explanations for the supposed tissue changes in manual therapy, he entered the field of connective tissue research in 2004 and has been fascinated with this new field of exploration ever since. His laboratory research finding on active fascial contractility was honored with the Vladimir Janda Award for Musculoskeletal Medicine. He was also one of the driving forces behind the first Fascia Research Congress (Harvard Medical School, Boston 2007) and the subsequent international fascia congresses. He is author of numerous books and other publications and still maintains a part-time private practice as a Roling and Feldenkrais practitioner.

## Cynthia Davis: An Inspiring Life

by Kat Boehringer

**Former AMT president, massage therapist and industry advocate, Cynthia Davis fought tirelessly for the recognition of the profession she loved. Throughout her more than 40 years as a massage therapist, Cynthia worked doggedly to separate massage therapy from the stigma of the sex industry, and was instrumental in forging one of the first health fund rebate agreements, establishing high level training within the NSW TAFE system, and ensuring the continuation of this association. *In Good Hands* takes a look at the inspiring life of one of Australia's greatest massage pioneers ...**

Cynthia Davis began her career in massage at a time when recognition for the profession was almost non-existent: most massage therapists worked under the direction of doctors in hospitals, and the brave few who went out into private practice faced a tough challenge.

Her exploration into natural therapies evolved from her father's work in the field of medicine. He was the owner of a surgical dressing and plaster supply company and, while stationed in Shanghai, developed an interest in Traditional Chinese Medicine, which he later fostered in his daughter.

"When Mum first began working, there wasn't even a 'job' called massage," her daughter, Susan Davis reflects.

Cynthia's first massage training arose, inadvertently, as a result of the polio epidemics in Australia during the 40s and 50s. Before working exclusively as a massage therapist, Cynthia had trained as a nurse at the Royal Alexandra Hospital for Children in Sydney in the 1940s.

During that time, many children came to the hospital suffering from pain, paralysis and muscular contractures as a result of polio.



Cynthia during her nursing days at the Royal Alexandra Hospital for Children.

The Sister Kenny treatment for these symptoms was trialed at the Children's Hospital and Cynthia was chosen as one of the nurses to be trained in the therapy, which included heat, massage of the muscles and passive reprogramming exercises. This training became the basis for Cynthia's massage techniques. Her daughter, Susan, describes her mother's experiences in this period:

"Mum's career took a hiatus while she got married and had us, her four daughters – three of whom have become massage therapists. Then in 1966 she returned to massage in Gordon, Sydney where she learnt Swedish massage from Kitty Homeyer (also a registered nurse) who, at the time, was an examiner with the NSW Association of Masseurs. Mum combined the therapeutic massage from the polio treatments with the Swedish massage techniques.

"Back then, they charged \$12 per massage which involved a steam box treatment and then a half-hour full body massage.

The room had two massage tables divided by a curtain. They would pull back the curtains and the patients – who were women only – would chat to one another. They didn't have air conditioning, and in the heat of summer, Kitty would massage in her underwear. But by underwear, I mean full bloomers and a bra contraption like nothing I've ever seen since!"

While, in some spheres, the counterculture of the 1960s was fast paving the way for the fall of many social norms and taboos, including many that would be described as 'sexist' today, it had yet to make its impact on the burgeoning Australian massage industry.

After Kitty Homeyer's retirement in 1973, Cynthia took over the business, renaming it the Davis Health Centre – a business that is still running 41 years later, under the management of Cynthia's daughter, Susan.

That same year, Cynthia made two major changes to the business, decisions that would unwittingly contribute to a traumatic and pivotal event in the then 46-year-old therapist's career.

Under the direction of her husband, who was keen to see his wife's achievements recognised, Cynthia moved her business from the quiet backrooms of its former premises to more prominent rooms on the corner of St Johns Avenue and the Pacific Highway in the Sydney suburb of Gordon.

"I can remember helping Dad carry Mum's massage tables across Pacific Highway to her new premises. It must have looked very funny, a caravan of tables, wending its way up the street under the power of young and enthusiastic women," Susan said.

Along with this move, came the decision to include male clients, based on Cynthia's inclusive belief that men should be given the opportunity to benefit from massage. Again, Susan paints a vivid picture:

"(With the move to the new premises) Mum became very worried about the increase in the rent and so she would stay late to treat clients in the evening.

"Then, one evening, two men entered the clinic. The men offered Mum protection, and they required money to do so.

"She was so shocked by their suggestion she drew herself up to her full height and, in her best dominating tone of voice, told them to leave the premises. She told me later that she should have known they were trouble because they had 'two-toned' shoes.

"Mum had nearly forgotten about the incident when two weeks later the police raided the premises. They arrested Mum (on suspicion of prostitution) and collected up the linen from the massage beds as evidence.

"She was so upset because they didn't allow her to change out of her uniform or allow her to ring Dad. They took her into the Police Central Processing at Darlinghurst and questioned her about her practice and asked her to sign a statement before releasing her."

The matter went to court, where the case was later dropped because of Cynthia's good character and lack of physical evidence – no sperm was found on the sheets.

Cynthia was not the only massage therapist to be arrested under suspicion of prostitution during this time.



Cynthia massaging in her Sydney clinic in the 1980s.

In Australia, many massage therapists, including other AMT members, were forced to defend themselves against these charges. Susan describes her parents' reactions:

"My parents were devastated both emotionally and financially. Actually my Dad never recovered. My Mum was angry at the system and she was horrified that massage was not considered a legitimate profession. She became determined to change this and it formed the basis of everything she did. However, she never spoke about the incident again."

Cynthia became an active member of the NSW Association of Masseurs Ltd (the former name of the Association of Massage Therapists) and in 1977 was elected president, effectively bringing the organisation back from the brink of collapse.

"Mum and I attended a (AMT) Christmas meeting in 1977 held in Patrice Curien's massage rooms at the Sebel Town House. The then president, Celia Burnett resigned her position and recommended the association be disbanded. Mum offered to become president, and she was voted into office," Susan said.

For the next ten years, Cynthia worked doggedly to separate massage therapy from the stigma of the sex industry, implementing many pivotal changes to the Australian massage landscape. Davis Health Centre became the head office for the AMT, and Cynthia and her husband gave many hours of their time to managing the organisation. Susan reports that: "Mum would even interrupt her massage sessions to answer phone calls for the organisation."

In 1981 Cynthia accompanied her husband on an overseas business trip, visiting massage centres and schools in the US, Europe, and the UK, bringing back many innovative ideas and contacts to help rebuild the organisation.

During her time overseas, Cynthia saw a common problem faced by massage therapists: their professional identity. Issues faced everywhere were: how should the profession of massage therapy be defined; how did massage skills fit into the wider healthcare sector; did national differences exist in training; and recognition by other health providers. These became topics for discussion at AMT's annual general meeting on Cynthia's return to Australia.

This meeting ultimately resulted in the establishment of the first Malpractice and Public Liability insurance for massage therapists, offered through membership to the Australian Register of Massage Therapists (ARMT) – an affiliated group of massage associations.

During this time, Cynthia also developed the AMT journal *'In Good Hands'*, to encourage therapists to share their techniques, modeling it on the *Good Hands* journal of the American Massage Therapy Association.

In 1983 Cynthia's persistent hard work gave birth to another groundbreaking development: Australia's first health rebate scheme for massage therapy.

"In 1982 the HCF Health fund brought in a payment scheme for its members who participated in sports and exercise activities. Mum telephoned the actuary for HCF, Bret Walker, and organised a meeting. The three-hour meeting eventually ended in an agreement that members of the ARMT – through the Remedial Therapy Division of the Australian Natural Therapy Association (ANTA) – could benefit from the refunds paid to patients," Susan said.

Although HCF later decided to cut funding for massage therapy claims, the experience became the basis for developing further funding agreements.

In the 1980s massage therapy began making progress in respect of recognition by general medicine and sports institutions through developments in sports massage. The NSW Association of Masseurs became involved in several sporting events, thus winning support from government, health professionals and the public.

"These events helped to increase public awareness and establish the massage profession. Mum was a ground force. She was so determined, and she really did work hard," Susan claims.

Cynthia pushed forward. In 1986 she made a submission to the Parliamentary Committee into Prostitution to highlight the plight of massage therapists – ie, their mistaken association with the sex industry. However, the committee's findings were not supportive of massage as a profession due to the 'difficulty in identifying legitimate therapists'.

Susan says: "This began Mum's drive to get an accredited massage therapy course at a government training institution."

After many painstaking hours of hard work, the first NSW TAFE massage therapy course – the Associate Diploma of Health Science (Massage Therapy) -- began in July 1988 at the Meadowbank TAFE, and was based on the three-year Associate Diploma program delivered at RMIT at the time.

In 1987 Cynthia stepped down as president of AMT after her husband became ill. As well as caring for her husband, Cynthia continued working full-time as a massage therapist at her business in Sydney, despite many personal health challenges. Her daughter recounts her struggles:

"Mum suffered from terrible varicose veins, and, as a result of the prostitution scandal and her husband's ill health, developed anxiety and agoraphobia, but she continued to work until she was 75."

"She was unstoppable. In her last years, she would always be putting clients in her books, and I would move them, then she would put them back in. This would go on.

"Her clients loved her. She always found the positive in things. When her business nearly burned down, she embraced it, seeing it as a new start. And she transferred this positive attitude onto her clients by helping them find meaning and purpose in what they did.

"A lot of mum's clients were women whose husbands were always out working or busy. She would get the wives out doing charity work, or tell them to get their hair done, or buy a new dress. She would help them to see their worth."

Cynthia developed her own style of massage, which she coined 'layered therapy', a technique in which the therapist focuses on releasing each layer of tissue, one by one, beginning with the skin and working inwards. The technique uses palpation skills, rocking and lifting of muscles away from the body, and is still practiced by her daughter, Susan.

After her retirement, Cynthia moved to Coffs Harbour, where she continued to be an active member of her community, until her death in December last year.

Considering the time and cultural context in which Cynthia Davis forged her career in massage, her achievements can be considered no less than extraordinary. Susan says:

"When Mum first started massaging, they didn't have MRIs or ultrasounds – she had a really great knowledge. And she was an organiser."

"We have come such a long way, thanks to advocates like my mum."

The AMT recognised Cynthia Davis as a major contributor to the massage therapy profession by awarding her a life membership and, in 2004, Cynthia was the first recipient to receive the Cynthia Davis Award of Merit for Outstanding Diligence in the Service of the Association and the Industry.



Cynthia on her 86th birthday.

Her story, and the legacy she has left for our profession, is inspirational. **■amt**





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## Research Study Update with Dr Jon Wardle

by Kat Boehringer

**In the previous issue of *In Good Hands*, AMT spoke to Professor Jon Adams, director of the UTS-based Australian Research Centre in Complementary and Integrative Medicine (ARCCIM), about our exciting new research collaboration. We are happy to announce that the project is closer to completion: there is now a signed agreement in place between AMT and ARCCIM, and ethics approval for the study has been granted.**

**AMT members will soon have the opportunity to participate in this groundbreaking project. In this issue, we chat to ARCCIM's Dr Jonathan Wardle, about the implications of this study and the role AMT members will play in shaping the Australian massage research landscape ...**

Despite the important and increasing role of massage therapists in healthcare delivery in Australia, the massage workforce has so far largely escaped examination, according to ARCCIM's Chancellor's Postdoctoral Research Fellow, Dr Jon Wardle. An innovative study, partnered by AMT and ARCCIM, aims to provide the first stage in filling this research gap by systematically examining patient perceptions of the massage therapist workforce in Australia, as well as their experiences of massage therapy.

"Massage has a good evidence base. What it doesn't have is a reason beyond that evidence base for further inclusion (into the healthcare system). This study is about being strategic in professional development and offering the building blocks for further development," Dr Wardle said.

The study will provide the first critical, systematic examination of patient expectations of their massage therapists, and systematically explore their motivations for using massage therapy. There will be two arms to the study: a practitioner survey, and a patient survey. Dr Wardle said:

"Initially, we are going to be asking every member of AMT to complete a survey so we can get a sample of answers that is representative of AMT therapists.

***"I don't think the government appreciates how big an industry the massage profession is and how much it adds to the Australian economy."***

"We are going to be asking practitioners questions such as what conditions are being treated, how many patients are being seen ... simple things which are very important in developing effective policies regarding the profession.

"We want to give health policy makers and insurers an idea of what the massage workforce out there is doing, how big it is, the extent of the health services it is providing, and what kind of role massage therapists are playing within the health sector."

From these surveys, a representative sample of 25 practitioners will be chosen to take part in the second arm of the study: patient surveys. Data will be collected from patients of massage therapy clinics in Brisbane, Canberra, Sydney, Melbourne and Perth. Dr Wardle provides the rationale:

"We are focusing on urban areas for a couple of reasons. Firstly, we already have data on rural massage practices; and, secondly, we need to focus on the larger centres to get enough (in terms of population) data that governments, policy makers and insurers can take seriously.

"Our previous research has found that people who are using massage therapy in rural areas are generally using it for the same reasons as people who are living in urban areas. The main difference is that there is a higher prevalence of use for manual therapies in regional areas than in urban areas."<sup>1</sup>

A questionnaire will be designed for distribution to massage patients, to be completed in waiting rooms immediately after consultation with their massage therapist. These questionnaires will be distributed to consecutive patients of the chosen practitioners. Dr Wardle explains:

"We will be asking things such as: Why are they choosing massage? Are they choosing massage for some conditions over other therapies that might be also treating those conditions, for example, chiropractic, or physiotherapy? What areas do patients themselves think that massage should address to achieve a more important role in healthcare than it currently has?

"This way, we can identify priorities for future research, and to give practitioners and associations an idea of what patients want massage to be."

The project aims to provide outcomes relevant to policy and practice, which will be of real benefit to patients, practitioners, healthcare managers and policy makers.

In terms of policy, the study hopes to have wide-reaching benefits as outlined by Dr Wardle:

"Massage, like other complementary therapies, is going through a few challenges at the moment in terms of the review of the Australian Government Rebate on Private Health Insurance for natural therapies, and the recent Medibank Private situation.

"A lot of those things have arisen through lack of knowledge about what is actually happening out there so, by collecting this data and then showing what massage therapists are doing, we can avoid making 'policy on the run' and, instead, make policy that actually reflects what is happening out there.

"I don't think the government appreciates how big an industry the massage profession is and how much it adds to the Australian economy. Unnecessary restrictions can adversely affect that. So this study is not just about what is good for the patients but it actually provides information that can help the profession make a case for its own development as well.

"Most of us know what is happening in practice, anecdotally at least, but what this research provides is data that governments, policy makers, and insurers are willing to use, to make a case for what we hope is more appropriate treatment of the massage profession."

Dr Wardle states it is also hoped massage therapists will benefit from the study on a practice level:

"The data could help ensure that resources used in promotion are invested wisely. For example, the patient data will be particularly helpful for therapists to see what patients are actually using massage for.

"We will be able to show this to GPs, for example, and tell them which conditions patients value massage therapy for, so they can refer patients on appropriately.

"If we can show that patients get the best benefits from their therapists working collaboratively with other therapists, then this would make a case for practitioners – for example physiotherapists – not to be so competitive.

"I think it will open people's eyes to the areas where massage is considered particularly valuable, and what roles need to be further explored."

Distribution of the practitioner surveys is planned for the first half of this year. Dr Wardle will be attending the AMT annual general meeting, to be held on April 13, to answer any questions regarding the research project.

Stay tuned for further updates. **■amt**



*Jon Wardle is a Chancellor's Research Fellow at the Faculty of Nursing Midwifery and Health, University of Technology, Sydney. He is a founding Director of the Network of Researchers in the Public Health of Complementary and Alternative Medicine (NORPHCAM) and is a core committee member of the Public Health Association of Australia's Research Advisory Group as well as its Evidence, Research and Policy in Complementary Medicine Special Interest Group. In addition to his academic roles, Jon has clinical backgrounds in naturopathy and nursing. His research interests include health policy, professionalisation and public health and health services research related to complementary medicine.*

1. J Wardle, CW Lui, J Adams (2012), 'Complementary and Alternative Medicine in Rural Communities: Current Research and Future Directions', *The Journal of Rural Health* 28 (1), 101-112.



# Integrating Evidence into Practice

by Dana Scully

**Evidence-based practices integrate the best available research with clinical observations and patient wants and needs. While clinical observations and patient wants and needs are part and parcel of everyday practice, integrating research can take some getting used to. Dana Scully shows us how ...**

In order to integrate research effectively into our practices, a basic understanding of research methodologies is necessary. There are three types of research methodologies: qualitative, quantitative, and mixed methods. Each has benefits and disadvantages.

## Quantitative Research

Quantitative research has clear boundaries: it uses clear and familiar measurements, is often applied to large sample sizes, and is easily replicable. The researcher begins with a clearly defined question usually comparing one variable to another, asking where, what, and when. Data is measured, often before and always after the intervention. Outcomes are in a numerical form measuring quantity, intensity, and/or frequency. Meta-analysis, random controlled trials (RCTs), and surveys are examples of quantitative research.

Quantitative research, with its precise measures and replicable outcomes, is an essential tool to the allied health professional. Its numerically calculated outcomes enable easy comparison and form the basis of guidelines and protocols used in clinical practice and taught in vocational training centres.

Quantitative research - including meta-analyses and RCTs - is considered to generate the highest level of evidence reliability, but the large sample sizes may limit the usefulness of this type of research for our field.

While the rigid design of quantitative research aids its generalisability, reliability, and replicability, it does not allow for nuanced interpretation or even extrapolation into real world settings.

## Quantitative Research Method Example

A study by Faleiros and de Paula (2012, 836-842) examined intestinal re-education using massage in 50 quadriplegic cerebral palsy patients. Among the variables studied was the use of daily laxatives compared to massage intervention. The results suggested that non-drug interventions - including massage - should be considered as a first line treatment for quadriplegic cerebral palsy patients suffering from constipation.

## Qualitative Research

Qualitative research evaluates qualities or processes, often has small sample sizes, and is not easily replicable. This type of method is employed in the social sciences to examine social constructs and relationships. Data (in the form of responses to interviews and open-ended questionnaires) reflects observations of or self-analyses about a subject's experiences and/or perspectives. Grounded theory and case studies are examples of qualitative research. Case studies are, as the name suggests, studies of particular cases (patients or diseases) that a therapist has treated over a period of time. Grounded theory is, essentially, research in reverse. Data is examined for possible connections or cause-effect relations and a theory is generated on the basis of hypothesised connections or relationships which can be validated by additional research.

Qualitative research is sometimes used as the basis of quantitative research, especially when little is known or able to be numerically measured.

Its small sample sizes and interpretability allows the health professional to extrapolate possible outcomes, incorporating them into real world settings.

Qualitative research also has its pros and cons. The rich descriptions used in qualitative research allow for a more realistic view of a subject's experiences and facilitate flexibility in the components of research design, collection, analysis, and interpretation. But this flexibility may come at a cost: replicability and reliability may be an issue if any one or more of the components are faulty.

## Qualitative Research Method Example

In Porcino, Boon, Page, and Verhoef's article (2013, 15-24), the authors investigated massage therapists' practice. Researchers conducted in-depth interviews to extrapolate practice details. The results of the interviews suggested that therapy is individualised and evolutionary, a finding that may be helpful in designing future training programs.

## Mixed Methods

Mixed methods research is, as its name suggests, a mix of quantitative and qualitative methods. Mixed methods research tends not to randomise subjects and, for that reason, is also known as quasi-experimental research.

Mixed methods research amalgamates "...how many people feel, do or think a certain way..." with "...how people do, feel, and think, or why people do so" (Kania, Porcino, & Verhoef, 2008). It's particularly suited to massage therapy research, which is both medically and socially conceptualised.

Mixed methodology research may appear to be the best type of research but, once again, this method has its drawbacks. It is constrained by the same errors and benefits as the two methods it combines.



### Mixed Methods Research Example

In a combined methods study, Porcino, Boon, Page, and Verhoef (2011) examined how massage therapy is unique and individualised, given practitioners' varied experiences. Both quantitative (population based surveys) and qualitative (practitioner interviews) were used in this study.

### Practical Integration

Depending on the issue you wish to explore, once you understand the strengths and weaknesses of the various methodologies, you can incorporate the findings from relevant studies - whether based on a large RCT or a small cohort - with your own clinical observations and with your client's wants and needs to form an evidence-based practice care plan. With a little understanding and a bit of practise, integrating research into everyday practice is within reach. Below are six easy steps toward an evidence-based practice:

#### Six Steps of an Evidence-Based Practice

##### 1. Define the clinical question

According to Australia's National Health and Medical Research Council (NHMRC), deciding what you need to know is the first step in integrating research into everyday practice. You can use your client's history, wants/needs, and examination findings to define an issue that needs addressing.

##### 2. Build a knowledge base

Refresh your understanding of the pathophysiology by consulting secondary research material, eg textbooks and scholarly articles.

##### 3. Search for primary evidence

Search PubMed, the Cochrane Library, and other health databases for first-tier evidence. Include the relevant type of research, eg qualitative, quantitative, and/or mixed methods.

##### 4. Assess the information for applicability and transferability

Once the research has been read, assess its applicability and transferability. Can the research be applied to the individual client with the same benefit as was experienced by the studied group and can individual differences alter your treatment outcomes?

##### 5. Create and apply a care plan amalgamating the researched information with your clinical experience and client's wants and needs

This is sometimes referred to as the 'evidence funnel'. Information from many sources, including your own clinical observations, client wants and needs, and research are amalgamated into an individualised care plan.

##### 6. Evaluate and reform the care plan

Evaluation of results is a continual process. Evaluate the applicability of the care plan before, during, and after each treatment. Is it working or isn't it? Make informed adjustments and reform the care plan.

■ amt

### REFERENCES

- Dryden, T. & Moyer, C.A. (Eds.). (2012). 'Massage Therapy: Integrating Research and Practice-Critical Thinking, Best Practices, and Future Directions to Advance the Profession' (2nd ed.). South Australia: Human Kinetics.
- Faleiros, F. & de Paula, E.D.R. (2013). 'Constipation in Patients with Quadriplegic Cerebral Palsy: Intestinal Re-education Using Massage and a Laxative Diet' [Electronic version]. *Revista da Escola de Enfermagem da USP*, 47(4), 836-842. Retrieved February 3, 2014 from [http://www.scielo.br/scielo.php?script=sci\\_arttext&pid=S0080-62342013000400836&lng=en&nrm=iso&lng=en](http://www.scielo.br/scielo.php?script=sci_arttext&pid=S0080-62342013000400836&lng=en&nrm=iso&lng=en)
- Kania, A., Porcino, A., & Verhoef, M.J. (2008). 'Value of Qualitative Research in the Study of Massage Therapy' [Electronic version]. *International Journal of Therapeutic Massage and Bodywork*, 1(2), 6-10.

Melnyk, B.M & Fineout-Overholt, E. (Eds.). (2011). 'Evidence-based Practice in Nursing and Healthcare: A Guide to Best Practice' (2nd ed.). Sydney NSW Australia: Wolters Kluwer Lippincott Williams & Wilkins.

National Health and Medical Research Council. (2000). 'How to Use the Evidence: Assessment and Application of Scientific Evidence' (Cat. No. 9938982). Commonwealth of Australia: Author.

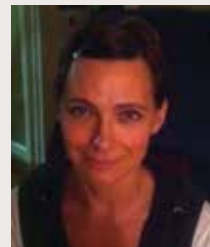
Porcino, A.J., Boon, H.S., Page, S.A. & Verhoef, M.J. (2011). 'Meaning and Challenges in the Practice of Multiple Therapeutic Massage Modalities: A Combined Methods Study' [Electronic version]. *BMC Complementary and Alternative Medicine*, 11(75). Retrieved February 3, 2014 from <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3187727/>

Porcino, A.J., Boon, H.S., Page, S.A. & Verhoef, M.J. (2013). 'Exploring The Nature of Therapeutic Massage Bodywork Practice' [Electronic version]. *International Journal of Therapeutic Massage and Bodywork*, 6(1), 15-24.

### March Research Review Forum

Read one of the three open-access journal articles mentioned above, and comment on how the results can be applied to your own practice or client/s. Completion of this task will gain you five CEU points.

Join the conversation at <http://www.amt.org.au/forum/>



Dana Scully has been a member of the AMT since 2001. She recently completed her Bachelor of Health Science - Complementary Medicine through Charles Sturt University and has been working toward sharing her education with AMT members since. She is passionate about health care and member education.

# Mental Wellness and Massage: Bringing Light to Mental Health by Acknowledging the Mind-Body Connection

by Angie Hawke

***"The soul of man with all the streams of pure living water seems to dwell in the fascia of his body. When you deal with the fascia, you deal and do business with the branch offices of the brain, and under the general corporation law, the same as the brain itself, and why not treat it with the same degree of respect?"***

- Founder of Osteopathy, Andrew Taylor Still 1899.<sup>1</sup>

The World Health Organisation defines health as "a state of complete physical, mental and social well-being - not merely the absence of disease or infirmity".

Definitions are useful for the purpose of education but it is important not to lose sight of the bigger picture of health. In the body, there are no sub-categories: all systems and elements operate in a symbiotic relationship to create wellness or provoke illness.

For example, running supports physical health by improving cardiovascular and metabolic efficiency. And because running also releases endorphins and lowers the stress hormone, cortisol,<sup>2</sup> it therefore supports mental health. Conversely, mental states in the form of thoughts and feelings stimulate hormonal and visceral changes within the body which impact physical health.<sup>3</sup>

As massage therapists, our scope of practice is focused on supporting and facilitating physical health improvements for our clients. However, having an understanding of the multi-directional mind-body connection gives us an awareness of other factors that could influence the physical rehabilitation of our clients.

Studies have indicated the many benefits of massage for mental health, including regulating the nervous system by improving the efficiency of the pituitary-adrenal axis - the healthy stress response.<sup>4</sup>

Massage can also provide compassionate touch and social interaction in a nurturing and healthy environment.<sup>5</sup>

Mental health, like every health paradigm, can be understood on a spectrum ranging from wellness to illness. Where we are on this spectrum is dictated by our response to both internal and external stimuli. Our position on the spectrum is fluid and constantly moving as we adapt to the plethora of stimuli. We can support our body's health and wellbeing by engaging in activities that promote mental wellness.

Activities that promote stillness and body awareness – such as massage, meditation, yoga or simply a relaxing bath – are strongly beneficial for managing mental wellness. Emotional release, counselling and journaling can be valuable tools to process mental states. Sleep also has a major impact on healthy mental states.

Emotions can be defined as subjective, conscious, experiences characterised primarily by psycho-physiological expressions, biological reactions and mental states.<sup>6</sup> On the basis of this definition we can see that emotions can be a strong conduit for accessing the mind-body connection and working holistically with our health.

There are many ways in which a massage therapist can assist with supporting a client's emotional health while remaining within our scope of practice. These are some of the ideas and techniques I use in my practice:

## **1. Be the change you want to see in people:**

Being comfortable with your own emotions and freely expressing them in a constructive manner outside of the clinical environment makes it easier to accept any emotions that arise for our clients within the clinical environment.

**2. Create a safe space:** Let your clients know that they are in a safe and confidential space. Invite them to release as they wish within the session, whether that is to sigh, cry or fart!

**3. If what's been repressed is expressed:** Know that emotional release can be an important part of the body's regaining equilibrium; and welcome the free flow of emotions within a judgement-free and contained environment.

## **4. Education to empower clients:**

Advise clients that pain doesn't necessarily arise from damaged tissue. Mental states associated with an injury – for instance, fear and anxiety about whether post-injury movement can be pain free – can create a vicious cycle, which may hinder rehabilitation. Anatomical and physiological education can address not only the possible effects of mental states but can also build self-efficacy and reinstate confidence and connection to the body.<sup>7</sup>

**5. Using the breath:** Deep abdominal breathing encourages relaxation by regulating the autonomic nervous system. Exhalation has a higher parasympathetic emphasis;<sup>8</sup> therefore, encouraging clients to focus on their out breath can assist in release. Deep breathing may also relieve chest tightness and postural muscle spasms.<sup>9</sup>

**6. Know who to refer to:** If you feel that your client needs further guidance or support to deal with an emotional response that has come up during a massage session, be prepared to refer your client to an appropriate practitioner such as a counsellor or mental health worker.

As massage therapists, we can use targeted manual manipulation to affect the nervous system and, in turn, a client's emotional health. Myofascial tissue provides some of the largest sensory input to the central nervous system.

Fascia is highly responsive to mechanical tension and/or pressure due to the dense network of somatosensory receptors within the tissue. Of particular interest are the interstitial and Ruffini mechanoreceptors, which respond to slow, steady and deep manual pressure. Activation of these mechanoreceptors "results in an increase of vagal activity, which then changes not only local fluid dynamics and tissue metabolism, but also results in global muscle relaxation, as well as a more peaceful mind and less emotional arousal".<sup>10</sup>

Key target tissue that stimulates a decrease in emotional activity includes the abdominal region, which responds to deep mechanical pressure (Folkow 1962)<sup>11</sup>, and the pelvis, which responds to a sustained pressure. (Koizumi & Brooks 1972).<sup>12</sup>

Depending on your session goals, superficial pressure could also be incorporated into your treatment plan. For example, superficial pressure would be relevant when targeting cutaneous pain. This type of pressure accesses the dense collection of nociceptors located in the subcutaneous and loose tissue.<sup>13</sup>

Other supportive techniques that can be used by the therapist during a client's emotional release include holding, rocking and foot massage.

As suggested earlier, we not only have a duty of care toward our clients, but also toward ourselves: self-care and the monitoring of our own mental wellbeing is important for massage therapists. Techniques I have found useful include engaging in peer or mentor support, and integrating 'play' after a hard day's work, for example, taking time out to relax and unwind by socialising with family and friends.

The mind-body connection is not based on esoteric assumptions: an increasing amount of evidence from clinical practice and scientific studies supports this claim. Acknowledging and accepting the interplay of mental, emotional and physical health allows for holistic health management. We, as health practitioners, are uniquely situated to assist our clients toward managing all facets of their health, including their physical, mental and emotional wellbeing. ■amt

## REFERENCES

1. Cited in Schleip, R, 'Fascial Plasticity – a New Neurobiological Explanation: Part 1', *Journal of Bodywork and Movement Therapies*, January 2003, pp 11-19
2. Amber, Jeannine. 'Stress Free You'. *Essence*, Jan 2013, Vol 43, Issue 9, p 96
3. Davidson, R, 'The Emotional Life of the Brain', Hudson Street Press, 2012
4. Werner, R, 2005, 'A Massage Therapist's Guide to Pathology', Lippincott Williams & Wilkins, USA
5. *ibid.*
6. Wikipedia 2013, viewed September 2013 <http://en.m.wikipedia.org/wiki/Emotion>
7. K Vibe Fersum et al, 'Efficacy of Classification-based Cognitive Functional Therapy in Patients with Non-specific Chronic Low Back Pain: A randomised Controlled Trial', *European Journal of Pain*, 2012
8. Elliot, S, 'Diaphragm Mediates Action of Autonomic and Enteric Nervous Systems', [www.bmedreport.com/archives/8309](http://www.bmedreport.com/archives/8309), January 2010
9. Graham, B, 'CFS – Breathing and the Autonomic Nervous System', [www.nutritional-healing.com.au/content/articles-content](http://www.nutritional-healing.com.au/content/articles-content), January 2011
10. Cited in Schleip, R, 'Fascial Plasticity – A New Neurobiological Explanation: Part 1', *Journal of Bodywork and Movement Therapies*, January 2003, pp 11-19
11. *ibid.*
12. *ibid.*
13. Mense, S, 'Muscle Pain: Mechanisms and Clinical Significance', *Deutsches Arzteblatt International*, 2008; 105(12): pp 214-9



Angie Hawke began her career as a massage therapist two years ago, after graduating with a Diploma of Remedial Massage from the Blue Mountains TAFE. She currently works in an injury rehabilitation clinic in Sydney's West, and has just embarked on a degree in neuroscience at Sydney University.

## Practitioner Profile – Takako Jawor

**After completing her Diploma of Remedial Massage at the Western Sydney Institute of TAFE (Blue Mountains College) in 2009, Takako Jawor has dedicated much of her time and energy to volunteer work; including invaluable hours spent mentoring her peers. In Good Hands chats with AMT's 2013 Therapist of the Year ...**

### **How did you first become interested in massage therapy?**

I used to do a lot of sport including speed skating and running. There were nights when I couldn't sleep because my legs would ache, and intuitively, I started massaging my legs every night. It helped with the pain and I soon found I was able to sleep again. Unfortunately, a knee injury forced me to quit my skating career.

After that experience I became interested in prevention and treatment of injuries. I studied nursing and then worked as a registered nurse at a hospital in Japan, where I was living at the time. In the hospital, whenever I had time, I would give my patients a massage.

In Japan, massage is a part of the culture. Children are encouraged to massage their parents and grandparents. As children, we would write up massage vouchers for neck and shoulder massages and then give them as gifts for Mother's Day and Grandparent's Day. We mainly used thumb pressure techniques like those used in Shiatsu.

Then, when I moved to Australia to continue nursing, I enrolled in a nursing English course for overseas-qualified nurses at Meadowbank TAFE. I saw a massage course advertised at the TAFE and it sparked my interest. Later, I moved to the Blue Mountains and enrolled in the Diploma of Remedial Massage at the Katoomba campus. I soon found that I loved massage more than nursing.

### **What are your favourite aspects of massage work?**

When I studied nursing, I majored in the promotion of public health, and this has always been a passion for me. In massage, I saw its potential for injury and illness prevention.

Throughout my massage work, I have come to find that the way clients deal with their pain and injury is a reflection of how they approach life in general. For example, if you experience back pain, you can choose to live with the pain, or you can choose to do something about it, such as get a massage, or become informed. It's the same with any challenge you face in life: you can ask for help, go through radical change, or continue to live within the same old patterns. I love being able to provide the opportunity for people to explore their body through massage. You never know, it might lead to other exciting changes in their lives.

### **Can you tell me about the mentoring you are involved in?**

I was approached by a massage student – Selena – for tutoring. I was still a fresh massage therapist myself, and I thought it would be a great opportunity for me to reinforce what I had learned. We met every week to review the work she was doing in class. As it turned out, we ended up exchanging our knowledge. She had a different teacher, so she was learning some different skills. I find that when I teach, I learn more, and that gives me a lot of pleasure. My TAFE teacher, James Walsh, said that the best teacher is the best student. I found this to be true.

I work with a team of massage therapists at Mountains Massage in Faulconbridge and we exchange knowledge all the time. I find this incredibly useful, and I appreciate the support of my colleagues. Noreen, my boss at Mountains Massage is a great mentor to me. She gives me a lot of ideas.

Recently, when Noreen went to Africa, I took over some of the business side of things. It was a huge challenge for me, but exciting, and I have learned a lot from that experience.

### **What are the most challenging aspects of working as a massage therapist?**

I need to watch that I do not give too much of myself. I have such a passion to give all that I can that I sometimes forget about myself. I often forget to stretch and take care of my wrists, or drink enough water – advice that I give to my own clients!

At one point, I found myself doing too much – looking after my young son, working, giving free massages to friends and community, and volunteering with the Australian Breastfeeding Association. Then I hurt my back.

My husband said to me: "What would you say to your clients if they came to you with this story?" I then realised that I need to be well to give massages. Now I am back in the routine of doing yoga and stretching, and I have learned to cancel clients if I need to. I am learning my own limits.

### **Do you have a massage specialisation?**

I enjoy supporting my clients in their recovery from injuries and introducing them to self-care strategies.

I have also been doing corporate massage once a month for the past year. I find that people really appreciate having massage in their workplace. Variety in my work helps to prevent me from 'burn out'.

### **Can you tell me about the volunteer work you are involved in?**

I organised free chair massages for HSC students in the Blue Mountains back in 2009 at Mountains Massage. We introduced the students to massage as a way of relieving stress, and showed them techniques that they could do for themselves.





AMT 2013 Therapist of the year, Takako Jawor massages a weary emergency worker during the recent Blue Mountain's bushfires.

Now a few of the students have become regular clients after finishing their HSC.

One organisation I have been involved with is Children of Fire – a charity that assists survivors of burn injuries, based in South Africa. We raise money by performing seated massages at markets.

I was involved in massaging fire fighters and emergency workers during the recent bushfires, and also in a recovery event after the bushfires. I found it emotionally challenging on many levels – I was also affected by the fires, and had to evacuate my family a few times. I was overwhelmed and empowered by all the support, especially from AMT members who took part, volunteering their time, and their families' time, to come to the Mountains and help. Several other AMT members sent words of advice and support, which gave me strength to help people who had lost their houses and everything they owned.

#### **Do you have any future plans to continue your massage studies?**

At the moment, I am interested in a couple of different areas of massage. James Walsh has talked to me about a new type of fitness called Myofascial Moves, which focuses on exercising the fascia and stretching the fascial lines. I would like to learn more about it. The other discipline I am interested in is Shiatsu.

I would also like to become more involved with the AMT Blue Mountains branch, to help keep the branch going. We should make the most of the Blue Mountains' wonderful culture of people who appreciate massage therapy, and our great knowledge bank at the Katoomba TAFE campus.

I also have a dream to establish a mentoring program in each AMT branch.

#### **Do you have any advice for new therapists?**

I think it is important to think about what you value, and what your visions are. For me, this means working as a part of a team, and being able to exchange knowledge.

#### **The massage therapy industry – along with many of the complementary therapy sectors – is facing a lot of challenges at the moment. What are your thoughts about the future of massage?**

I think people will continue to seek out massage therapy. Massage therapy holds its own – the positive effects of massage are self-evident.

For example, I have a regular client with a spinal cord injury, who comes to maintain his post-injury condition. He had to postpone his massage treatments while he was in hospital for a few months, and when he came out the active ROM in his hand had decreased by about 50 per cent. He was quite upset, and didn't think much could be done about it, but he came to see me nonetheless. I said, "Let's just see what we can do."

At the end of the session we retested his ROM and found that he could move his hand to the same degree as he could before he went to hospital. It gave him such a smile. That's the moment I thought, "Wow, I did all that". It gave me such a feeling of confidence in the effectiveness of massage therapy. ■amt

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## DVD Review

by Tyraus Farrelly

### Soft Tissue Treatments with Stuart Hinds - ITB Syndrome



'ITB Syndrome' is an educational DVD in the Complementary Health Seminars series. Presenter Stuart Hinds is a lecturer in remedial soft tissue techniques at Victoria University, and was part of the Australian soft tissue team for the 2000, 2004, 2008, and 2012 Olympics.

Hinds brings a wealth of knowledge to this common sports syndrome, including expert advice about special tests, ROM testing and treatment options.

The DVD begins with an overview of ITB syndrome, including a definition, a review of the anatomy of the region, and symptoms and predisposing factors. Visually, this section of the DVD is disappointing: it is presented in lecture format, with only a few basic diagrams.

In the next section, Hinds moves on to 'hands-on' components, beginning with a selection of special tests, including the Thomas test, Ober's test, the Straight Leg Raise (SLR) test, the Prone Knee Bend (PKB) test, and the Wilson-Barstow test (for leg length). Each test is explained in detail, and in a simple and easy manner.

The importance of symmetry and muscle balance, specifically of pelvic and hip stability, is explored. In my opinion, this section would have benefitted from the inclusion of the Trendelenburg test (ie the client stands on one leg, and the therapist looks for a contra-lateral pelvic drop).

Next, Hinds demonstrates ROM of the region by taking his client through passive, unassisted and resistive ROM to identify causes of asymmetry or imbalance. He explains the correct range or result expected with each test.

The last section consists of a detailed demonstration of treatment protocols. This consists mainly of myofascial release (MFR) and trigger point therapy (TrPT). Although Hinds also recommends vacuum cupping, this is not demonstrated. Treated areas include the tensor fascia latae (TFL), the gluteal group, the lateral hamstring, and the vastus lateralis. Trigger points located around and directly under the ITB are also treated.

The importance of maintaining correct function and balance among the TFL, the gluteal group and the surrounding fascia is observed, along with the effect these muscles and their surrounding fascia have on the iliotibial band. The inclusion of visual aids depicting the anatomical location of trigger points, symptoms and referral zones would have been of benefit when describing where and how to treat.

Apart from treating the trigger points to the underlying vastus lateralis muscle and recommending vacuum cupping, treatment is not performed directly on the ITB itself. The focus is instead on the structures that directly affect and influence this thick fibrous band of tissue. Such an approach might appear unusual, however, I agree with this treatment protocol – these structures play a major role in ITB syndrome but are often overlooked. Unfortunately, many practitioners engage in endless, and sometimes needless, treatment directly to the ITB.

#### A final word

Stuart Hinds is a knowledgeable and experienced educator and therapist who brings tremendous insight to this syndrome.

In an easy-to-understand manner, he demonstrates the complex structural and biomechanical balance the pelvis and hip area, which, if misaligned, can directly affect the ITB and lead to ITB syndrome.

However, compared to other educational bodywork DVDs, this DVD is not impressive in terms of visual images. In other massage DVDs, I have seen some amazing 3D, still and animated anatomy graphics – from basic anatomy to the biomechanics of injury mechanisms – that are really helpful and I missed such inclusions in this DVD.

Other issues relevant to ITB syndrome that are not examined in this DVD include gait analysis (although Hinds does mention referring clients on); differential diagnosis, including a list of conditions that mimic ITB syndrome; and a rehabilitation component outlining relevant stretches and strength exercises linked to findings made during the ROM and special tests. An often-overlooked problem that can affect the ITB in runners is road camber, and a section providing specifics about how runners can avoid negative effects would have been a useful inclusion.

■amt

*Tyraus Farrelly is a senior level two AMT member and has completed a TAFE Associate Diploma of Health Science. He has worked as head massage therapist for the Illawarra Steelers and the St George Illawarra Dragons, and was the head consultant therapist for the Australian National Martial Arts team during the World Karate Championships. He currently runs a full-time clinic in Wollongong, with a focus on sports and occupational injuries. He specialises in trigger point therapy and myofascial dry needling.*

*For comments or suggestions, please contact Tyraus at [tyraus@triggerpointtherapy.com.au](mailto:tyraus@triggerpointtherapy.com.au)*



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## News from the regions

### Mackay

by Cathie Meredith

Long-term members Rod Legge, Claire Kemp and Ian Coppard retired from their branch executive positions at the end of 2013. Rod, Claire and Ian made valuable contributions to the branch over a number of years, and we wish them well. We welcome our newly elected treasurer and secretary, and thank chairperson Cheryl for agreeing to continue her role for the coming year.

Several Mackay Branch AMT members attended the Level 1 Oncology Massage Training, held in the city last October. One of the eight members who attended the training, Bronwyn Overall, was the guest speaker at our AGM in November. She shared her newfound knowledge about lymphoedema, and how it can affect post-operative cancer patients in particular.

Our first meeting for 2014 was held in February, with guest speaker Gary Kaddatz presenting on the subject of Craniofascial Therapy.

### Sunshine Coast

by Lesley Carter

Our first meeting for the year will be held on Sunday, March 16. We are happy to announce that well-known massage therapist and teacher, Diana Glazer will once again be our guest speaker (we benefited from Diana's experience last October). Diana has 15 years experience as a TAFE massage teacher and is the massage therapist for the Australian Men's Basketball Team. She has studied pain management at Sydney University, and worked as a massage therapist at the Olympic Games and the Delhi Commonwealth Games.

The full-day meeting will be held from 9.30am – 5.00pm. In the morning, Diana will be demonstrating how to take an effective client history. This will be followed by lunch, and then a practical session in the afternoon.

Members are requested to bring massage tables, towels and oils. Please bring a plate of food to share for lunch - morning and afternoon tea will be provided. You may also bring a client/friend to work on in the afternoon session. Fun, fellowship, an opportunity to learn more massage tips, support for each other and those who live in isolated areas, and of course, earning CEUs, make these meetings a vital part of our professional development as therapists.

Meeting dates for the rest of the year are: June 15, August 17, and our AGM on October 18. We look forward to meeting with everyone.

Inquiries, contact Lesley at [lescalnat@gmail.com](mailto:lescalnat@gmail.com)

### Riverina Region

by Jodee Shead

It is shaping up to be a busy year for the Riverina branch with many meetings and workshops already planned, and more to come.

#### Meetings and dates for this year:

- **Friday, May 23, 7pm.** In Cobram, to be hosted by Kathryn and Roger Sim. This meeting will also be our AGM.

- **May 24-25.** Proposed workshop with Michael Stanborough (depending on his availability).

- **Friday, August 22, 7pm.** Echuca. Our proposed guest speaker will be a local osteopath, who will present on structural assessments for feet.

- **Sunday, November 30, 12.30pm.** Christmas BBQ and lunch meeting, Barmah Forest and Nature Reserve.

Our Branch is also researching a two-three day workshop on Functional Fascial Taping (FFT), with Ron Alexander.

If you are a member of the Riverina Branch, please do not be a stranger. Let us know where you are and what you want/need from the meetings, and

we will be happy to arrange meetings at your local venues. Meetings are a fantastic way to network with fellow massage therapists.

Inquires, contact Jodee Shead (secretary) at [moweld@bigpond.com](mailto:moweld@bigpond.com)

### South Sydney

by Rene Goschnik

We would like to wish everyone a Happy New Year and Happy Chinese New Year. At our last meeting (in February) members were asked to give feedback about the South Sydney branch. Here is what some members had to say: "We gain new knowledge", "The guest speakers are very helpful", "I like how the meetings run", "I like the networking and making new connections", and "We can earn CEU points".

Later at the meeting, guest speaker and AMT secretary, Rebecca Barnett discussed important information about fraud within our industry. We would like to thank Rebecca for clarifying what constitutes fraud with regards to health funds, and also to thank Erica for helping with the Chinese translation.

I would also like to reinforce the importance of being on time for meetings. We are a big group and signing-in takes a long time, so we have decided to start member sign-in at 6.30 pm. Doors will be closed at 7.00 pm sharp. Unfortunately, to ensure the smooth running of meetings, members arriving after that time will not be allowed in.

We would also like to encourage members to join our Facebook page "AMT Sydney South Branch".

We have yet to organise our guest speakers for the coming year. Our next meeting, to be held on April 2, will be a trivia night. Let's rock!

Inquiries, contact Suzi at [m.sujittra@live.com.au](mailto:m.sujittra@live.com.au)



## Hunter region

by Chloe Dirs

Our January meeting was a resounding success, attributed to the relaxing effect of our early morning massage demonstration. This paved the way for an open discussion, with many members sharing their questions, experiences and knowledge. We were able to cut the 'formal' meeting time by enjoying cake and a chat after the presentation.

Our March meeting will open with a short discussion by a local physiotherapist. Our members have expressed interest in seeing more guest speakers at meetings and to have more local opportunities to gain CEU points. We plan to explore options for these possibilities in the coming year.

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## AMT NEW MEMBERS

### ACT

Jessica Borgese, Izach Clements,  
Vipa Deerat, Breanna Harris,  
Maria Lehtikainen,  
Varaporn (Nim) Osborne,  
Nanping Ouyang, Darryl Pettingill,  
Kit Wah Tong, Toni Vickers (Larson),  
Abby Yates, Janet Zamora

### NSW

Kerry Abblett, Noellin Acabado,  
Halil Akdana, Michael Bailey,  
Soulie Bebonis, Amy Biggs, Kristy Blanch,  
Steven Bonanno, Yvette Burton,  
Leonore Carter, Ying Ye Chen,  
Susan Connors, Jason Delaforce,  
Rochelle Dorman,  
My Nghi (Melanie) Duong,  
Malulua Fakaua, Crystal Fischer,  
Ana Giorgio, Richard Goncalves,  
Samantha Gray, Ellen Grodahl,  
Caroline Haines, Anna Isaacs,  
Yong Hae Jee, Ruo Hong Jiang,  
Steven Jreige, Sara Kalantari,  
Vanessa La Rose, Yilin Lin, Krysia Mailo,  
Danae Mansour, Santino Mirarchi,  
Philippa Moon, Leanne Morgan,  
Philippa Moss, Edward Noshie,  
Pia Salvador, Louisa Sassen,  
Kunjie Shang, Emma Smith,  
Narrel Tabone, Cameron Vigor,  
Pei Li Wang, Margaret Jane Weatherall,  
Inga Wiechert, Kimberley Witt,  
Karolina Wojciechowska,  
Jennifer Wolford, Ming Xin, Silian Zhang,  
Yan Jun Zhang

### QLD

Garry Barlett, Christina Berglund,  
Moana Burgess, Antony Debney,  
Lauren Langley, Maria Neilan,  
Kathryn Slater, Dehua Song,  
Christine Taylor, Mariko Tsuda,  
Carl Von Harten, Jessica Warby

### VIC

Genevieve Barker, John Drummond,  
Michelle Dyer, Diana Good, April Inglese,  
Asuka Itami, Danielle Joy, Natalee Lade,  
James Lang, Kim Macshane,  
Rebecca Mullin, Amanda Rooney,  
Andrew Willmott

### WA

Amy De San Miguel, Giselle Elson,  
Mathew Farrell, Susan Griffin,  
Elaine Jackson, Stephanie Jakovich,  
Jessica Morgan, Massimo Raballo,  
Christina Reynolds, Anne Rigby Hatton,  
Heidi Van Dyle

# Provider Recognition Criteria

**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.**

HEALTH FUNDS AND SOCIETIES		CRITERIA
ahm Health Insurance	Medibank Private	These funds recognise Senior Level One and Two members.
ACA Health Benefits Fund	Onemedifund	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.
Cessnock District Health Benefits Fund	Peoplecare Health Insurance	
CUA Health Limited	Phoenix Health Fund	
Defence Health	Police Health Fund	
Frank Health Insurance	Queensland Country Health Ltd	
GMF Health	Railway & Transport Health Fund Ltd	
GMHBA	Reserve Bank Health Society	
health.com.au	St. Luke's Health	
Heath Care Insurance Limited	Teachers Federation Health	
HIF WA	Teachers Union Health	
Latrobe Health Services (Federation Health)	Transport Health	
Mildura District Hospital Fund	Westfund	
Navy Health Fund		
Australian Unity		Australian Unity recognises members with HLT50302/07 Diploma of Remedial Massage, HLT50102/07 Diploma of Traditional Chinese Medicine Remedial Massage, HLT50202/07 Diploma of Shiatsu and Oriental Therapies, 21920VIC or 21511VIC Advanced Diploma of Remedial Massage (Myotherapy), Diploma of Health Science (Massage Therapy), Advanced Diploma of Applied Science (Remedial Massage) and Advanced Diploma of Soft Tissue Therapies. Existing Senior Level One and Two providers remain eligible.
BUPA		BUPA recognises members with HLT50302/07 Diploma of Remedial Massage, HLT50102/07 Diploma of Traditional Chinese Medicine Remedial Massage, HLT50202/07 Diploma of Shiatsu and Oriental Therapies, 21920VIC or 21511VIC Advanced Diploma of Remedial Massage (Myotherapy). Existing providers remain eligible.
CBHS Health Fund Ltd		CBHS recognises all AMT practitioner levels.
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). Existing providers remain eligible. They require you to use their provider number. This number is AMXXXX, where the Xs are your 4-digit AMT membership number.
GU Health		GU Health recognises members with HLT50302/07 Diploma of Remedial Massage, HLT50102/07 Diploma of Traditional Chinese Medicine Remedial Massage, HLT50202/07 Diploma of Shiatsu and Oriental Therapies, 21920VIC or 21511VIC Advanced Diploma of Remedial Massage (Myotherapy), Diploma of Health Science (Massage Therapy), Advanced Diploma of Applied Science (Remedial Massage) and Advanced Diploma of Soft Tissue Therapies. Existing Senior Level One and Two providers remain eligible.
HBF		HBF recognises Senior Level One and Two members.
HCF		HCF recognises members with HLT50302/07 Diploma of Remedial Massage, 21920VIC or 21511VIC Advanced Diploma of Remedial Massage (Myotherapy), Advanced Diploma of Applied Science (Massage) and Diploma of Health Science (Massage Therapy). Existing providers remain eligible.
NIB		NIB recognises members with HLT50302/07 Diploma of Remedial Massage; HLT50102/07 Diploma of Traditional Chinese Medicine Remedial Massage; HLT50202/07 Diploma of Shiatsu and Oriental Therapies; Advanced Diploma of Remedial Massage (Myotherapy)
WorkSafe Victoria		Worksafe Victoria recognises Senior Level One and Two members.

## 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](http://www.amt.org.au)**

# Calendar of Events

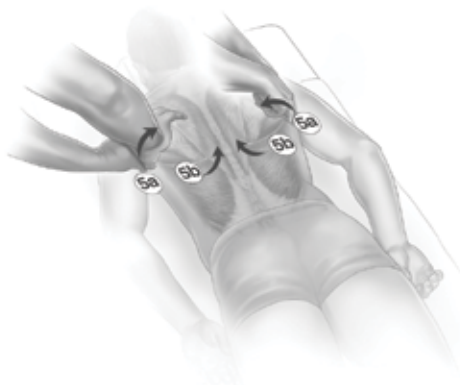
Courses accredited by AMT attract 5 CEUs per hour. Courses not accredited by AMT attract 1 CEU per hour. Please check dates and venues of workshops (using the contact numbers listed below).

March 2014		CEUs
1-2	Modern Cupping Therapy. Presented by Bruce Bentley . Brisbane, QLD. Contact 03 9576 1787	70
1-2	Neurostructural Integration Technique Introductory. Presented by Robert Monro. Brisbane, QLD. Contact 0448 428 02070	
1-2	Kinesio Taping Internationally Accredited KT1-2 course. Presented by Paul Dillon. Perth, WA. Contact Clint Bridges on 02 9871 0023 or info@KinesioTaping.com.au	70
4	The Business of Health an integrated approach to business development for natural therapists and holistic practices. Presented by Rosemary Spiteri. Springwood, NSW. Contact 0407 530 272 email rosemary@jadira.com.au Course is conducted in 4 x 1 Day workshops concludes 12 May 2014	140
4	Ortho-Bionomy Foundations. Presented by Anthony Swan. Canberra, ACT. Contact 0412 286 385 email ajswan@iinet.net.au Weekly 2-hour modules every Tuesday commencing 7 January to 4 March	70
7-9	Master Class in Traditional East-West Cupping. Presented by Bruce Bentley. Margaret River, WA. Contact 03 9576 1787	105
7-9	Fascial Manipulation Level 1 Diploma course. Presented by Julie Ann Day. Sydney, NSW. Contact Clint Bridges on 02 9871 0023 or clint@PhysioWISE.com.au 6-day Course commences 7-9 March and concludes 28-30 March.	210
7-11	Advanced Certificate in Integrated Cupping Therapy. Presented by Bruce Bentley. Margaret River, WA. Contact 03 9576 1787	175
9	Neck and Headache Pain. Presented by John Bragg. Springwood, NSW. Contact 0410 434 092	35
10-11	Modern Cupping Therapy. Presented by Bruce Bentley. Margaret River, WA. Contact 03 9576 1787	70
11	The Business of Health an integrated approach to business development for natural therapists and holistic practices. Presented by Rosemary Spiteri. Sydney, NSW. Contact 0407 530 272 email rosemary@jadira.com.au Course is conducted in 4 x 1 Day workshops concludes 6 May 2014	140
15-16	Neurostructural Integration Technique Introductory. Presented by Shayne Sullivan. Geelong, VIC. Contact 0417 011 192	70
15-16	Neurostructural Integration Technique Introductory. Presented by Wendy Eyles. Sydney, NSW. Contact 0412 417 719	70
16	Sunshine Coast Branch Meeting. Nambour, QLD. Contact Lesley Carter 0403 64 7754 or lesaln@gmail.com	15
17	The Business of Health an integrated approach to business development for natural therapists and holistic practices. Presented by Rosemary Spiteri. Springwood, NSW. Contact 0407 530 272 email rosemary@jadira.com.au Course is conducted in 4 x 1 Day workshops concludes 12 May 2014	140
18-20	Fascial Manipulation Level 1 Diploma course. Presented by Julie Ann Day. Melbourne, VIC. Contact Clint Bridges on 02 9871 0023 or clint@PhysioWISE.com.au 6-day Course commences 18-20 March and concludes 22-24 March	210
20-24	Neurostructural Integration Technique Basic. Presented by Ron Phelan. Melbourne, VIC. Contact 0419 380 443	175
20-22	Oncology Massage Module 1. Presented by Hayley Moeller. Canberra, ACT. Contact Kylie 07 3378 3220 or 0410 486 767	105
21-25	Advanced Certificate in Integrated Cupping Therapy. Presented by Bruce Bentley. Melbourne, VIC. Contact 03 9576 1787	175
21-23	Master Class in Traditional East-West Cupping. Presented by Bruce Bentley. Melbourne, VIC. Contact 03 9576 1787	105
22-23	Certificate of Pregnancy Massage. Presented by Catherine McInerney. Melbourne, VIC. Contact 03 9571 6330	70
22-24	Fascial Manipulation Level 1 Diploma course. Presented by Julie Ann Day. Melbourne, VIC. Contact Clint Bridges on 02 9871 0023 or clint@PhysioWISE.com.au 6-day Course commences 18-20 March and concludes 22-24 March	210
24-25	Modern Cupping Therapy. Presented by Bruce Bentley. Melbourne, VIC. Contact 03 9576 1787	70
24-26	NurtureLife® Pregnancy Massage Practitioner. Presented by Catherine McInerney. Melbourne, VIC. Contact 03 9571 6330	105
25-28	Oncology Massage Module 3. Presented by Gillian Desreux and Kate Butler. Melbourne, VIC. Contact Kylie 07 3378 3220 or 0410 486 767	140
25	Illawarra Branch Meeting. Presentation Evening. Corrimal. Contact Linda White 0417 671 007	15
25	The Business of Health an integrated approach to business development for natural therapists and holistic practices. Presented by Rosemary Spiteri. Sydney, NSW. Contact 0407 530 272 email rosemary@jadira.com.au Course is conducted in 4 x 1 Day workshops concludes 6 May 2014	140
28-30	Fascial Manipulation Level 1 Diploma course. Presented by Julie Ann Day. Sydney, NSW. Contact Clint Bridges on 02 9871 0023 or clint@PhysioWISE.com.au 6-day Course commences 7-9 March and concludes 28-30 March	210
28-29	Kinesio Taping Internationally Accredited KT1-2 course. Presented by Thuy (Twee) Bridges. Canberra, ACT. Contact Clint Bridges on 02 9871 0023 or info@KinesioTaping.com.au	70
April 2014		
2	Sydney South Branch Meeting. Hurstville, NSW. Contact Suzi 0403 347 384 or m.sujittra@live.com.au	15
4-8	Neurostructural Integration Technique Basic. Presented by Ron Phelan. Perth, WA. Contact 0419 380 443	175
4-6	Oncology Massage Module 1. Presented by Lizzie Milligan. Randwick, NSW. Contact Kylie 07 3378 3220 or 0410 486 767	105
4-5	Onsen Volume II Functional Assessment and Corrections of the Lower Body. Presented by Jeff Murray. Melbourne. Contact 0427 310 510	70
5-7	Oncology Massage Module 1. Presented by Deb Hart. Hillier, SA. Contact Kylie 07 3378 3220 or 0410 486 767	105

# NeuroStructural Integration Technique (NST)



*"NST is very useful for the treatment of chronic musculoskeletal pain such as that associated with fibromyalgia. I recommend it routinely for my patients and in my experience the majority receive benefit from it." Geraldine McCarthy MD, FRCPI, Professor and Consultant*



NST - founded on Australian Tom Bowen's later more advanced work. NST incorporates the philosophy of De Jarnettes "Sacro Occipital Technique" and is validated according to the principles of Applied Kinesiology. NST allows you to access Bowen's astonishing intuitive powers via the philosophy and techniques you will learn at this workshop. Learn how to recode your client's visceral, musculoskeletal, fascial and nervous systems so the body can regulate itself, controlling pain and boosting energy levels. NST is the fast, smooth form of Bowen, consistently effective even in difficult cases. Non-invasive and generally a lighter touch compared to similar bodywork therapies. NST results are sometimes astounding, usually instantly noticeable and generally long lasting.

*Clinically proven in a three year hospital based research program World Health Organisation and Nth. Italian Govt.*

**2 day Introductory class** - covers history, theory and spinal balance. A great start for those interested in learning this style of work. **70 CEU**

**5 day Basic class** - as per Introductory class plus all peripheral areas, shoulder, knees, ankles, pelvic, diaphragm, TMJ elbow/wrist, hamstrings, + much more...

## Your NST teachers



Ron



Marianne



Robert



Wendy



Shayne

## 2 Day Introductory classes

Perth - June 7/8<sup>th</sup>, Aug 23/24<sup>th</sup> Marianne : 0407036047

Brisbane - March 1/2<sup>nd</sup>, May 31/June 1<sup>st</sup> Robert : 0448 428 020

Sydney area - March 15/16<sup>th</sup>, June 14/15<sup>th</sup> Wendy : 0412417719

Geelong - March 15/16<sup>th</sup>, April 19/20<sup>th</sup>, May 3/4<sup>th</sup>, June 7/8<sup>th</sup>.

Shayne: 0417011192

## 5 Day Basic classes

Melbourne. - March 20-24<sup>th</sup>, Perth - April 4-8<sup>th</sup>,

Sunshine Coast - April 30<sup>th</sup>- May 4<sup>th</sup> Ron : 0419380443

For further course information please contact teachers or Ron [bowlensst@iprimus.com.au](mailto:bowlensst@iprimus.com.au)

**Plus "Essential" TMJ workshops**

Perth - April 12<sup>th</sup>, Coolum - April 26<sup>th</sup>

Visit our website

at [www.nsthealth.com](http://www.nsthealth.com)





# 2014 Annual General Meeting Agenda

**Sunday 13 April, commencing at 12.30pm**  
**Ryde Eastwood Leagues Club**  
**117 Ryedale Road, West Ryde, Sydney**

- Item 1**      Apologies and declaration of proxies
- Item 2**      Minutes of 2013 Annual General Meeting
- Item 3**      Business arising
- Item 4**      President's report
- Item 5**      Secretary's report
- Item 6**      Treasurer's report
- Item 7**      Motion – Acceptance of 2013 financial statements  
                  "That the 2013 financial statements be accepted"
- Item 8**      Report on the election of Office Bearers
- Item 9**      Other business
- Item 10**     Close of meeting



# 2014 Annual General Meeting Proxy Form

**If you are a financial practitioner level member and would like to vote but are unable to attend the AGM, please forward your proxy to the Secretary or an attending Member.**

**Please send your proxy form to:**

**AMT Ltd, PO Box 792, Newtown NSW 2042**

## PROXY VOTING FORM 2014

I, (name) \_\_\_\_\_

of (address) \_\_\_\_\_

being a financial member of the Association hereby appoint the Company Secretary or (name)\* \_\_\_\_\_

as my proxy to vote on my behalf at the AGM to be held on 13 April 2014.

Signature \_\_\_\_\_

Date: \_\_\_\_\_

\* Delete as appropriate.

**All proxy votes must be received 24 hours prior to the Annual General Meeting being held**



# AMT Members' Day workshop: Touch Lab

**When:** Saturday 12 April  
**Time:** 9.00am – 5.00pm  
**Where:** Ryde Eastwood Leagues Club  
117 Ryedale Road  
West Ryde, Sydney

**Reward:** 35 CEUs for attendance  
**Cost:** \$120 members  
\$150 non members  
**Please bring:** a massage table if possible  
Your own lunch  
(morning tea provided)

## ABOUT THE WORKSHOP:

### The Nature of Touch and the Techniques used in Deep Tissue Massage and Direct Myo-Fascial Release.

In this one-day course, we will explore the spectrum of touch required to perform bodywork on the fascial and neural systems of the body, and how to optimally use your working biomechanics to minimise strain and ensure a long working life as a practitioner. The course will give you skills and awareness to work in a deep yet gentle and mindful manner, facilitating maximal effect for minimal input in your treatments.

*You will learn:*

- *about quality, depth and intent of touch*
- *how to use posture and gravity (both yours and the client's)*
- *passive and active hand technique.*

We will start with some simple tools that enable us to effectively embody our centre of gravity, change our posture and use this in our work. These tools are also useful to teach our clients and can become a focus of the work we deliver.

We will examine the latest research on fascia and what this implies for our treatment of our clients; examine the role of the practitioner in the therapeutic relationship; and then work with the nature and quality of different types of touch to effectively deliver bodywork to deep connective tissue structures. These principles will be applied across 8 to 10 specific deep tissue techniques that work fascia which can be adapted to work any part of the body.

Along the way, we will examine body reading in terms of the fascial and connective tissue response to gravity as we explore the nature and morphology of fascia and its relationship to supporting the body in gravity.

## ABOUT THE PRESENTER:

Colin Rossie is a Certified Advanced Rolfer®, Rolf Movement Integration practitioner, remedial massage therapist and Fascial Fitness instructor. He is a life member of AMT and a foundation member of the Fascia Research Society. Last year he travelled to Munich for the Advanced Fascial Fitness Trainers course and assisted Divo Mueller and Dr Robert Schleip when they presented the Fascial Fitness trainers' course in Sydney in both January 2013 and January 2014.



# Registration info

Please find enclosed:

- ☐ \$120.00 AMT Member  
☐ \$150.00 non-members

TOTAL \$

Cheque or Money Order (made out to AMT) ☐

EFT (see payment details below) ☐

Or please debit my visa/mastercard ☐

AMT Membership number: \_\_\_\_\_

Please bring towels and oil/balm.

Please indicate if you can bring a massage table YES/NO

## PLEASE PROVIDE YOUR DETAILS BELOW

First name: \_\_\_\_\_

Surname: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Phone number: \_\_\_\_\_

Email address: \_\_\_\_\_

Cardholder's Name: \_\_\_\_\_

Card Number:

Cardholder's Signature: \_\_\_\_\_

Expiry Date: \_\_\_\_\_

/

## PLEASE NOTE AMT DOES NOT ACCEPT THIRD PARTY PAYMENTS

### AMT REFUND POLICY

- Cancellation up to 4 weeks prior – **full refund**
- Cancellation less than 4 weeks but more than 2 weeks – **less 15%**
- Cancellation less than 2 weeks but more than 1 week – **less 25%**
- Cancellation less than 1 week – **less 50%**
- No refund will be given after the event

### EFT PAYMENT DETAILS

PLEASE USE YOUR NAME UNDER THE TRANSACTION DESCRIPTION SO WE CAN IDENTIFY THE PAYMENT AND SEND THIS FORM BACK TO AMT

Account Name: Association of Massage Therapists Ltd

BSB: 062-212

Account Number: 1034-0221

Please return to:  
AMT Ltd, PO Box 792  
Newtown NSW 2042  
or fax 02 9517 9952





# AMT Annual General Meeting and presentations

<b>When:</b>	<b>Sunday 13 April</b>	<b>Reward:</b>	<b>30 CEUs presentations and AGM</b>
<b>Time:</b>	<b>10.00am registration for 10.15am start</b>		<b>15 CEUs AGM only</b>
<b>Where:</b>	<b>Ryde Eastwood Leagues Club 117 Ryedale Road West Ryde, Sydney</b>	<b>Cost:</b>	<b>\$30 members \$50 non-members</b>
			<b>Lunch will be provided at the close of the AGM</b>

## AGENDA:

<b>10.15am</b>	<b>How to build a client base - 4 industry success stories</b>
<b>11.00am</b>	<b>Open forum on practice building</b>
<b>11.45am</b>	<b>Building the business case for massage - AMT's research partnership with ARCCIM</b>
<b>12.30pm:</b>	<b>AMT Annual General Meeting</b>
<b>1.30pm:</b>	<b>Lunch</b>
<b>2.30pm:</b>	<b>Close</b>

## ABOUT THE PRESENTERS:

### **Jenny Richardson – works as a sole practitioner in Canberra**

Jenny fell into massage by accident after working in reception at a clinic in Canberra. She decided to enrol in the Certificate IV "just to see" and then worked in clinic settings for three years before going solo. Jenny's focus is on remedial work in a variety of forms. She loves the problem solving aspect of helping a client figure out why they are in pain and how she can work with them to change that.

### **Corrine Farnes - became a business owner in Newcastle**

Corrine studied at Newcastle TAFE over 12 years ago. She has been working in the same practice for the past 10 years. She bought the business from the previous owners 6 years ago and has recently instituted an extremely successful online booking system for appointments.

### **Amanda Fincham - introduced massage in a multidisciplinary practice in Sydney**

In 2002, Amanda switched from kneading dough as a pastry chef to kneading muscle. She introduced massage therapy to a multidisciplinary medical clinic and continues to work in the same practice, as a full time practice manager and massage therapist on the side.

### **Andrew Schwartz - owns a referral based Sydney practice**

Andrew has successfully operated Natural Way Massage in suburban Sydney for 12 years. Referral network includes GPs, Obstetricians and Midwives, Chiropractors and some Physiotherapists. He attributes his success to applying a menu of established promotional techniques over many years.

### **Jon Wardle**

Jon is a Chancellor's Research Fellow at the Faculty of Nursing, Midwifery and Health, University of Technology, Sydney and holds visiting positions at the School of Medicine, University of Washington and the School of Population Health, University of Queensland. In addition to his academic roles Jon has clinical backgrounds in naturopathy and nursing.

Jon is a founding Director of NORPHCAM and is a core committee member of the Public Health Association of Australia's Research Advisory Group as well as its Evidence, Research and Policy in Complementary Medicine Special Interest Group.

Members who do not wish to attend the whole day are warmly invited to attend the AGM only. There is no fee to attend this portion of the program but we do need you to RSVP. Please return the registration form overleaf to AMT Head Office.

# Registration info

Please find enclosed: ☐ \$30.00 AMT Member  
☐ \$50.00 non-members

TOTAL \$

Cheque or Money Order (made out to AMT) ☐

EFT (see payment details below) ☐

Or please debit my visa/mastercard ☐

AMT Membership number: \_\_\_\_\_

I will only be attending the Annual General Meeting ☐

## PLEASE PROVIDE YOUR DETAILS BELOW

First name: \_\_\_\_\_

Surname: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Phone number: \_\_\_\_\_

Email address: \_\_\_\_\_

Cardholder's Name: \_\_\_\_\_

Card Number:

Cardholder's Signature: \_\_\_\_\_

Expiry Date: \_\_\_\_\_

/

## PLEASE NOTE AMT DOES NOT ACCEPT THIRD PARTY PAYMENTS

## DIETARY REQUIREMENTS

(please advise of any special dietary requirements and we will attempt to address these)

Vegetarian ☐

Lactose Intolerant ☐

Gluten free ☐

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- Cancellation up to 4 weeks prior – **full refund**
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