

From the coalface

By Rebecca Barnett

Association of Massage Therapists Ltd

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Hooly dooly.

I don't know how many of you are familiar with George Orwell's journalistic essay on the privations of life as an English miner but, over the last 3 months, the coalface of AMT has certainly tested the mettle of those of us who have been working the seam.

I guess we should have known that something was up when every budgie we sent in kept dropping off the perch ...

Three months can be an enormously long time in the life of an organisation and it's no small understatement to say that a lot has happened since the June issue of In Good Hands. For starters we're not sending budgies down the mine any more because we hit the mother lode around the middle of June. And we rewrote the end of Animal Farm so that Napoleon the Pig suffered a grim fate at the hands of Boxer the faithful workhorse, who we rescued from the glue factory. But you can take a literary metaphor too far and I suspect I just have.

So, what exactly has been going on?

Executive Committee Update

Nominations for the 2006/2007 Executive closed on 21st July. I am delighted to announce that Alan Ford, who has been serving as caretaker President of AMT for the last 7 weeks, will stay on as President for the coming year. Alan is well known to ACT members having served as regional leader for several years.

He is a long-standing member of AMT and respected teacher/workshop presenter. Many of you would know Alan from sessions he has presented at the Annual Conference.

Last year Alan received our Award for Massage Therapist of the Year and was also recently appointed as a Director of the Association.

Alan will head up the following executive committee:

Melanie Elsey – Treasurer

Rebecca Barnett – Secretary

Steve Vadla - Vice President, Information Technology

Bronwyn Shannon - Newsletter

Claudia Iacovella - Committee

Colin Rossie - Committee

Keryn Rose – Committee

Susan Davis – Director and Research Officer

Val Jenkins – Director

Lyn Langbein - Director.

Colin Rossie is also Chair of our fledgling Strategic Planning Committee, whose purpose is to formulate a sound and viable business plan to assist in the determination of the future direction and viability of AMT. The committee (also affectionately known as the SPC) is in the process of setting short, mid and long-term goals for AMT. One of the SPC's current priorities is to increase local networking opportunities for our members by enhancing the activities within our existing regional branches.



in good hands

ABN 32 001 859 285

We are also in the process of establishing new regional branches in areas that may previously have been neglected.

The SPC is philosophically committed to facilitating a model of self-determination and empowerment at all levels of the organisation, from the individual therapist on the ground through to branch activities and management at the executive committee level. AMT has always been an organisation run for the therapist by the therapist and we will continue to honour and support that principle in all our strategic planning. We believe that the work of the SPC is crucial to AMT irrespective of any potential mergers with other associations.

Minutes of Executive Committee and SPC meetings are available in the Executive section of the AMT forum on our website. I urge you to access them and keep up to date with all the activity: www.amt-ltd.org.au/forum

Health Fund Update

As you may be aware, NRMA Health was purchased by MBF Australia in 2003. A review of provider recognition has recently been undertaken and, as a result, NRMA Health has aligned its health fund provider criteria with MBF's.

NRMA formally adopted MBF's recognition criteria on July 1, 2006. This change will not impact on existing providers with either or both of these funds. However, new applicants for provider status with MBF and NRMA must hold current HLT qualifications to be accepted as providers.

If you hold non-HLT qualifications it is now more crucial than ever that you maintain your provider recognition status by staying up to date with CEUs and renewing your insurance and senior first aid. Send copies of your first aid and insurance certificates to Head Office as soon as you receive them. Literally hundreds of members drop off the provider lists in October when their insurance certificate of currency is due.

NIB has also recently reviewed their provider recognition criteria. We are currently lobbying them in relation to one of their proposed changes and expect a positive outcome. I should be able to report back in the next issue of In Good Hands.

Conference Update

Registrations for the 17th Annual Conference are rolling in steadily now but numbers for the gala dinner are a little disappointing thus far. This is our 40th birthday party gang - we're anticipating a great deal of bad behaviour and several ugly hangovers on Sunday morning. If you have already registered for the Conference but weren't planning on coming to the dinner it's not too late to change your mind. I expect to have my dance card full by mid-September... Registrations for the Conference close on September 22 so don't dilly dally! Look forward to seeing you there and dancing like there's no-one guffawing in disbelief and mild alarm.

Thank you Firm N Fold

I'd like to say a heartfelt thanks to Firm N Fold for agreeing to supply all the massage tables for the Conference this year. Rob Crisfield has been a loyal supporter of AMT for many years now and Firm N Fold continue to support us by offering product discounts to AMT members. Thanks Rob! It's always been a pleasure working with you.

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Need CEUs?

Journal question -
September edition

What is the 6Ps principle?

Please write your answer in the space provided on your CEU record sheet and retain it until you submit the form with your annual renewal. Blank CEU forms can be downloaded from:
http://www.amt-ltd.org.au/index.php?Page=Members_CEU_s_1.php

AMT's annual conference & 40th anniversary celebrations



a massage therapist's guide
to research, the future and everything

Novotel
Brighton-le-Sands,
Sydney
October 7-8, 2006

Join AMT as we celebrate our
40th anniversary at the
17th Annual Conference!

Our conference theme this year
is **Beyond the Body: a massage
therapist's guide to research, the
future and everything.**

We are thrilled to have Martha
Brown Menard as our keynote
speaker and have assembled an
exciting array of speakers and
workshops.

**DON'T MISS OUT.
ONLY A FEW WEEKS LEFT
TO REGISTER.**

**REGISTRATIONS CLOSE ON
22 SEPTEMBER.**

For detailed conference
abstracts and to download
registration forms visit
www.amt-ltd.org.au

President's report

By Alan Ford



What a tumultuous year 2006 has been for AMT!

We've weathered the sudden loss of President Joel Morrell, gained a caretaker in immediate past President Geof Naughton, gained a new President in Rob Cowie, then lost him three months later due to personal circumstances. And now yours truly has stepped into the breach ... but I am planning on sticking around for a while.

I can only imagine what the members are thinking about the goings on within AMT. You could be forgiven for believing that we've become a banana republic ... though at \$29 a kilo in the ACT right now perhaps that's not a bad thing.

Let me explain it all this way ...

In a clinic situation, we are all faced with adversity at some time. Occasionally, we have acute problems to resolve with a client or within the practice. These 'spot fires' are usually sorted out relatively quickly, with good remedial techniques on the massage table or sensible management decisions in the clinic.

Obviously, AMT has had its fair share of spot fires since the beginning of the year. And since I bobbed my head up in mid-June, we've been spot fire stomping to the hilt.

But with great help and assistance from our hungry, new Executive Committee and the awesome Head Office staff, I believe we are back on top of our game.

We have now employed a new Executive Officer, Jacqueline Lapensée, who will be working in Head Office full time and supporting the great work done by our part-time Admin Officer Monica Taccoli. Monica has stood by AMT in an hour of need and she deserves our thanks and appreciation for her dedication and loyalty.

Jacqueline has a background in the health sciences: she holds a Degree in Human Movement from the University of Guelph in Canada and has studied Acupuncture and Reflexology. She's come in to AMT with glowing references from her previous employers. The Executive Committee looks forward to working closely with Jacq to get some of our ever-increasing list of projects off the ground.

Now let's have a look at some of the medium term issues.

In a clinic setting these might include assisting a client through a chronic condition like sciatica, continued lower back tightness and associated leg and neck problems.

Several sessions will be needed to address this plus a targeted programme of corrective exercise and postural re-education. Couple this with just a few of the demands placed on you by virtue of your status as a professional: maintaining your continuing education, and renewing your first aid and insurance so you can continue to be a health fund provider for example.

AMT is also addressing a swag of mid term challenges and goals.

The introduction of National Training Package qualifications for massage therapy has changed the face of our industry and several health funds have already adjusted their provider recognition criteria accordingly. Thus far, these funds will continue to grandfather existing providers but any new applicants must have national training package qualifications.

AMT is currently examining several models to roll our members into the HLT scheme with a particular focus on low-cost, streamlined solutions.

As you would be aware from the June issue of In Good Hands, AMT has also entered into an amalgamation dialogue with AAMT. Naturally, this has caused a degree of anxiety within the membership. This is not the first time amalgamation has been on the table but I want to reassure you that we won't be taking any action without full member consultation and consensus.

We're laying a sturdy platform for our future and we intend to maintain a strong and recognisable identity in the industry.

Which brings me to the long term ...

At my particular coalface/clinic I am training my son, Daniel, to take over my practice. He's studying at Om Shanti College but is already a qualified physical training instructor with the Navy, is a Certificate IV rehabilitation trainer, box fit and pilates instructor and all round nice guy! I hope to be semi-retired in 5 to 7 years.

AMT's long-term goals are neatly articulated in our key member service objectives:

- To provide professional support and educational opportunities for our members to effectively practise massage therapy.

- To promote and protect our members through interaction with health funds, educational authorities, the insurance industry, the government, the media and any other interested parties.
- To make the public aware of the benefits of massage therapy and the best means of choosing a massage therapist.

In closing, I would like to welcome all new members to AMT and particularly those who have come to us from The Confederation of Massage and Myotherapists Australia (CMMMA) which wound down in July. I also extend a warm welcome to Ken Hancock and Clive Alex, CMMMA's retiring directors. And I look forward to seeing at least 399 of you at the Conference!

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CALLING ALL WORKPLACE TRAINERS

Do you have a Certificate IV or Diploma in Workplace Training and Assessment?

AMT would like to hear from all qualified trainers and assessors.

Please email
secretary@
amt-ltd.org.au
or call
Rebecca Barnett on
0414 732 843.

Have you registered for the AMT forum yet? It's a valuable resource for sharing professional skills and knowledge.

Here's an excerpt from the "Ask a senior member" section.

I have had a number of clients in the last 6 months suffering from different forms of sciatic pain - with mixed success depending on the severity of the case. Most recently is a lady who has been diagnosed with sciatica as a result of spinal stenosis, and since the beginning of her treatment (over the last 2 weeks only), she has shown some slow progress. I'm just wondering if anyone may have had experience dealing with this particular type of sciatic pain and how you dealt with it? Time frame for improvement, specific remedial techniques that worked better than others and so on. Any feedback would be most welcome.

Thanks
Sandra

*Hello Sandra
Sometimes when you cannot get a clear answer it is helpful to break down the question into easy sections.*

Stenosis means narrowing. In spinal stenosis this narrowing can occur in several areas. The spinal canal, which contains and protects the spinal cord, can be narrowed causing the spinal cord to be crowded into a smaller space. This is often due to a disc bulge or herniation. The nerve root canal carrying the nerve roots away from the spinal cord and the intervertebral foramina, the gap between adjacent vertebral bodies that permit the passage of nerves out of the spinal cord can also become narrowed. This is often due to the formation of osteophytes in degenerative joint disease. The term sciatica refers to pain that radiates along the path of the sciatic nerve (radicular pain). It occurs when the sciatic nerve is pinched or irritated and the pain along the sciatic nerve is caused by the nerve itself.

Sciatica can be caused by herniated disc causing spinal canal narrowing or by osteophytes causing narrowing in the nerve root canal.

Highlights from the forum

By Bronwyn Shannon

There is very little the massage therapist can do to help the client with the primary cause of this type of sciatica other than recommend ice and heat packs, rest, moderate exercise and stretching. The good news is that the vast majority of people who experience sciatica get better with time (usually a few weeks to months) because most sciatica pain syndromes result from inflammation.

We can however still play an important role in treating clients with sciatica by treating some of the symptoms of the problem because the sciatic nerve innervates many of the muscles of the lower leg. We know that the sciatic nerve comes mainly from the sacral plexus (L5 - S1), passes through the greater sciatic foramen and usually under the piriformis. It travels midway to 1/3 of the way between the ischial tuberosity and the greater trochanter. The nerve then goes deep, following the adductor magnus down the leg. It primarily provides motor supply to the hamstrings, one half of the adductor magnus, lower leg and foot and sensory supply to the posterior leg, most of the anterior and posterior lower leg and the foot. The tibial division goes on to innervate the gastrocnemius, plantaris, popliteus, soleus, tibialis posterior foot flexors, and intrinsic foot muscles. The common peroneal division innervates the extensors, peroneus longus, brevis and tertius and tibialis anterior.

Any of the above muscles can be in spasm due to sciatica and often there is increased tone in the lumbar erector spinae and in one or both quadratus lumborum muscles.

Even though the diagnosis for your client is spinal stenosis there may well be other components causing some of the symptoms. Piriformis release, deep tissue massage to the above mentioned muscles, release of fascia along the route of the sciatic nerve and its branches and stretches may well assist the client in their recovery.

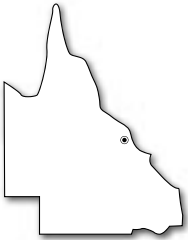
A great book for understanding the anatomy of all of the above is Thieme Atlas of Anatomy which will be reviewed in the other section of this forum!

Good luck and keep us posted on your result.

Diana

<http://www.amt-ltd.org.au/forum/>

News from the regions



Mackay by Valerie Jenkins



Mackay members

Welcome to a new member of our group, Christene Khan, and to Sandra Ainsley (formerly of Armidale) now living in Atherton, far north Queensland. Sandra is very interested in forming a group or liaising with our existing branch in Cairns for meetings and educational workshops in the future. Our last meeting was well attended by 24 members. Linda Danvers was guest speaker on the topic of Neuro-Linguistic Programming (NLP). Thank you Linda for your efforts. Annie Caruana-Kirchner will be talking to us next on the subject of Bowen Therapy.

About ten members will be attending the Conference this year - it looks like a great one to be at! So much effort has been put in by a handful of people working very hard to make this a success for our 40th birthday celebration, so doooooo attend Mackay therapists - you'll want to go every year after this one!

Thank you Monica for getting the memberships from here out so quickly. We really appreciate your work in Head Office.

Date for the AGM is Thursday 16th of November at the Coral Cay, The Motor Inn, 16-18 Nebo Road. The chaps can have a drink at the Nautilus Bar and enjoy a delicious dinner with partners after the meeting. Look forward to seeing you all there.



ACT by Ben Connelly

Hi everyone. I'm glad to have been elected the ACT region representative and look forward to working with all members, both locally and in other regions, to promote AMT and our caring profession.

Despite the falling temperatures here in Canberra we are busying ourselves with regular meetings, workshops and preparations for our Massage Therapy Awareness Week which falls on 6 - 12 November this year.

We have registered with the Australian Red Cross Blood Service under their Corporate and Community Donor Program. This program is a friendly competition involving government and private organisations to increase the stocks of blood. It is good to see our donations tally steadily increasing each month.

To boost AMT's membership, information presentations for students have been arranged for two of our local colleges. Other colleges will be approached shortly.

Our next meeting is scheduled for October 24 and I hope to see you there - and at the conference in early October!



Northern Rivers by Merry Pennington

2006 has been busy for the Northern Rivers region. After a great start to the year with meetings and workshops, our members are committed and enthusiastic.

Our March meeting was a great success with 18 members and a few curious non-members attending. We started with Holographic Kinetics, presented by Steve Richards, followed by Craniosacral Balancing presented by Najma Ahern.

In late June we held our next meeting in Lismore, with Karl Sprogis, Sports Physiotherapist, giving an informative presentation on Dysfunctions and Treatment Protocol of the forearms.

Our most recent workshop was presented by Jeff Murray on "Mediball for the Client" and "Self Care for Massage Therapists". This was followed by a formal meeting, which was chaired by surprise guest, Rebecca Barnett. Office bearers were elected for the positions of Chair (Merry Pennington), Secretary (Keryn Rose) and Treasurer (Lynne Stebbing).

Our next meeting will be held in Ballina on November 25. Colin Rossie will present a full-day workshop on scoliosis. Look forward to seeing a great turnout.

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DVD Review

By Tyraus Farrelly Senior level 2 AMT member

This is the first in a new series of regular reviews on DVD presentations relevant to the Massage Therapist.

My aim is to provide AMT members with an insight into what is available, overall quality, target market, content and ease of assimilation into a Massage Therapist's practice, overall rating and value for money.

DVDs can be a great way of increasing your knowledge and expertise and are also a good 'taster' for techniques and modalities. They can also count towards your yearly CEUs. You can watch them at your own leisure or go back for a "refresher" as needed.

The following is an overall rating scale which I will use for each DVD.

Five Star ★★★★★

A must see, buy right now!

Four Star ★★★★☆

Valuable resource, highly recommended!

Three Star ★★★☆☆

Most Therapists would benefit from this DVD!

Two Star ★★☆☆☆

Only if keen interest in topic!

One Star ★☆☆☆☆

Only if desperate!

OUTCOMES MEASUREMENT FOR MASSAGE THERAPISTS



Supplier: Massage Conferences Australia

Presenter: Brett Vaughan BSc, MHLthSc (Osteo)

Format: DVD - All regions, PAL/NTSC

Duration: Appox 108 Mins

Price: \$69.95

Contact: (03) 9481 6724

Massage Conferences Australia have put together a very professional-looking DVD. The cover design and print quality are excellent. The audio quality is sharp and clear, although on a few occasions there was some background 'hiss'. However, this only lasted for a short time.

Audience questions could not be heard but this did not pose any real problem as it was clear from the presenter's answer what the questions were. Excellent presentation and quality overall.

The presenter, Brett Vaughan, is a registered Osteopath from Melbourne. He holds academic positions in the School of Health Sciences at Victoria University and the faculty of Remedial Therapies at the Australian College of Natural Medicine, and is actively involved in research projects at both institutions.

The lecture was delivered with the aid of a slide-show presentation. There appeared to be two camera angles, one a close-up of Brett as he spoke and the other, a combined view of Brett and the current slide. These were quite effective and were clear enough to read all notes on each slide. The slides were also filmed as a "full screen" view at various times throughout the presentation.

Brett delivered the information in a clear and succinct manner which was easy to understand. He appeared to have a thorough knowledge of the subject and his interest in research was especially evident.

This DVD contains a wealth of information on how and why Massage Therapists should use outcome measures to quantify and record changes in their clients' condition.

Brett Vaughan explains the difference between subjective and objective outcome measures and how these can be used in your assessment criteria to demonstrate the effectiveness of your treatment.

What I think is particularly useful is that Brett explains how outcome measures are used from a clinical perspective, a research perspective and how a Worker's Compensation or CTP insurance case manager might use this information for claim approvals management.

This DVD would be of particular interest for those therapists who are either currently involved or wanting to get involved in insurance work as a treatment provider. However Brett points out that this is the way the whole health industry is heading and all therapists should be on the path of outcome measures in the assessment and treatment of their clients.

Brett explains and demonstrates a range of simple tools that can be used to monitor and record treatment results in any clinic. Another aspect of the DVD I really liked was that it provides copies of several assessment questionnaires in PDF format for therapists to print out and use within their own clinic.

It also contains a copy of the whole slide-show presentation in PDF format. You access these by inserting the DVD into an appropriate disc drive on your computer and view, save or print as required. My suggestion would be to print out all forms and slide-show notes prior to watching the DVD. That way you can view and make extra notes on the relevant slides as you view it.

Another suggestion is not to watch the whole DVD in one go. Give yourself breaks every half hour or, better still, watch it over 3 or 4 sessions. As I mentioned, there is a lot of information presented within this DVD in a lecture based format so the brain can tend to go into overload after 20 to 30 minutes.

Who would gain from watching this DVD? I believe everyone! I have been involved in insurance work within a rehabilitation centre and in my own clinic for 10 years. I am WorkCover registered and have completed the WorkCover, "Evidence Based Practice and Treatment Outcomes" seminar and have used outcome measures to assess clients for a very long time, but I still gained a lot from this DVD.

The information presented could easily be adopted by all levels of AMT members but don't stop at the questionnaires provided on the DVD. It will give you a framework to use any outcome measures, provided they meet the required criteria.

AMT will also award you 10 CEUs for completing the short home study module written for this DVD. This is available for download from either the AMT website or the MCA website. I completed the questions and - believe me - they are simple. In fact, simply navigating through the PDF slide show notes will give you all the answers, almost word for word.

One inclusion I would have liked to see is a practical example of how Massage Therapists can use the outcomes measures presented to complete insurance assessment forms, such as a Motor Accident Authority assessment report. A small issue though, as it does give you all the necessary tools.

At a glance:

- ☒ Excellent quality
- ☒ Easily adapted to current practice
- ☒ Good value for money
- ☒ Increases your professionalism
- ☒ Validates treatment for insurance approvals
- ☒ Forms & lecture notes provided on DVD
- ☒ 10 CEU's, (after completing questions on website)
- ☒ No examples completing insurance assessments

Overall Rating

★★★★☆

Valuable resource, highly recommended!

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10 questions – an interview with Alan Ford

AMT President Alan Ford faces off against Rebecca Barnett in this searing piece of investigative journalism ...

1. What first ignited your interest in massage therapy?

Having received a few treatments for running events (football, hockey and the like) I knew that massage didn't just feel good - it was good for you too! But the reason I took up the profession stems back to my wife Marilyn. She suffered fortnightly migraine headaches for a number of years and had tried using both conservative and alternative medicine (i.e. acupuncture, chiropractic etc) to little or no effect. Then she received a remedial massage and did not have another headache for 2 months. Taking this into consideration I thought "hey, I can do this" ... so off I went and completed my first massage course in 1990. The rest is history.

2. How many years have you been in clinical practice?

I became fully qualified in sports and remedial massage in 1992.

3. What's the secret to longevity in the industry?

The secret to longevity in the industry is multi-dimensional. Like the spokes in a wheel you must have a good balance. Your own health and wellbeing - physical, mental and emotional - is paramount. Spend time away from the table, clinic, town or city where you work to unwind and destress from the physical and emotional strains placed on you from your occupation. Work within your limitations (don't keep taking on more than you can handle!).

Cherish your family and friends and spend as much time as possible in their company. And remember, you can't help anyone if you are in need of help yourself.

4. OK, this is a tricky one. What's the secret to longevity in a marriage?! (Alan and his wife Marilyn celebrated their 30th wedding anniversary on August 14)

Never take your partner for granted. Keep them close in all aspects of your life ... be it work, play, laughter or love. Cherish the times you've had together and plan to have plenty of wonderful experiences together in the future. Treat your partner as you would like to be treated yourself.

5. You have an incredibly busy practice and you teach. How are you going to squeeze in this presidency gig?

The trick to this is good time management. I remember completing a time management chart in my 2nd year of massage. You know, that's when you feel indestructible - a serious "can do everything, anytime, anywhere at any cost" attitude. By the end of the session the presenter told me that if I kept up that pace I would definitely be divorced, dead or in an institution within a year. I made the changes and now I manage perfectly well. I have cut down on the teaching and only commit when the demand is already there from therapists who are seeking me out to run a course.

My practice is well managed by my wife and she insists I take 20 to 30 minute breaks between each client and one hour lunch breaks. We train at a gym several days a week. Without her helping me I know I would tend to drift into my old ways so thanks Babe!

With a good team working together the job as President of AMT should not place too large a burden on me anyway. I will be more of an overseer and provide guidance rather than issuing directives from above! I believe with the team we have assembled in Head Office and in the various regions we are all 'in good hands'.

6. You were in the Navy as a young man. Any lessons that can be applied to the management of AMT?

Most certainly. The 6 Ps principle (Prior planning and preparation prevents poor performance) has been around for centuries. As long as you prepare and plan for the future, decisions and the subsequent actions look after themselves. In all decision making if you apply the 6 Ps you leave very little chance of things going wrong.

Another saying I have grown fond of is my son's motto 'Professionalism is Paramount'. And yes, he is a serving member of the Navy!

7. What were you up to in the Northern Territory recently?

I was fortunate enough to be asked to accompany His Excellency

the Governor General and Vice Regal party on the 'Back to the Bush, Bridging the Divide' tour of Central Australia. This program was to highlight the extraordinary contribution to the history of Australia of our explorers; graziers and their families; stockmen and women; miners, teachers, doctors and nurses; all those involved in opening up this great country of ours and keeping it open today for the benefit of all Australians. It was a wonderful experience.

8. Where do you think the massage therapy industry will be in 10 years time?

I would hope and expect that the massage therapy profession will be held in high regard by all allied health care professionals. Instead of being the last resort for clients, I would hope that GPs will be referring as many patients to massage therapists as they do to physiotherapists for treatment of soft tissue problems.

There is a strong push to develop an undergraduate degree in remedial massage therapy and I can only see great benefit in this once it is finally completed.

9. Is there any truth in the rumour that you call yourself El Presidente in the privacy of your own bedroom?

Ask Marilyn.

10. Condoleeza Rice or Madeleine Albright?

Dame Edna Everage. The only thing she's maimed by the 100s is 'gladis'.

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AMT NEW MEMBERS

ACT

Shirley Campbell
Margaret Ann Mylott
Anthony Stevens

BRISBANE

Sheree Farnsworth
Christine Nolan

HUNTER

Whitney Gatt
Matthew Hawkins

MACKAY

Sandra Ainsley
Brett McBain

NORTHERN RIVERS

Azusa Morita

SYDNEY

Ana Rego
Angela Reid-Robertson
Sabrina Symons
Yun Pei Shen

VICTORIA

Christopher Crain
Justin Culakovski
Daina Culverwell
Jodie Dundon
Nina Hingley
David Jones
Nada Larner
Elaine J Morriss
Michelle Nuttall
Ellen O'Connell
Angela Read
Brad Sampson
Rebecca Sudholz
Sally Willett
Ross Wilson

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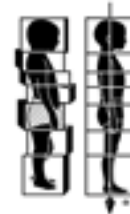
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Massage, Knowledge and Wisdom

By Susan Davis

Massage as a healing therapy has been practised for thousands of years. The earliest records seem to be from China around 400 BC and it is probable that touch has been practised amongst humans for a lot longer. Many animals exhibit behaviours like licking and nuzzling, especially with youngsters and newborns.

The instinctive nature of touch is another question but it is highly likely that touch was popular if only because it feels good. We know that from our own phenomenological experience. Massage developed as a physical practise. It became tied to rituals and was passed down the generations often with little concern as to its inner workings and effects.

Many of us have studied various 'styles' of massage, which we learnt to reproduce on clients. The positive response from the client is certainly one of the best indicators that a treatment is successful. But is it enough?

Well, no!

Gradually, over the centuries, information and understanding of the inner workings of humans has given rise to an explosion in our capacity to deal with disease, illness and depleted wellbeing. We now know that a reasonably pressured stroke will affect the chemical nature of the endothelial cells and facilitate a relaxing of the blood vessels and a reduction in blood pressure. We also know that when pressure is applied to a trigger point the pain can be local and also referred, thus defining the passive and latent trigger point.

This knowledge enables us to perform these techniques in a much more informed manner. Massage is becoming more effective and reliable. How did this come about?

Research

Research is helping us to validate the things we know instinctively about the effects of massage. It is the 'ground' on which we can confidently build our case for the benefits of massage therapy when we are talking to prospective clients or getting out in the community.

What are the contraindications for massage in relation to conditions like fibromyalgia, sports injuries and Parkinson's and what are the direct benefits that can be given to the client with the assurance of supporting research? Is there a correlation between massage during pregnancy and decreased risk of prematurity?

"Massage is becoming more effective and reliable"

We know more about the answers to these questions now than we have for a long time and it has dramatically improved the confidence and trust we can establish with our clients.

What are your questions? I wonder how many will be answered at the conference and in the discussions that follow?

But it is not just about what the research can tell us. Research must be disseminated. This is often done by associations, interested practitioners, schools and conferences. What we learn allows us to become more aware that everything we learn leads us to be more aware. I know that sounds like circular logic but it is true. Wisdom comes through the application of knowledge toward the understanding of the human condition and discovering a greater awareness of what we can do for each other. This is no different in massage.

The way in which we apply knowledge is very individual. Some work from points of deep complexity. Some allow intuitive creativity to be their mindful guide.

Some borrow and utilise the wisdom of others. All these approaches lead to the same outcome: better massage therapists and better massage therapy.

However, the starting point is common for us all: information. That is one of the central themes running through this year's 40th Anniversary Conference – Beyond the Body. Accordingly, we have incorporated a lot of new information coming from research.

Much of it is so new it is yet unpublished and certainly not in the general curriculum of massage therapy tuition. This is the stuff that can blow our socks off and make us say 'wow'!

Joel Morrell's parting legacy was to invite Martha Menard to speak at our Conference. The opportunity to have a mind that is rooted in the wonders of research right at our doorstep is something we cannot underestimate. Martha's workshop on Friday is a rare treat for us in Australia. Her comments throughout the conference will be a 'must hear' item. Research is not a big deal in Australia yet but it is looming large on the horizon. Anyone who can get away from their practice to soak up Martha's knowledge will no doubt grow as a practitioner as a result.

How will you apply the knowledge that is made available at the conference this year? Judy Lovas will share results regarding massage and spinal cord injury; Leonie Dale brings us up to date with the use of massage on cancer patients; I will be talking about the new knowledge regarding nerve systems and the impact of touch and massage;

Richard Hill will be sharing the recent innovations in the understanding of how the mind and the body connect through the biochemical messengers and how these are affected by touch and talk. And there is even more. Check out the program for the many other amazing opportunities to learn.

“The opportunity to have a mind that is rooted in the wonders of research right at our doorstep is something we cannot underestimate”

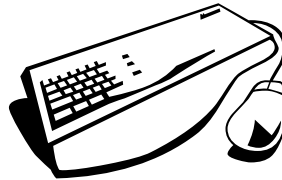
We have come a long way from the simple thought that massage just activates the blood supply and facilitates symptom relief. Now we have so much more understanding. There are peptides and neural pathways; oxytocin and vagal nerve interaction; and immune cells and natural killer cells that improve with massage. Did you know that pregnancies are more likely to go full term with trimester massage? The list goes on and on.

Massage therapists do the most extraordinary things. We probably don't know the half of it. But what we do know is that massage therapy is a lot more than just giving someone a good rub and having them feel better. We know because of research but, more importantly, we know because we listened to the researchers when they came to speak to us and share the knowledge.

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Scoliosis: Some considerations influenced by the Rolwing® paradigm

By Colin Rossie, certified Rolfer® and Rolf® Movement practitioner

Scoliosis, the abnormal lateral curvature of the spine, is a fairly common condition that frequently leads people to seek massage therapy. This can either be directly because of the curvature (usually a case of aesthetics) or due to mechanical complications resulting from it.

Scoliosis can either be structural or functional. A functional scoliosis is acquired, the result of unbalanced usage, whereas a structural scoliosis is often regarded as having a congenital origin or as the result of prolonged functional changes affecting the structure. Between 70-90% of scoliosis are "idiopathic", so termed because the cause is unknown. Its highest prevalence is among teenage girls.

Many structural causes can contribute to scoliosis: congenital malformations of the spine (i.e. hemi-vertebra), poliomyelitis, skeletal dysplasias, spastic paralysis, hemi-pelvis and unequal leg length. Inequality of shoulder and hip levels are common symptoms. In addition to the visible curving of the spine there is also a rotational component.

Common wisdom in massage circles is that while functional scoliosis may respond to massage, structural scoliosis won't. In my clinical experience, many people with structural scoliosis have responded well to the interventions of Rolwing® Structural Integration.

Developed by Ida Rolf in the 1930s and 40s and originally called Structural Integration, Rolwing® is a ten-part process that works sequentially on the body to align it in gravity. It consists of deep tissue bodywork on the myofascia and gentle joint mobilisations combined with movement education. It is a process in which the client is an active participant. In the words of Rolfer® Jeffrey Birch:

"Structural Integration is distinguished from other disciplines by its primary attention to gravity."

Other bodywork systems seek tonal balance, energy balance, emotional balance ... while Structural Integration attends to all these, its primary goal is to alter the structure of the human body so that instead of fighting gravity, one can use it as an energy source. After a complete series of 10 sessions, clients look taller and more balanced, and report that they not only feel lighter, but also physically uplifted. This lift is due to the client's new relationship to gravity."¹

Its efficacy is well attested, not just by the many people who have received the work but also by many studies and research. One component of the deep tissue bodywork Ida Rolf termed myofascial release. This work is closer to deep connective tissue massage than the gentle myofascial release popularised by John Barnes in the last 20 years. The Rolwing®-style myofascial release is now often termed Direct Myofascial Technique² to distinguish it from the gentler Barnes style work. In Australia, this direct style of work has been popularised by Michael Stanborough³ in his myofascial release workshops.

Another component of Rolwing® is movement integration, a proprioceptive challenging of habitual and inefficient patterns of body usage and proprioceptive re-education in more appropriate and energy-efficient ways of being. In addition to considerations of gravity, this strong emphasis on the neurological aspect of bodywork distinguishes Rolwing™ from many other bodywork modalities⁴. This aspect of Rolwing® is particularly useful in working with scoliosis clients.

Standard massage protocol for working with scoliosis (as I was taught in my TAFE training) is to assess the spine visually and via the Adam's Test, then to have

the client supine and position their arms and legs to exaggerate the concave and convex curvatures of the spine. One then cross fibres into the concavity/ies for 3-5 minutes, then reverses the position of the limbs and work the same side/s as before longitudinally⁵. This protocol frequently has immediate results with functional scoliosis but achieves next to nothing with structural scoliosis.

As an alternative, seat the client on the table and work directly on the multifidi and rotatores. These muscles run between an inferior transverse process and a superior spinous process, laterally to medially. The furthest that the spine is laterally from the midline is considered the apex of the curve: apply direct myofascial technique to the multifidi and rotatores fibres superior to the apex on the concave side and inferior to the apex on the convex side. Encourage the client's active movement participation by having them side bend contra-laterally (away from the side you are working). You can assist their movement by introducing a gentle rotary component: gently bring the shoulder on the convex side posteriorly as they side bend.

Another consideration is working the ribs distally, on the lateral aspect of the torso. The ribs that originate from the concavity will be close together at the flank, so that it seems there is no space between them, whereas those on the convex side seem to be a greater distance apart. Have the client side-lying (and appropriately draped) with the ribs of the concave side facing up. Slowly and gently apply pressure to the intercostals between the ribs, travelling along the length of the close ribs not by pushing but by following any opening created by the client's respiration. Repeat this several times, gradually allowing your work to become deeper as the client's respiration allows greater opening.

The client's active movement participation is their respiration. While on their side, work the serratus anterior: frequently the scapula "wings" on the gibbus (humped) side and this muscle is hypertonic.

A frequent side effect of scoliosis is impaired respiration: long-term prognosis is that this will steadily worsen. Asymmetry of tonus is often present in pectoralis minor, the scalenes, serratus posterior superior and inferior and the intercostals. As well as being palpable this is usually visually observable. These muscles can be worked unilaterally on the involved side, again with the client's active movement participation. Encouraging respiratory awareness with full breaths afterwards, as well as encouraging an element of "play" around respiratory possibilities, can enhance the scoliotic clients breathing pattern and sense of fuller, balanced respiration.

Psoas is almost always involved in scoliosis and given its origin on the lumbar vertebrae will affect spinal curvature. Asymmetries of the ASIS and the posterior iliac crest are usually visible. Psoas is always unilaterally hypertonic in scoliosis, though this often doesn't correlate with a positive Thomas Test. In addition to releasing the psoas, the quadratus lumborum of the same side should also be released.

In the cervical spine, consider the role the sub occipitals play in directing the senses through space: in scoliosis these muscles frequently work in a tonic manner, seeking to hold the head level as compensation. This compensation in the cervical spine for the lower curves is not always immediately obvious. Rather than being the delicate proprioceptive muscles that finetune the direction of the senses, they become hypertonic, trying to fulfil a postural function. They are usually asymmetrically hypertonic, more noticeably on the side where the cranium tilts toward the shoulder. For any scoliosis treatment these important muscles need to be addressed.

The above is a far from exhaustive list; there are many other things that could be added - rhomboid, trapezius and latissimus hypertonicity, pelvis and core work, leg length inequality.

Tom Myers' spiral and functional lines offer further Rolfing™ perspectives on working with scoliosis⁶.

Finally, some other considerations, mainly about the neurological component of scoliosis. Multifidus fibres tend to be more fast-twitch than normal on the concave side of the apex⁷. There are delayed (late) responses to stimuli in involved muscles in people with idiopathic scoliosis (20-243 milliseconds versus 5 milliseconds in normal subjects⁸). MRI studies have found abnormalities in the brainstem in a significant number of idiopathic scoliosis patients⁹.

A noticeable neurological asymmetry is often present in idiopathic scoliosis. A lack of strength in resistance, especially to rotation, is present¹⁰, and a lack of functional awareness in many parts of the body. I've heard various names applied to this: "neurological blind-spot", "somatic amnesia"¹¹, "kinaesthetic dystonia"¹², and "proprioceptive inaccuracy"¹³. In an article by Robert Schleip¹⁴, there is reference to and subsequent lengthy discussion of a Dutch research effort by W. Keesen et al. "Proprioceptive Accuracy in Idiopathic Scoliosis"¹⁵. This article, complete with references, is available on Schleip's website: www.somatics.de. In brief, it discusses an experiment in proprioception among scoliotics and states "a re-arrangement of the internal representation of the body has been proposed in these cases"¹⁶. There is discussion about distortion of body image and body schema, and mentions anorexia as also being a distortion of body image/body schema. It is about internal body perception: anorexics can't view themselves, no matter how skinny, as anything other than fat. Similarly, idiopathic scoliotics perceive and accept their body position as straight regardless of how off balance or distorted they are.

Here are two exercises I do with my idiopathic scoliosis clients that are attempts to rekindle proprioceptive awareness. The first is very simple: with the client seated, stand behind them with your hands either side of the spine. Get them to gently press their feet into the floor, asking them to observe what is and isn't activating para-vertebrally (their proprioceptive blind

spots). Then encourage them to activate the side that fires less, using your hands as reference. You can do the same thing with them standing, walking or rolling their spine forward and back (active flexion and extension). The second is based on the experiment in the Keeson article: with the client seated and their eyes closed, have them raise their arms (to 90 degrees) and bring their pointed index fingers together. Generally they miss wildly. Then supportively hold their proprioceptive blind-spot/s on their back and repeat the exercise. Usually their index fingers touch first time. The purpose of both exercises is to give the client a sense of support where they can't perceive it, and thus improved function.

I hope that some of the ideas and protocols discussed in this article can be useful in your future work with scoliosis clients.

The term Rolfing® is a registered trademark owned by the Rolf Institute of Structural Integration.

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September		CEUs
2-6	Myofascial Release 5. Presented by Paul Doney. Randwick. Ph: 1800 101 105	300
2-3 & 9-11	Akupunkt-Massage according to Penzel. Presented by Rene Goschnik. Sydney. Ph: 02 9547 0158	200
7-8	Functional Fascial Taping®, Level 1. Presented by Ron Alexander. Canberra. Ph: 0411 142 663	45
9-10	Traditional Cupping Workshop. Presented by Bruce Bentley. Brisbane. Ph: 03 9576 1787 or 07 3846 1988	80
10	Functional Fascial Taping®, Level 2. Presented by Ron Alexander. Canberra. Ph: 0411 142 663	45
11	1 day per week, 6-8 weeks duration. Massage Certificate Course, Part 1. Presented by Maurice Campbell. Concord. Ph: 0405 057 611	200
16-17	Traditional Cupping Workshops - Western Tradition. Presented by Bruce Bentley. Sydney. Ph: 03 9576 1787	80
22-24	Onsen Muscle Therapy, Volume 3. Presented by Jeff Murray. Newcastle. Ph: 07 5599 2514	105
22-25	Sports and Occupational Massage (Module Two). Presented by Mark Philip Deal. Sydney. Ph: 02 9387 2319	160
23-24	Traditional Cupping Workshops - Eastern Tradition. Presented by Bruce Bentley. Melbourne Ph: 03 9576 1787	80
23	Myofascial Shoulder Restrictions. Presented by John Bragg. Blackheath. Ph: 0410 434 092	35
24	Arm & Hand Pain. Presented by John Bragg. Blackheath. Ph: 0410 434 092	35
25-29	Thai Massage. Presented by Tom Coyle. Cairns Ph: 07 4032 1481	200
October		CEUs
2-13	Advanced Foundations of Somatic Practice (Rolfing Unit 1). Presented by Michael Stanborough & John Smith. Sydney. Ph: 02 9264 4452	540
6-8	Onsen Muscle Therapy, Volume 3. Presented by Jeff Murray. Sydney. Ph 07 5599 2514	105
6	AMT Pre-Conference Members Day. Novotel, Brighton-Le-Sands. Please go to www.amt-ltd.org.au for further information. Ph: AMT Head Office 02 9517 9925.	50
7-8	Pregnancy Massage Workshop. Presented by Julia Willoughby. Charmhaven. Ph: 02 4393 1200	70
7-8	Traditional Cupping Workshops - Eastern Tradition. Presented by Bruce Bentley. Perth. Ph: 03 9576 1787	80
7-8	17th Annual AMT Conference. Novotel, Brighton-Le-Sands. Please go to www.amt-ltd.org.au for further information. Ph: AMT Head Office 02 9917 9925.	100
9	Gua Sha Day. Presented by Bruce Bentley. Perth. Ph: 03 9576 1787	40
9-10	Traditional Cupping Workshop - Western Tradition Presented by Bruce Bentley. Brisbane Ph: 03 9576 1787 or 07 3846 1988	80
9	1 day per week, 6-8 weeks duration. Massage Certificate Course, Part 1. Presented by Maurice Campbell. Concord. Ph: 0405 057 611	200
21-22	Myofascial Release 3. Presented by Michael Stanborough. Canberra. Ph: 0411 398 996	80
28-29	Traditional Cupping Workshops - Western Tradition. Presented by Bruce Bentley. Adelaide. Ph: 03 9576 1787	80
November		CEUs
4-5	Traditional Thai (Thai Yoga) Massage Workshop. Presented by Bruce Bentley. Melbourne. Ph: 03 9576 1787	70
4-5	Chi Acupressure Massage Workshop. Presented by Master Zhang Hao. Strathfield. Ph: 02 9899 9823	70
5-6	Thai Massage. Presented by Tom Coyle. Cairns. Ph: 07 4032 1481	200
11-12	Pregnancy Massage Workshop. Presented by Julia Willoughby. Lismore. Ph: 02 6620 3452	70
11-12 & 18-19	Thai Massage Course. Presented by Tom Coyle. Cairns. Ph: 07 4032 1481	100
12-13	Thai Massage. Presented by Tom Coyle. Cairns. Ph: 07 4032 1481	200
13-24	Advanced Foundations of Somatic Practice (Rolfing Unit 1). Presented by Michael Stanborough & John Smith. Brisbane. Ph: 02 9264 4452	540
13	1 day per week, 6-8 weeks duration. Massage Certificate Course, Part 1. Presented by Maurice Campbell. Concord. Ph: 0405 057 611	200
24-26	Onsen Muscle Therapy, Volume 3. Presented by Jeff Murray. Melbourne. Ph: 07 5599 2514	105
25	Scoliosis. Some Protocols and Techniques Influenced by the Rolfing Perspective. Presented by Colin Rossie. Ballina. Ph: Keryn Rose 02 6622 1053	40
December		CEUs
2-3	Pregnancy Massage Workshop. Presented by Julia Willoughby. Sydney. Ph: 02 9438 3333	70
4-10	Myofascial Release 4. Presented by Patricia Farnsworth. Randwick. Ph: 1800 101 105	300
January 2007		CEUs
14-25	Advanced Foundations of Somatic Practice (Rolfing Unit 1). Presented by Michael Stanborough & John Smith. Sydney. Ph: 02 9264 4452	540

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'Just as acupuncture and ultrasound therapy have revolutionised treatment protocols in the past **I believe SCENAR Therapy is the new therapy of the future.**

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Helen Webb



ARTG 101783

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How do I maintain my CEU average?

Members must maintain an average of 100 Continuing Education Units (CEUs) every year to remain eligible for provider status with Health Funds. The following is an exhaustive list of activities that will attract a CEU reward.

EDUCATIONAL COURSES AND WORKSHOPS

Workshops accredited by AMT	5 CEUs per hour of attendance
Allied courses not accredited by AMT	1 CEU for each hour of attendance
Substantial courses (e.g. university) in allied subjects	300 CEUs per year (full time); 150 CEUs (part time)
All other courses / workshops will be judged for appropriate educational content	Variable

FORUM

Participate in the AMT Forum. Members will receive CEUs for reading and using the forum on the AMT website	10 CEUs per year
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NEWSLETTER QUESTION

Read your newsletter. In each issue we will publish a question, the answer to which will be somewhere in the pages of that issue Please note that we will not award any points unless you have answered all 4 questions within your CEU period. (So, if you renew your membership in July, you should have answers covering the previous September, December, March and June issues of In Good Hands)	Complete all four questions in a year and you will receive 10 CEUs
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CONTRIBUTIONS TO THE AMT NEWSLETTER

Educational articles	50 CEUs
Reports, summaries etc	Variable

AMT MEETINGS

For meetings of 3 hours or less	15 CEUs then 5 CEUs per hour of attendance
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PLEASE NOTE:

Our office staff are very efficient but they still cannot read the minds of every member of AMT.

Please supply proof of your efforts, for example:

- A Certificate of all courses/workshops attended and the number of hours of each
- Attendance at AMT meetings should be placed on the form provided each year by Head Office and signed by a member of the executive
- Claims of voluntary work and non-AMT sporting activities must be accompanied by a letter from the organisers stating the number of hours worked
- Subscription to Journals should be backed up by a receipt of payment.

HOME STUDY MODULES

Gain your CEUs whilst studying at home. AMT currently has 5 Home Study Modules and you will gain 2 CEUs for each correct answer	Possible 100 CEUs per module
Complete one of the Home Study Modules developed by Massage Conferences Australia in association with AMT. Watch the relevant DVD, complete the 10 questions and receive 10 CEUs. Visit the Massage Conferences Australia website for more information www.massageconferences.com.au When you order your DVDs don't forget to claim your AMT discount by putting the code "AMT" into the coupon section at checkout	10 CEUs per module

CONFERENCES

AMT Annual Conference	100 CEUs
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OTHER

PEER REVIEW. Ask an AMT colleague to assess your skills by receiving a treatment from you and completing the peer review form supplied by AMT. You can download a copy of the peer review form from the CEU section of our website	5 CEUs for each peer review to a maximum of 20 CEUs a year
Conduct a peer review of an AMT colleague using the documentation supplied by AMT. Retain a copy of the completed peer review form for your own records and submit this with your annual renewal. You can claim up to 20 CEUs per year (4 reviews). Please note that you cannot review the same member more than once in the same year	5 CEUs for each completed peer review to a maximum of 20 CEUs a year
CLIENT REVIEW. Ask a client to assess your skills and complete the client review form supplied by AMT. You can download a copy of the client review form from the AMT website	5 CEUs for each client review to a maximum of 20 CEUs per year
Voluntary work (maximum of 50 CEUs per year)	1 CEU for each hour of attendance
Non-AMT sporting events (maximum of 50 CEUs per year)	1 CEU for each hour of attendance
Subscription to recognised Journals (maximum of 20 CEUs per year)	10 CEUs per Journal