

President's Report

By Alan Ford

Association of
Massage Therapists Ltd

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ILLEGITIMUS NIL CARBORUNDUM

The AMT Board recently received a communication from the private health insurer, NIB, in relation to the incidence of health insurance fraud in the Natural Therapies Industry. This document set me to thinking about a theme that seems to keep coming up at the moment: honesty. As we hurtle towards a general election, it seems to be the yardstick by which our leaders will be judged, with the actual issues under debate seemingly secondary this time around.

So how can we apply the blowtorch of honesty to thinking about our professional practice?

When completing COMCARE, WorkCover and Health Fund invoices, there is always ample opportunity to add an extra session or two when a client has not turned up for an appointment. Or perhaps you might be tempted to claim that you have carried out a 1½ hour treatment when you have really only done a 1 hour session.

There are myriad opportunities to be dishonest in our daily business dealings as Massage Therapists. It is up to us to make a conscious choice not to defraud insurance companies, health funds, our Association and, ultimately, ourselves.

I am sure that every one of you has made this ethical choice at least once in your professional practice. I am confident that all AMT members share my conviction in consciously choosing to do the right thing when writing invoices for 3rd party payments.

Meanwhile, back at the ranch ...

There has been substantial positive movement at the station within AMT's member/resource base over the last 12 months. We've grown by just over 14% in the last year with a significant surge occurring in the past 4 months.

Twelve months of diligent effort and sensible management have also created an impressive change in our financial situation. The 06/07 financial year has seen a \$65,000 turnaround from the previous year's result. For the first time in 4 years, we have not needed to dip into our reserves to run the Association. No doubt, you'll hear more about this outstanding result in the Treasurer's report at the Annual General Meeting in October.

It's also my pleasure to report on the nomination of Office Bearers for the coming year. The following Executive positions will take effect from the close of the next AGM:

President:	Alan Ford
Vice-President:	Keryn Rose
Secretary:	Rebecca Barnett
Director:	Claudia Iacovella
Director:	Colin Rossie
Director:	Derek Zorzit

I'd like to welcome my ACT colleague, Derek Zorzit, to the AMT Board.

An Executive is only ever as strong as its new blood and we plan to suck Derek dry in record time.

I look forward to delivering my President's Report at the AGM where I hope to give members an overview of the past year's activities and foreshadow our plans for the coming year. See you in the Gold Coast on 27 October!



in good hands

ABN 32 001 859 285

Secretary's Report

By Rebecca Barnett

CUM HOMINE DE CANE DEBEO CONGREDI

Let us go then, you and I, when the evening is spread out against the sky like a patient etherised upon a table.

Why does the chill of a late winter evening always make me think of T.S. Eliot? I don't suppose it really matters - now that I've got your attention, let's get on with the business of digesting the contents of this report. Is that the smell of steaks in passageways or are you just pleased to read me?

Conference 2007: Physician Heal Thyself

Those of you who have not yet registered for this year's conference will need to explain to me (formally, in writing) why you are not taking advantage of the opportunity to kill two birds with one stone. How often do you get the chance to rack up your annual Continuing Education requirement in a warm, beachside location with the added incentive of tax deductibility to sweeten the deal? How many birds was that? I've lost count already.

Why not give in to the manly tones of Alan Ford as he shows you once and for all how to deal with those pesky rhomboid TrPs that nag at the end of a long day of treating? Or be enchanted by Michelle Yaffe as she guides you through the oft-neglected world of self-care. Or thrill to the tension and high drama of Stewart Condie's Dry Needling demonstration. Or have your core muscles brutalised into submission by Drill Sergeant Jeff Murray during his MediBall session on the beach.

Registrations close on October 19 and I'll have none of those "my dog ate it" style excuses for non-attendance. Just don't miss AMT's keynote educational event of the year, OK?

Massage Therapy Awareness Week 2007, 3rd - 9th September Targeting your local GP

AMT released the MTAW publicity kit online at the beginning of August. It features a series of evidence-based articles on low back pain, tension headache, hypertension and cancer. If you do not have access to the internet but would like to request hard copies of this material, please call AMT Head Office on 02 9517 9925.

Although we focused member activity during the designated week, we would like to run with this campaign for 12 months. The AMT Board believes that building strong links with the primary health care system is the next logical step for an industry that has grown substantially in professionalism over the last decade. We trust you will support us in this endeavour by targeting your local GP during Massage Therapy Awareness Week and beyond.

Email Notifications

AMT members with an email address have benefited from far more regular contact, communication and early notification of events and news over the last year. If you have not given AMT Head Office a contact email address, you are definitely missing out on a valuable early warning system.

If you would like to be 'information rich' and receive more regular updates from AMT, please email Head Office today at admin@amt-ltd.org.au

GST Threshold Increases

The Federal Government has announced that, as of July 1 2007, businesses with an annual turnover of less than \$75,000 will no longer be required to register for GST.

This means that, if your income is less than \$75,000 a year, you don't need to be registered for GST unless you choose to and therefore you will not need to charge GST for your treatments.

AMT strongly recommends that you seek advice from your accountant or tax agent on the best options for your business.

Revised WorkCover Fee Schedules

The NSW and Victorian WorkCover authorities have both announced changes to their fee schedule, effective from July 1 2007.

NSW WorkCover Fee Schedule

Payment Code	Item of Service	Fee from July 1 (ex GST)
RMA001	Consultation and treatment for 60 minutes	\$60.00
RMA002	Consultation and treatment for 45 minutes	\$45.00
RMA003	Consultation and treatment for 30 minutes	\$30.00

Victorian WorkCover Fee Schedule

Item Number	Service Description	Fee from July 1 (ex GST)
M600	Initial Consultation	\$44.80
M602	Standard Consultation	\$30.10

Health Insurance Fraud

As Alan mentioned in his report, we recently received a communication from NIB. The document he referred to outlines the extended powers of the health funds in tracking and investigating suspected fraud. (You can view the entire document by following the link on the home page of the AMT website.)

The key points that NIB emphasised are as follows:

- Keeping pre-signed receipts is not acceptable and may be sufficient to warrant suspension as a provider
- The services provided must be itemised accurately (e.g. type of service, provider of service, recipient of service)
- Your interpretation of services provided is not acceptable. You must be registered by NIB for the service you are providing. (e.g. Bowen Therapy is not Remedial Massage; Remedial Massage is not Acupuncture.)
- Your NIB Provider number is not transferable to another person or practice location. NIB Provider numbers are attached to you and a particular practice location.

Australian Unity

Australian Unity now requires Massage Therapists to complete a Provider Registration Form. This applies to existing providers as well as new providers. We have included a copy of their Registration Form with this Journal - please complete the form and return it directly to Australian Unity via mail, email or fax:

Desmond Holt

Australian Unity

Level 4, 114 Albert Road

South Melbourne VIC 3205

E: dholt@australianunity.com.au

F: 03 9682 3223

AMT will continue to service Australian Unity with our list of eligible providers on a monthly basis.

Quality Assurance Requirements for Privately Insured Services

The Department of Health and Aging (DHA) has introduced a quality assurance process for privately insured health services

(this includes massage therapy and other complementary therapies) that they will be rolling out over the next few years. The DHA is still in the consultation phase of development now so we have several years to prepare for any changes that may impact on our industry.

This quality assurance initiative by the DHA is closely aligned with an initiative of the Council of Australian Governments (CoAG) to establish a national system of registration for health professionals. CoAG has begun this process with an initial group of 9 health professions, all of which already have state registration boards in place (the initial group comprises medical practitioners, nurses and midwives, pharmacists, physiotherapists, psychologists, osteopaths, chiropractors, optometrists and dentists).

Please bear with me on this because, although these regulatory moves will not impact on our industry in the short-term, the processes that have been enacted by both the DHA and CoAG are still of direct and immediate relevance to us.

So how does this affect my day-to-day practice I hear you ask? The most obvious and direct consequence of these initiatives relates to maintaining our professional relationship with the private health funds, both as individual providers and on an Association level.

The foundational aim of the DHA's quality assurance initiative is:

"to develop a national strategic framework and associated work program that will guide its efforts in improving safety and quality across the health care system in Australia."

The draft quality assurance framework that the DHA has proposed to achieve this outcome includes six basic criteria for complementary therapies. At this stage, all of the criteria have been designed around Association compliance on behalf of the memberships they represent, protect and promote. In other words, the quality assurance mechanism is built into the framework of professional associations rather than requiring individual practitioners to apply for and maintain some form of accreditation.

The draft criteria that have been proposed by DHA are:

1. Establish transparent procedures for assessing the therapist qualifications and appropriate entry standards of training for membership of the association endorsed by the relevant educational/ industry body
2. Develop annual requirements for continuing professional development as a condition of continued certification
3. Develop and maintain standards for best practice and a mechanism to measure members against those standards
4. Develop and maintain a formal disciplinary and dispute resolution procedure, enabling associations to apply sanctions where necessary
5. Include external scrutiny and involvement of experts who are not members of the profession, to promote transparency, accountability and credibility
6. Establish minimum requirements for professional indemnity and malpractice insurance.

At this stage, AMT is remarkably well-placed to handle the requirements as laid out in the DHA's draft quality assurance criteria. Our recently convened Ethics Committee has its work cut out for it in developing and articulating best practice standards and policies to comply with the 3rd point in the above list.

However, there are broader implications to these regulatory moves and a bigger picture to consider here. It seems to me that our industry has a unique opportunity to be proactive rather than reactive in the face of these DHA and CoAG initiatives. Inter-association co-operation and consultation could lead us down a path of pre-emptive policy development: a national board comprising of voices from each of the representative associations could be charged with the task of formulating, nurturing and promoting a National Code of Conduct and Code of Practice for Massage Therapists.

(continued overleaf)

This would enable us to approach CoAG with a fait accompli - a coherent set of national policies that could serve as a best practice model of an enhanced self-regulatory environment for the profession to operate in. This would, in turn, allow all of the Associations to seamlessly comply with points 3 and 4 of the DHA's draft requirements, with an established national standard against which to measure compliance. Finally, this would also allow our industry to promote coherence of policy to both the public and the government whilst maintaining a necessary degree of choice in the association marketplace.

Obviously, the registration versus self-regulation debate informs this whole proposition and I encourage all AMT members to start thinking about the future of our profession and where we sit in the health care paradigm.

And now, to finish with a message from our sponsors, Kierkegaard & Sons (panel beaters to the stars):

***Life can only be understood backwards,
but it must be lived forward.***

See you at the Conference in October.

■amt

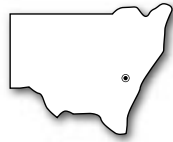
Need CEUs?

Journal question -
September edition

**What does the
acronym CoAG
stand for?**

Please write your answer in the space provided on your CEU record sheet and retain it until you submit the form with your annual renewal. Blank CEU forms can be downloaded from: http://www.amt-ltd.org.au/index.php?Page=Members_CEU_1.php

News from the regions



Blue Mountains by Nicole Benaud

After a bit of a hiatus, the Blue Mountains branch has kicked off again with a couple of meetings. One of these was a social event at the beautiful Carrington Hotel in Katoomba where it was great to meet a few new AMT members.

At our most recent meeting Vera Payne took us through a gruelling Pilates session at the excellently equipped 'Body Rescue' venue in Glenbrook. A huge thank you to Gary Sherden for kindly donating the premises and to Wendy Edmonds for organising the event. There was a good turnout for the session, which added to the level of challenge, with multiple limbs flailing around on limited floor space. Vera gave an informative and physically challenging session with audible creakings and crunchings from hard working massage therapists' shoulders and hips, and many a groan during the gluteal workouts!

Plans for the Blue Mountains Branch include offering our local members a range of interesting and diverse educational opportunities. At our next meeting in September we will elect a local sub-committee to drive this agenda forward. I encourage all local members to make use of these meetings, as they are a great way to earn CEUs, access new information and meet fellow therapists in the area.



Sydney South by Michelle McKerron

Eleven members attended our July meeting, including 3 newcomers. I know we can do better than this but, considering it was only our third meeting, it is still very early days.

Each meeting begins with seated massage in pairs until everyone arrives - highly recommended. You can imagine the looks we get from Hurstville library patrons ... and it's good motivation to get to the meeting on time!

The presenter for the July meeting was our chairperson, Rene Goschnik. Many of you will recognise Rene's name from the regular Akupunkt advertisements in this Journal or from having read his article in the December 2006 issue or perhaps from meeting him at an event. He did a great job of trying to condense everything he knows into an hour, touching on Chinese acupuncture, disruptions of energy flow and the energetic treatment of scars.

We're looking forward to our next meeting on September 5, where we will hear from Jenny Della Torre on Seated Massage. All welcome!

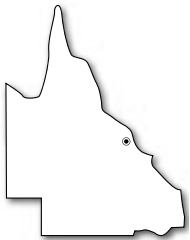


Northern Rivers by Keryn Rose

The countdown to the conference is on! Registrations are flowing in from all parts of Australia – it looks like a tax-deductible trip to the Gold Coast is a real crowd pleaser! I look forward to seeing members from near and far at AMT's keynote educational event of the year.

Our next local members' day will be held on 8 September at Cudgen Leagues Club. Alan Downes will be talking to us about his experiences with Sports Massage Therapy and how to get involved in the Sports Industry.

We will also be holding elections for subcommittee positions. Nominations are welcome! Merryn Penington recently stood down from the role of Chairperson due to other commitments. Thank you Merryn for your support and work over the last 3 years.



Mackay by Annie Caruana-Kirchner

Firstly, I'd like to say Happy Anniversary to us! Eighteen members attended a lunch at Dolphin Heads Resort recently to celebrate the 10th anniversary of Mackay branch. Once again, heartfelt thanks to Val Jenkins for her dedication in its formation, development and flourishing.

Our list of new members is continuously growing with 5 new members since January. Congratulations to all of you for choosing to be part of a great Association.

Congratulations also to Claire Kemp, Karen McCrae, Patrick Thompson and Wayne Meredith who have recently completed their HLT50302 Diploma in Remedial Massage.



Hunter by Elizabeth Matsen

Guest speaker at our meeting in July, Kristin Osborn, spoke about Manual Lymphatic Drainage, the conditions that benefit most from this therapy and contraindications to treatment. Kristin demonstrated basic techniques and stressed the importance of a very light touch while doing any manual lymphatic drainage.

Members who attended the workshop at Newcastle University Gross Anatomy Wet Lab in August showed great interest in the presentations presented for us by Dr Claudia Diaz. Claudia always takes care to present dissections that allow us to see joint structure, tendon attachments, muscles and fascia, as well as nerves and blood vessels that supply the muscles and organs.

The next Hunter meeting will be on 16 September. Details are posted on the AMT website - it would be great to see you there!



Riverina by Ern Malley

Hello from sunny Victoria. The rumours are true ... we do actually exist down here!

I'd like to welcome all our new Victorian members to AMT. Those of us who live here can attest to the fact that Vic is the Australian mecca of complementary medicine!

We'd love to hear from any members who are interested in starting regional networking/meetings. The Riverina region currently meets every two months and we find these sessions invaluable as a forum to discuss both our AMT and practice-related issues and concerns.

Victoria is also the home of myofascial dry needling and AMT is currently working on developing a policy on dry needling practice - this modality is rapidly gaining momentum and interest in other states of Australia. If you would like to be involved in the development of this important policy please contact Rebecca Barnett directly via email at secretary@amt-ltd.org.au.

But, to finish, let me quote from the classics:

So I forced a parting, scrubbing my few dingy words to brightness."



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http://www.comcare.gov.au/compensation/comcare_medical_service_rates/allied_health_rates
for further information



Association of Remedial Masseurs November 2007 Workshop

An Anatomical Overview of the Spine and Treatment Techniques

Presented by Mark Deal

Sunday 11 November 2007

9.30am – 3.30pm

Gladesville Bowling & Sports Club

Cost: \$60.00 ARM / \$75.00 non-member

Fees include lunch between 12.30pm – 1.30pm

Bookings essential. Closing date: 2 November 2007

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Products Review - Massage and Trigger Point Applicators

By Tyraus Farrelly

APPAREO DECET NIHIL MUNDITIA

Editor's preamble: Reading this review certainly convinced me of at least one thing - the seemingly endless capacity for marketing wunderkind to dream up sexually suggestive and banal product names. Most of the products reviewed below sound suspiciously like something you'd encounter in a special kind of mail order catalogue with a return address in Fyshwick. So, if elements of this review make you think that you've somehow unwittingly channel-surfed your way into a particularly excruciating episode of 'Are You Being Served', please don't blame the author. Double-entendre? No, it's just the way I walk.

Many Massage Therapists use a variety of tools within their clinic to administer treatment. Some are used to provide a different type of treatment from manual soft tissue work (such as Ultrasound or TENS), while others are used as an alternative to preserve and prolong a Massage Therapist's most precious commodity: their hands.

Some applicators can achieve a degree of depth and pressure that we simple could not apply ourselves without the mechanical advantage they offer. This is especially true of some of the self-treatment tools on the marketplace but can also apply to the treatment of our clients. **[Where is the review of the humble tennis ball? - Ed].**

There are many weird and wonderful devices available to Massage Therapists - in fact, far too many to mention in this small article. I have chosen to focus on mechanical applicators here but please keep in mind that there are hundreds of other devices on the market.

What I have reviewed is but a small cross-section that can be used for either self-application or therapist application.

Two companies were kind enough to supply a range of applicators for this review.

HEALTHPLUS Australia Pty Ltd

Ph. 0428 719 207 Fax. 07 5491 1100

Email: healthplus@bigpond.com

Website: www.healthplusproducts.com.au

BADBACKS®

Ph. 1800 615 666 Fax. 03 9646 2454

Email: sales@badbacks.com.au

Website: www.badbacks.com.au

The Backnobber®II

Supplier -

Healthplus Australia

Price - \$49.50 GST Inc

RRP - \$59.95 GST Inc

This is an unusually shaped but very effective self-massage applicator. Its large 'S' shape creates a great deal of leverage for applying static pressure or deep massage to Trigger Points (TrPs) and contractures in areas normally very difficult to access - virtually anywhere in the back, hips, legs, shoulders and neck can be treated. The great thing about this device is that it can be used anywhere you go: in an office, a car or even sitting on the lounge watching TV. If you need more pressure you can use the back of a chair or the floor to apply leverage through the "S" curve. It also clips apart allowing for easy transport and storage.

I suffer from a L/S disc pathology and get frequent back, leg and hip pain. The Backnobber II and the next product I review, the Thera Cane, have given me fantastic relief. I can get deep into the L/S paraspinal muscles to great effect. Clients with chronic or recurring pain can be taught how to treat themselves with the Backnobber between visits to your clinic.

The device comes with a user guide that shows how to access many of the common TrPs and also gives stretching and strengthening exercises.



Thera Cane

Supplier - Badbacks

Therapist Price -

\$55.25 GST Inc.

RRP - \$65.00 GST Inc.

The Thera Cane is also a self-applicator that can access all the same difficult-to-reach areas as the Backnobber. This device has one curved end and a straight end, with four extra applicators along its shaft. The Thera Cane manual includes suggested uses for each applicator via diagrams. There is also an instructional DVD which shows the developer of the Thera Cane demonstrating its many uses. The production of the DVD is a bit rough and ready but it's a value-add for the Australian market so I guess we should view it as a bonus.

The Thera Cane is possibly the most versatile massage applicator I have ever used. Due to its shape and number of applicators, you can literally access anywhere on your body. The straight end is great for self applied TrPs to the psoas, TFL and abdominals. I also use it quite a lot on my clients. For example, the curved end is ideal for accessing Iliacus while side lying, saving your hands and increasing the pressure you can apply.

The Knobble II

Supplier - Healthplus Australia

Price - \$18.15 GST Inc

RRP - \$19.95 GST Inc

This is one of the most simplistic looking applicators around but its simple curved shape contours beautifully in the hand making it the most comfortable applicator I have used. Tactile feedback is very good due to its small size. You can use the 'knobble' point or its sides, which are designed for extra grip on the skin, allowing for applications such as myofascial work.

Omni Massage Roller

Supplier - Badbacks

Therapist Price - \$22.91 GST Inc

RRP - \$26.95 GST Inc

This is a unique device in that it is a roller applicator. The ball rolls freely in all directions as you hold the base. It is quite comfortable to use and great for applying moving pressure without the need for lubricant.



The roller also allows you to work through clothing. I found it great for self-massage of the traps and scalenes, as well as legs, calves and forearms.

The Omni Massage Roller also has a smaller cousin, the Mini Omni Massage Roller. Due to its size, the mini roller would be more suitable for smaller regions. It was a little hard to hold but worked really well on the hands where you can apply pressure through your palm rather than gripping the applicator's small base.

The Index Knobber

Supplier - Healthplus Australia

Price - \$18.15 GST Inc

RRP - \$19.95 GST Inc

The Index Knobber is the modern version of the original wooden 'friction bars'. It has contoured finger grips, a smooth streamline shape and is more durable than its wooden counterpart. Like the Knobble, the Index Knobber is ideal for saving your hands during Trigger Point work.

Personally I found it a little uncomfortable to grip, although this could be due to the fact that I have rather small hands.

The Foot Fantasy

Supplier - Badbacks

Price - \$29.71 GST Inc.

RRP - \$34.95 GST Inc.



Despite its suggestive name and ribbed shaft, this is not a dream sequence courtesy of a foot fetishist but a legitimate device.

The Foot Fantasy (please don't shoot the messenger!) has the same ball mechanism as the Mini Omni Roller. This allows dry rolling pressure to the plantar aspect of the foot. The ribbed shaft can be applied to areas such as the calf muscles. At the opposite end to the ball roller is a nodular applicator for TrPs or other deep work. This is a deceptively versatile massage tool.

The Trigger Point Therapy Workbook

Supplier - Healthplus Australia

RRP - \$65 + GST



This is a self-applied TrP workbook written for the layperson. As such, it does not go into great anatomical about muscle attachments, innervation, primary and secondary muscle actions, segmental nerve distribution etc.

Nor does it delve into the neuro-chemical pathogenesis behind TrPs.

What it does, however, is give you a wealth of easily digestible information and diagrams of 120 muscles, their TrP location, referral pattern, symptoms, possible causative factors and self-treatment regime. The Thera Cane is used extensively within the workbook along with various balls and other devices. The diagrams are simple and easy to understand and there is quite a lot of useful information along with each TrP, even for the accomplished Trigger Point Therapist. I don't personally agree with Clair Davies' suggestion that it is wrong to use static pressure on a TrP. I believe that the deep stroking techniques recommended in this book are less effective than static digital pressure. One obvious omission is stretching and strengthening exercises for each muscle – I would have thought this would be an important inclusion for a self TrP treatment workbook.

Overall, however, this is a very good book and a great information source for clients. It could also be used as a guide to set a home treatment program for clients between therapy sessions.

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

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

■amt

The Effects of Massage Therapy on Quality of Life in people with Spinal Cord Injury (SCI): Psychological & Immunological Outcomes

The response to a request for therapists to participate in this study was greater than expected and I thank everyone who contacted me.

By the end of this year the experiment will be completed, with 20 subjects in the control group of guided imagery and 20 others in the experimental, Massage Therapy group. Each subject receives 5 half-hour sessions, once a week for 5 consecutive weeks and measurements are taken for immune function, anxiety/depression, coping skills, fatigue and pain. This generates an enormous amount of data which is currently being entered into statistical databases. In early 2008, the data will be analysed. Interpretation of results and writing of the thesis will be completed by the end of next year.

An article about the potential role of Massage Therapy in SCI rehabilitation has been accepted for publication in Topics in Spinal Cord Injury Rehabilitation, and I will notify AMT when the journal finalises the date of publication.

Someone told me that PhD stands for 'piled high and deep' and it's true! But, as I have passed the three and half year mark, I still enjoy the process and, more importantly, still believe it is a worthwhile, high quality research study.

Thank you AMT for the funding, support and interest.

Please stay tuned for the 2008 updates.

Judy Lovas
UTS Doctoral student

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Effectiveness of Massage Therapy for Chronic, Non-malignant Pain: A Review

By Jennie Tsao

This is an edited extract of a longer article. Full text of the original article is available on the web - just follow the link from the AMT home page.

Introduction

Despite the growing popularity of massage, there is inconsistent empirical support for its effectiveness in chronic pain. Although the effects of massage therapy on chronic pain has been the subject of prior reviews, most of these have focused on a single chronic pain condition and the level of supportive evidence appears to vary greatly, depending on the particular pain condition investigated. This review aims to bring together the existing data on the effectiveness of massage therapy for a wide range of chronic, non-malignant pain conditions.

Typically, massage is viewed as adjunctive therapy to help prepare the patient for exercise or other interventions, and is rarely administered as the main treatment³. Following the methodology of the Cochrane Collaboration, the focus of this review will be on those studies in which massage for pain relief is delivered alone rather than as part of a treatment package, since it is difficult to draw conclusions regarding the effectiveness of massage when multiple treatments are involved. In addition, the emphasis of this review will be on randomised, controlled trials (RCTs) or quasi-RCTs of massage therapy. The main purpose of this article is to provide a broad overview of extant literature on the application of massage to a wide range of chronic pain conditions.

Massage Therapy for Low Back Pain

The Cochrane Collaboration recently published a report on the use of massage therapy for non-specific low back pain (LBP)³. The review included randomised or quasi-randomised trials testing the use of any type of massage (using hands or mechanical device) as an intervention for LBP. The Cochrane review identified nine publications which reported the results of eight randomised trials. Many studies were excluded because massage was tested within a treatment package combined with various other therapies. Standardised criteria were applied to the included studies to assess methodological quality.

For the eight trials, five were judged to be of high methodological quality and three were deemed to be of low quality.

In one study⁹, massage was compared with a placebo (sham laser). Massage was found to be superior to the placebo treatment. In the other seven trials, massage was compared with various active treatments. These studies showed that massage was superior to relaxation¹⁰, acupuncture¹¹ and education¹¹; massage was equal to corsets^{6,7} and exercises⁹; massage was inferior to spinal manipulation^{6,7,12,13} and transcutaneous electrical nerve stimulation (TENS)¹⁴. The single German study showed that acupressure/pressure point massage techniques provided more pain relief than classical (Swedish) massage⁸.

Pain Management for Headaches from Massage Therapy

The Cochrane Collaboration also published a review of non-invasive physical treatments for chronic/recurrent headache¹⁵. This review included studies published until November 2002 and was substantively updated in May 2004. The review studied five types of headaches (i.e. migraine, tension-type, cervicogenic, mixed tension-type and migraine and post-traumatic headache), and a broad range of treatments was examined. Of the 22 studies that met inclusion criteria, only one trial, reported in two studies^{16,17} examined the impact of massage on headaches. In this trial, massage plus placebo laser was compared with spinal manipulation for cervicogenic headache. The findings of this study indicated that spinal manipulation was superior to massage for headache pain intensity, headache duration and medication use. *[Editor's note: Since that Cochrane Review was completed there have been several high-quality studies on headache and Myofascial Trigger Points. Results of these studies were quoted in AMT's publicity kit for Massage Therapy Awareness Week].*

Shoulder Pain — Moderate Support for the Use of Massage Therapy

Three analyses examined the effects of massage for shoulder pain. The first study compared acupuncture to Trager Psychophysiological Integration in 18 patients with chronic shoulder pain who used manual wheelchairs as their primary means of mobility²⁴.

Each patient received 10 treatments over 5 weeks; the acupuncture sessions lasted approximately 20–30 minutes and the Trager sessions lasted approximately 45 minutes. By 5-week follow-up, both groups exhibited improvements in pain and range of motion; there were no significant differences between groups. The study authors concluded that both acupuncture and Trager were effective for shoulder pain in wheelchair users. In their meta-analysis of massage therapy effects this study was included as evidence supporting the benefits of massage on the delayed assessment of pain (i.e. pain that is assessed following a period after which no treatment is delivered).

Mok and Woo²⁵ analysed hospitalised stroke patients with shoulder pain who were randomly assigned to receive slow-stroke back massage (SSBM)²⁶ or no intervention control. SSBM was administered for 10 minutes before bedtime for seven consecutive days. Patients who received SSBM experienced decreases in pain, anxiety, heart rate and blood pressure, compared with no such changes in controls. Another study²⁷ compared patients with shoulder pain who received six 15–20 minutes sessions of massage over two weeks to a waitlist control.

Patients who received massage improved significantly in functional disability, pain, and range of motion, whereas the control group evidenced no changes on these outcomes. These results provide moderate support for the use of massage for shoulder pain. However, the patient characteristics varied greatly across studies (e.g. stroke patients; wheelchair users) suggesting that generalisability of the findings may be limited. Moreover, with the exception of Mok and Woo²⁵ these studies had small sample sizes and only the study by Dyson-Hudson et al²⁴ included a follow-up assessment. Finally, two of these studies compared massage with no treatment control.

Preliminary Support for Pain Relief in Carpal Tunnel Syndrome

Patients with carpal tunnel syndrome (CTS) were randomly assigned to either a 4-week course of massage therapy or usual care³².

The massage group received a 15-minute massage once a week from a massage therapist and were also taught self-massage to be done daily at home prior to bedtime. The massage group evidenced improvements in pain, grip strength, anxiety and depression compared with no such improvements in the control group. Physician assessments of carpal tunnel symptoms also indicated significant improvements in the massage group versus no change in the control group.

The findings of this single study provide preliminary support for the application of massage to CTS. However, the sample size was very small, and it is unclear whether the physicians assessing the patients were aware of group assignment. Moreover, it is unclear to what extent patients practised self-massage at home and whether the amount of massage administered was related to treatment response. Further work with larger samples and more rigorous study methodology are needed to determine the effectiveness of massage therapy for CTS.

Equivocal Support for Analgesic Effects in Fibromyalgia

The effects of massage therapy on fibromyalgia have been examined in four investigations. Two of these studies were conducted by Tiffany Field and colleagues. In the first study³³, women with fibromyalgia were randomly assigned to receive massage, TENS or sham TENS for 30 minutes twice a week for 5 weeks. Immediately following treatment on the first and last days, the massage therapy group evidenced reductions in anxiety, depression and salivary cortisol. The TENS group experienced the same improvements but only on the last day. The sham TENS groups demonstrated no such improvements. By the end of treatment, the massage therapy group reported less pain, stiffness, fatigue and difficulty sleeping (as assessed via interviews), as well as improvements in dolorimeter test value and physician's assessment of clinical condition. The TENS group improved on this latter measure only. Limitations of this study include inadequate information regarding the interview items. Moreover, it was unclear whether interviewers and physicians were blind to patient group assignment.

The Field group³⁴ also randomly assigned fibromyalgia patients to receive either massage therapy or progressive muscle relaxation (PMR) for 30 minutes twice a week for 5 weeks. Both groups reported reductions in anxiety and depression immediately following treatment on the first and last days.

By the end of treatment, the massage group evidenced significant reductions in self- and physician-assessed pain and symptoms, as well as reductions in the number of tender points and substance P levels. No significant improvements were seen in the PMR group.

Brattberg³⁵ randomly allocated patients with fibromyalgia to massage therapy or no treatment control. The massage group received 15 massages of indeterminate length over 10 weeks. Comparisons immediately post-treatment revealed greater improvements in pain, depression and quality of life in the massage group relative to controls, but no differences in disability, sleep disturbance or anxiety. Brattberg maintained that there was a 37% reduction in pain following the massage treatment but that 30% of the improvement in pain had disappeared by 3-month follow-up and 90% of the reduction in pain was gone by the 6-month follow-up.

Thus, it appears that the benefits of massage for fibromyalgia do not persist over the longer-term after the termination of active treatment. Brattberg recommended that following an initial treatment of 15 sessions maintenance therapy may be instituted (e.g. once or twice per month).

Another study randomly assigned 37 patients with fibromyalgia to one of three conditions: massage, usual care, usual care with follow-up phone calls from a nurse³⁶. The massage group received 10 treatments of indeterminate length over 24 weeks.

Unfortunately, only 16 patients completed the full study protocol (six patients in the each of the two usual care groups and four patients in the massage group). Although the massage group showed a trend towards greater improvement in pain and self-efficacy for managing their condition, there were no between-group differences by the end of treatment, likely due to the small cell sizes.

Application to Mixed Chronic Pain Conditions

Whereas the majority of existing trials of massage therapy have examined patients with discrete chronic pain syndromes, three studies have investigated the impact of massage on patients with a variety of chronic pain complaints. Walach and colleagues³⁷ conducted a randomised controlled trial comparing massage therapy (10–20 minutes sessions administered twice weekly for 5 weeks) to usual care for patients with various chronic pain symptoms (i.e. lower back, neck, shoulders, headaches). By 3-month follow-up, patients who received massage reported less pain, depression, anxiety and tiredness relative to controls.

However, the study authors noted that their study was limited due to lack of equivalence across groups on demographic characteristics. Moreover, it is unclear whether the groups were similar in terms of the type of pain complaints represented or important clinical characteristics such as the duration and/or severity of pain.

Another study randomly assigned patients with chronic pain to receive either massage or relaxation (listening to a PMR tape recording)³⁸. The massage group received 6–10 sessions lasting 30 minutes each; patients were treated 1–3 times per week. The relaxation group listened to the audiotape twice a week for 5 weeks. Although the massage group evidenced improvements in pain, mental energy and self-perceived health status compared with the relaxation group immediately following treatment, by 3-month follow-up there were no differences between groups.

In a third analysis, patients with chronic musculoskeletal pain were randomly assigned to mindfulness-based stress reduction (MBSR), massage or usual care (UC) (39). MBSR involved 8 weekly 2.5-hour sessions in a group format, with audiotaped meditation exercises assigned as daily home practice. The massage group received a 1-hour massage once per week for 8 weeks. At post-treatment, the massage group reported less pain unpleasantness and improved mental health compared with the usual care group. However, by 1-month follow-up, there were no differences among the groups in pain intensity or pain unpleasantness.

These reports provide modest support for the immediate benefits of massage for a variety of chronic pain complaints. However, it appears that these treatment gains were not maintained following the end of active treatment.

Discussion

The existing literature provides varying levels of support for the effectiveness of massage therapy for chronic pain. The most abundant and rigorous evidence was found for the effects of massage on non-specific LBP. The Cochrane Collaboration³ concluded that massage therapy may be beneficial for patients with subacute and chronic non-specific LBP, especially when combined with exercises and education. Whereas the evidence supporting the application of massage for LBP is fairly robust, there is less support for the use of massage for the other chronic pain conditions reviewed.

This review suggests that the level of evidence for massage therapy effects by pain condition is (in order from most to least): LBP, shoulder pain, headache pain, fibromyalgia, mixed chronic pain, neck pain and CTS.

Future Directions: Critical Issues for Studies on Massage Therapy for Chronic Pain

This review highlights the need for continued rigorous research on the effectiveness of massage therapy for chronic, non-malignant pain conditions. Somewhat surprisingly, this review indicated that very few studies to date have focused on massage for pain related to chronic/recurrent headaches and chronic neck pain. Given that massage promotes relaxation, it would appear to be a particularly appropriate therapy for tension-type headaches as well as migraine related to increased stress. Moreover, massage therapy may alter the mechanical stress caused by myofascial tissue disorders²¹ which have been implicated in tension-type headaches²³. In light of the contradictory findings noted above, future work may also continue to examine massage therapy effects on pain related to fibromyalgia which involves widespread, diffuse pain that is often not responsive to traditional approaches.

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China Massage Study Tour April 2007

By Dave Moore

Over the past couple of years my curiosity about Traditional Chinese Medicine has been increasing, I have attended a couple of local workshops and seminar sessions but these only served to raise as many questions as they answered.

With my appetite duly whetted, I decided it was time to get some learning straight from the horse's mouth so I joined a group of like-minded therapists on a study tour to Beijing organised by Master Zhang Hao of Chi-Chinese Healing College.

The structure of the course was a balance of practical work in various hospitals around Beijing and classroom lectures given by specialists in various modalities. This was seasoned with a number of cultural experiences and tours. There was also sufficient free time for participants to explore Beijing and, in many cases, shop for some quite incredible bargains. Some of the party rapidly developed very fierce haggling skills!

The bookshops in particular were a treat for me - books are really inexpensive - so I bought a whole backpack full of English language TCM textbooks back home.

After flying out from Sydney airport on Good Friday, our TCM adventure began. We were delighted to discover that our accommodation for the duration of our stay was called "The Visiting Experts Building".



A bunch of visiting experts ▲

Saturday and Sunday were designated as orientation, relaxation and tourist days. Zhang Hao (or Fearless Leader as he quickly became known!) was remarkably adept at helping us navigate the vagaries of money exchange and banking.



Zhang Hao - Fearless Leader ▲

Sunday's itinerary included a trip to the Great Wall (there were no rabbits), a jade factory, a Cloisonné factory, a pearl jeweller factory and a Tea Merchant. By the evening, many of us were at the local Chinese Massage clinic having our aching legs and feet treated ... the clinic was only a short walk from our hotel and continued to be well patronised almost daily by most members of the group.

Monday ...

The day began with early morning *qui gong* led by Zhang Hao. In fact, 6.30am *qui gong* and *tai chi* became part of our training regime for the rest of the trip! After breakfast we headed out for our first visit to a hospital to observe and participate in treatments using Chinese Massage and other associated therapies. We were warmly welcomed by the staff of the Jing Yin CM Hospital and soon had the sleeves of our new white coats rolled up assisting the doctors as we learnt new techniques. We were intrigued by a traction device for stretching the neck - one brave member of the group allowed himself to be a 'victim'. We stretched him even more on a lumbar 'Rack' later.

The Chinese Massage specialists were surprised to discover that the majority of us were over 40 - most of them don't last in the profession that long!

On Monday afternoon we all gathered for our first lecture. Professor Yang fascinated us with her presentation on Chinese diagnosis using face colour, pulse taking and tongue examination.

I never realised how much could be ascertained from a comprehensive study of the radial pulse!

Tuesday ...

Professor Wong took us on a guided tour of the China Rehabilitation Research Centre, a large charity hospital. The tour began in the Pharmacy where we looked at the methods used to prepare traditional medications, then through a range of therapy areas including aquatherapy, massage and occupational therapy aimed at rehabilitation of patients who had, in the main, suffered some form of neural trauma.

We also really enjoyed a visit to the children's wards where we observed the treatment of kids with conditions such as cerebral palsy. I must admit that this and a subsequent visit to another rehabilitation centre run by Professor Wong were the highlight of the tour for me.

The evening's lecture from Professor Lan focused on a blending of modern Western science and ancient Chinese knowledge, viewing Qi from the viewpoint of electromagnetic energy in the human body. We were pleased to learn that Massage was the senior therapy above both acupuncture and herbs in the ancient Chinese hierarchy of treatments.

Wednesday and Thursday ...

Staff at the China-Japan Friendship Hospital made us welcome and actively encouraged us to assist in treatments, patiently explaining for us the history, signs, symptoms and diagnosis for each client via our interpreters. Some of the patients seemed a little surprised but enjoyed the attention given to them by the 'bunch of foreigners'.

We also visited a large Pharmacy and TCM supply shop close to the hospital and all walked out carrying packages of items we could never afford or obtain back in Australia.



In the pharmacy ▲

Thursday ...

Dr Zhang surprised me with a cake for my birthday and the hotel sent me a birthday card! A visit to the Beijing Opera in the evening made for a memorable day.

Friday ...

Our visit to the Tai-ying Hospital was a real eye-popper. It is a small community-based hospital and the Army Major who runs the TCM clinic demonstrated a number of quite radical treatments including walking on a client's back, bloodletting and using a barbed needle with cupping on the sacrum (this was a treatment for haemorrhoids ... what a brave old lady to undergo that in front of a mob of Aussies!). Last but by no means least was a treatment that included setting fire to a poultice applied to a patient's back. I'm not sure my Australian practice insurance would cover that particular technique ...

The Major allowed us to 'incinerate' a couple of patients. Some of the smaller members of our party did some back walking and then called upon the others - myself included - to act as patients for demonstrations. We also practised some more mainstream treatment modalities and purchased some of the Major's 'secret' potions.



This fixes the SI joint ▲

This all took place in a very crowded, bustling clinic with staff, patients and visitors milling together, laughing, taking pictures, learning, giving and receiving treatments all at the same time. It was a really happy scene and we were reluctant to leave but our Fearless Leader, Zhang Hao, had more treats in store.

The afternoon class was one of two run by Dr Wen Jian-Min on Tui Na (Chinese Massage). He patiently demonstrated techniques and supervised practise for correcting problems with the shoulder, arm and upper body, assisting us as he circulated the room and setting a high standard to ensure we got things just right.

Monday ...

We walked to Wan Jing hospital and worked under the supervision of Dr Yang who demonstrated and allowed us to practise diagnosis techniques on some very stoic patients. The afternoon lecture was a presentation of common Chinese disease syndromes, discussing signs, symptoms and diagnosis including cough analysis: finding the cause of a disease by listening to the sound, duration, colour and texture of the mucus from the patient's cough.



Never trust a foreigner ▲

Tuesday ...

We visited the TCM department of one of Beijing's leading hospitals, the Guanganmen Hospital. We toured the rather impressive modern facilities on offer but were not permitted to interact with the patients.

In the afternoon, we rejoined Dr Wen Jian-on for demonstrations and practise of Tui Na on the lower body and legs.

Wednesday ...

In the morning we visited another clinic of the China Rehabilitation Research Centre, this time in a rundown old school building that serves as the clinic's temporary home while new premises are constructed. Here we were shown some interesting applications combining TCM and western techniques: TENS applied specifically to acupoints and Magnetic Therapy combined with Chinese herbs.

We all weighed in to assist the doctors and learn as much as we could. I was shown how to palpate the Chinese reflexology points of a patient with spinal cord injury and locate the spinal lesion in the foot at the corresponding point. I was then shown techniques to apply to the foot to help this patient towards recovery.

The afternoon lecture was on Acupuncture, Cupping and Moxibustion and their association with herbal medicine.

Dr Ma Liang Xiao covered a wide range of acupuncture techniques and different shaped needles. The principle of reinforcing or reducing the flow of Qi through the meridians was also discussed. Dr Ma informed us that over 40 conditions can be treated with acumoxibustion (acupuncture or moxibustion) according to the World Health Organisation!

Thursday and Friday ...

We returned to the Wan Jing Hospital where our lecturers, Professor Yang and Dr Wen Jian-Min gave us the opportunity to apply their teachings in the real world and to compare some of our Australian techniques in an exchange of treatments and ideas which left everybody involved with new knowledge. When our teachers learnt that Australian Massage Therapists cannot 'crack' joints or mechanically restrain their patients, they demonstrated some safe alternatives to achieve the same effects.

Our final lecture of the tour was a real treat! Master Zhang Hao's teacher, Dr Li, presented a lecture on the principles of Qi massage, emphasising the importance of harmony between nature, the therapist and the client. This old, softly-spoken gentleman had an awesome presence and calmness even when executing some very powerful and strenuous techniques. We all felt honoured that he was willing to give his time to students of his student. He demonstrated an acupuncture treatment on our guide, Dr Zhang, and we were able to watch the needles vibrate and feel the Qi as it was stimulated by their application.

It was a fitting finale to an amazing learning experience.

■amt

Health Fund Status

HEALTH FUNDS AND SOCIETIES

CRITERIA

Commonwealth Bank Health Society
Manchester Unity

These funds recognise all AMT practitioner levels.

ACA Health Benefits Fund (ARHG)
Australian Regional Health Group
Cessnock & District Health Benefits Fund (ARHG)
CrediCare (Credit Union Australia) (ARHG)
Defence Health (ARHG)
Federation Health (ARHG)
GMHBA (ARHG)
Health Insurance Fund of WA (ARHG)
Health Partners (ARHG)
HIF (ARHG)
Latrobe Health Services (ARHG)
Lysaght Peoplecare (ARHG)
Mildura District Hospital Fund (ARHG)
Navy Health (ARHG)
NSW Teachers Federation Health Society (ARHG)
Phoenix Health Fund (ARHG)
Police Health (ARHG)
Queensland Country Health (ARHG)
Railway and Transport Hospital Fund (ARHG)
Reserve Bank Health Society (ARHG)
St Luke's Medical & Hospital Benefits (ARHG)
Teachers Union Health (ARHG)
Transport Health (ARHG)
United Ancient Order of Druids (ARHG)
Westfund Health Fund (ARHG)

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.

Australian Health Management Group
Australian Unity
Geelong Medical Benefits Fund
Government Employees Health Fund (AHMG)
Grand United Friendly Society
HCF
National Mutual Health Fund
NIB
Super Health Plan
Victorian WorkCover Authority

These funds recognise Senior Level One, Two or Three members. HCF require new providers to fax your name, practice address and association name to 02 9279 3549.

MBF
NRMA

These funds recognise members with the HLT 50302 Diploma of Remedial Massage. You must send a signed consent form to AMT. Existing Senior Level One, Two and Three providers remain eligible.

Medibank Private

Medibank Private recognises Senior Level One, Two and Three members. They require you to apply directly to them. You will need to send them a certified copy of your membership certificate and fill out their application form which can be downloaded from the AMT website.

ANZ Health Insurance (HBA)
Cardmember Health Insurance Plan (HBA)
Gay & Lesbian Health Fund (HBA)
HBA (formerly AXA)
HealthCover Direct (HBA)
Mutual Community (HBA)

HBA require a nationally-recognised, diploma level qualification from a Registered Training Organisation. Existing Senior Level One, Two and Three HBA providers remain eligible.

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. If you are up-to-date with these, there is no need to apply individually to each health fund: your name will be forwarded for automatic endorsement as a provider.

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-ltd.org.au

Calendar of Events

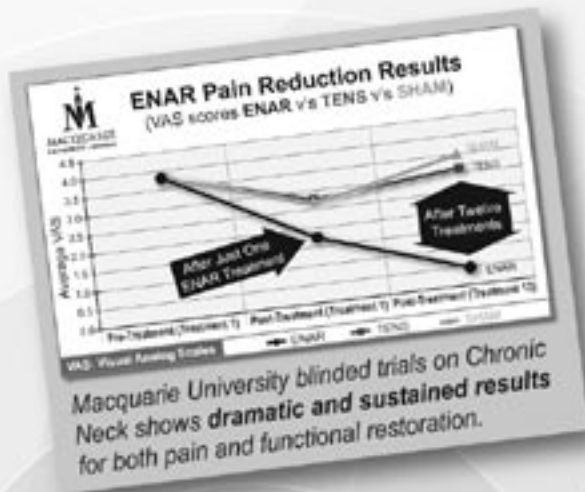
Courses accredited by AMT attract 5 CEUs per hour. Courses not accredited by AMT attract 1 CEU per hour. Please check dates and venues of workshops (using the contact numbers listed below)

September 2007		CEUs
5	Sydney South Branch Meeting. Hurstville. Ph: 0410 604 510	15
6-10	Neurostructural Integration Technique. Presented by Ron Phelan. Mackay. Ph: 03 5255 5229	175
8	Northern Rivers Branch Workshop/Meeting. Kingscliff. Ph: 0401 905 263	15
8-9	Manual Lymphatic Drainage. Presented by Michelle Yaffe. Melbourne. Ph: 03 9481 6724	70
11	Blue Mountains Branch Meeting. Wentworth Falls. Ph: 02 4757 4902	
13-14	Traditional Cupping Workshop - Western Tradition. Presented by Bruce Bentley. Melbourne. Ph: 03 9576 1787	80
15-16	Corporate Seated Massage. Presented by Ron Saleh. Sydney. Ph: 0416 086 426	70
16	Hunter Branch Meeting. Presented by Anne Schubert. Adamstown. Ph: 02 4969 5880	15
28-30	Heartworks Lomi Lomi. Presented by Nemara Hennigan and Andrea Lopez. Central Coast Ph: 0413 275 485	150
October		CEUs
8	Treatment Protocols for Fibromyalgia. Presented by Steven Goldstein. Melbourne. Ph: 03 9481 6724	15
13-14	Pregnancy Massage. Presented by Julia Willoughby. Charmhaven. Ph: 02 4393 1200	70
13-14	Ortho-bionomy Workshop. Presented by Bruce Stark. Melbourne. Ph: 03 9481 6724	70
20	Mid North Coast Branch Meeting. Port Macquarie. Ph: 02 6584 6661	15
20-3 Nov	AAMT Thailand Study Tour Ph: 1300 138 872	
23-27	Neurostructural Integration Technique. Presented by Ron Phelan. Geelong. Ph: 03 5255 5229	175
26-28	Heartworks Lomi Lomi. Presented by Nemara Hennigan and Andrea Lopez. Central Coast. Ph: 0413 275 485	150
26	Pre-conference Workshops. Gold Coast	50
27-28	18th Annual AMT Conference. Gold Coast	100
27-28	Traditional Thai Massage Workshop. Presented by Bruce Bentley. Melbourne. Ph: 03 9576 1787	70
27-28	Basic Principles of Orthotic Therapy and its Clinical Application. Presented by Malcolm Walker. Melbourne. Ph: 03 5152 6585	60
November		CEUs
7	Sydney South Branch Meeting. Hurstville Library. Ph: 0410 604 510	15
10-11	Chinese Cupping Workshop. Presented by Rob Lobosco. Gold Coast. Ph: 03 9481 6724	70
17-18	Corporate Seated Massage. Presented by Ron Saleh. Sydney. Ph: 0416 086 426	70
17-18	Reflexology Workshop. Presented by Derek Miglietti. Melbourne. Ph: 03 9481 6724	70
18	Hunter Branch Meeting. Adamstown. Ph: 02 4969 5880	15
22-25	Heartworks Lomi Lomi. Presented by Nemara Hennigan and Andrea Lopez. Central Coast. Ph: 0413 275 485	150
24-25	Chi Acupressure. Presented by Zhang Hao. Strathfield, Sydney Ph: 02 9899 9823	70
24-25	Manual Lymphatic Drainage. Presented by Michelle Yaffe. Sydney. Ph: 03 9481 6724	70
24-25	Trigger Point Workshop. Presented by Stuart Hinds. Gold Coast. Ph: 9481 6724	70
December		CEUs
1-2	MET Workshop. Presented by Alison Bell. Melbourne. Ph: 03 9481 6724	70
1-2	Trigger Point Workshop. Presented by Stuart Hinds. Sydney. Ph: 03 9481 6724	70
8-9	Chinese Cupping Workshop. Presented by Rob Lobosco. Melbourne Ph: 03 9481 6724	70
15	Mid North Coast Branch Meeting. Port Macquarie NSW. Ph: 02 6584 6661	15
February 2008		CEUs
2-3	The Rolfing Touch - Myofascial Approaches. Presented by Michael Stanborough. Sydney. Ph: 02 9522 6770	85
9-10	Fascial Perspectives - Understanding Structure. Presented by John Smith.. Sydney. Ph: 02 9522 6770	85
16-17	Authentic Presence - Therapeutic Contact. Presented by Ashuan Seow. Sydney. Ph: 02 9522 6770	85



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PROVIDER REGISTRATION FORM

To register as a recognised provider with Australian Unity, please complete the following Registration Form and return to Australian Unity, Level 4, 114 Albert Road, South Melbourne VIC 3205. F: 03 9682 3223.

Call us on 13 29 39 if you need any assistance.

Title:	Surname:	Given Names:
Principal Practice Name:		
Principal Practice Address:		
	State:	Postcode:
Postal Address: (if different to above)		
	State:	Postcode:
Business telephone no:	Mobile:	Fax:
Email:		
Website:		
Secondary Practice Address:		
	State:	Postcode:
Member of Professional Associations:	Modalities (accredited date):	
Type of treatment(s) provided:		
Nature of Practice: (eg. group or solo)		
Partners Name(s):		
Professional Qualifications: (Degree/Diploma/Certificate/Other)		
Practitioner's Signature:	Date:	
In applying for a provider number, you (the provider) understand that your business details will be provided to Australian Unity members.		

PLEASE ATTACH A SAMPLE COPY OF YOUR OFFICIAL STATIONARY/ STAMP.



ABN 32 001 859 285

2007 Annual General Meeting Agenda

- Item 1** Apologies and declaration of proxies
- Item 2** Minutes of 2006 Annual General Meeting
- Item 3** Business arising
- Item 4** President's report
- Item 5** Secretary/Treasurer's report
- Item 6** **Motion – Acceptance of 06/07 financial statement**
"That the financial statements be accepted"
- Item 7** **Motion – Change of Financial Year End**
"That the financial year of the company be changed to end on 31 December of each year. The next financial period of the company shall be for the six months from 1 July 2007 to 31 December 2007, in order to facilitate the change of financial year end."
- Item 8** **Motion - Resignation of Auditor**
"That the resignation of John Imrie and approval by ASIC of same be accepted by the company."
- Item 9** **Special Resolution - Amendments to the AMT Constitution in line with change of Financial Year End**
"That the dates for the AMT Annual General Meeting and nomination/election of Office Bearers as listed in Clause 14, Clause 27.5a, Clause 27.5b, Clause 27.5e I, ii and iii of the AMT Constitution be changed in line with the new Financial Year end."
- Item 10** Report on the election of Office Bearers
- Item 11** Other business
- Item 12** Close of meeting



ABN 32 001 859 285

Special Resolution for consideration at the 2007 Annual General Meeting of the Association of Massage Therapists Ltd.

Resolution: "That the dates for the AMT Annual General Meeting and nomination/election of Office Bearers as listed in Clause 14, Clause 27.5a, Clause 27.5b, Clause 27.5e i, ii and iii of the AMT Constitution be changed in line with the new Financial Year end."

Clause 14 - the AGM

The AGM is to be held between 1 September and 30 November each year.

Change to: "The AGM is to be held between March 1 and May 1 each year."

Clause 27.5a Appointment of Directors

a) No later than 1 August the Board must call for nominations for candidates for all positions, by giving written notice to all Members.

Change to: No later than 1 February the Board must call for nominations for candidates for all positions, by giving written notice to all Members.

Clause 27.5b Nominations

b) The Association must receive, at its registered office, by 21 August (or at a later date the Board determines), both:

- i. a nomination of the person signed by at least 2 Members; and
- ii. a consent to nomination signed by the person.

Change to: The Association must receive, at its registered office, by 21 February (or at a later date the Board determines), both:

- i. a nomination of the person signed by at least 2 Members; and
- ii. consent to nomination signed by the person.

Clause 27.5e - Elections

e) If the number of eligible nominees for a position as Director is more than the number of positions to be filled, the Board must conduct a postal ballot, as follows:

- i. Subject to the rest of this constitution, all Members are eligible to vote except Members whose Annual Subscriptions are due but unpaid on 1 August in the relevant year.

Change to: Subject to the rest of this constitution, all Members are eligible to vote except Members whose Annual Subscriptions are due but unpaid on 1 February in the relevant year

- ii. The Committee must send ballot papers to Members no later than 1 August, or a later date it determines.

Change to: The Committee must send ballot papers to Members no later than 1 February, or a later date it determines.

- iii. Ballot papers must be returned to the Association no later than 14 September, or on a date the Board determines.

Change to: Ballot papers must be returned to the Association no later than 14 March or on a date the Board determines.



ABN 32 001 859 285

2007 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 for AGM 2007

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 28 October 2007.

Signature _____ Date: _____

This is a qualified proxy vote (for*) / (against*) Special Resolution Item 9:

"That the dates for the AMT Annual General Meeting and nomination/election of office bearers as listed in Clause 14, Clause 27.5a, Clause 27.5b, Clause 27.5e I, ii and iii of the AMT Constitution be changed in line with the new Financial Year end."

This is an unqualified proxy for any vote on other matters.*

* Delete as appropriate.

**ALL PROXY VOTES MUST BE RECEIVED 24 HOURS PRIOR TO THE
ANNUAL GENERAL MEETING BEING HELD**