

President's Report

By Alan Ford

Association of Massage Therapists Ltd

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in good hands

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By the time you read this report, the Beijing Olympic Games have been run and won. But as I write, 08/08/08 is just a few days away ...

With the assistance of some friends and sports administrators, the founder of the modern Olympics, Baron De Coubertin, refashioned the traditional Olympic Games to what we know today. For an event of that scale to work, certain groups of people are needed to give their time, expertise and dedication.

Without sheer hard work, it would be impossible to stage the Olympics every 4 years. Without direction, the venues would not be built to host the events. Without rules and regulations, the sporting events would not be considered fair and would be unmanageable. Without referees and umpires, the contests would not be able to be managed. And, of course, without the athletes themselves, there simply would not be an event in the first place.

Since the beginning of the Modern Olympics the focus has almost always been on the athletes. Names like Jessie Owens, Mark Spitz, Daley Thompson, Dawn Fraser, Flo Jo, Nadia Comaneci and Ian Thorpe are but a few of the legends in the annals of Olympic history.

However, if you ask me to rattle off the names of administrators, referees, judges and volunteers, I can only manage a few: John Coates (of Sydney Olympics fame), Juan Antonio - the winner is Sydeness - Samaranch and Mr Julius Patching, a former Navy PTI who held several administration positions with Australian Olympic teams for more than 50 years.

And yet, the vast ranks of the unnamed play as much a part in the success of the Olympics as the 'stars' of the event.

Like the Olympics, any well run organisation needs the full support of its administrators, staff, volunteers and members to function at the highest level. Leadership is given by the Executive Board - the Directors lay out the current and future direction of the organisation to best position it in the marketplace. Staff is employed to implement this vision at an operational level. Sub-committees are formed to tackle particular areas of policy within the scope of the organisation. In the case of AMT, we have sub-committees in the key areas of Education & Research, Discipline, Finance, Ethics, Strategic Planning & Marketing, and IT.

Members of the Board have taken on the responsibility of developing 'Terms of Reference' for each subcommittee. These specific terms of reference outline how the committees operate (how they are constituted, what they do and how often they meet etc). These will be available on the AMT website soon.

Just like the Olympics, these subcommittees require people power to make them effective. If you feel you have expertise in a particular area and, like those fantastic volunteers at the Games, would like to get involved please let us know. You can do this by making contact with Head Office or our ever-efficient company secretary.

I look forward to catching up with you at the AMT Conference in Melbourne.

■ amt

Secretary's Report

By Rebecca Barnett

Two significant pieces of legislation – one already in force and one due to be enacted on July 1 next year – will have a significant influence on the way Massage Therapy is being practised in Australia. Members of AMT should benefit from a shift in thinking at a government level, which effectively acknowledges Massage Therapists as healthcare professionals and recognises the need to set minimum standards of education and professional conduct. The effect of this shift in thinking and legislative change will be a tightening of the net around poorly-qualified practitioners who are working “outside the system”.

Let's look at the two relevant pieces of legislation, starting with the one with a national focus.

PRIVATE HEALTH INSURANCE (ACCREDITATION) RULES 2008

These rules have been drafted under the Private Health Insurance Act 2007 and are part of a broader quality assurance initiative being pursued by the Department of Health and Aging (DHA). The rules set eligibility criteria for practitioners who wish to offer private health insurance rebates for their treatments. Before I go into more detail, let me assure you that AMT members who continue to hold current insurance and maintain their CEU status will meet the criteria and do not need to take any specific action (other than maintain their association membership!).

The rules are interesting in that they specify that therapists must hold membership to a professional Association to be eligible as a provider of rebatable services. The onus is then on their Association to monitor and fulfil specific criteria. Rule 10, which applies directly to our industry, states that:

“the health care provider providing the treatment must be a member of a professional organisation which covers health care providers who provide that type of treatment (the profession) and which:

- (a) is a national entity which has membership requirements for the profession; and
- (b) provides assessment of the health care provider in terms of the appropriate level of training and education required to practise in that profession; and
- (c) administers a continuing professional development scheme in which the health care provider is required, as a condition of membership, to participate; and
- (d) maintains a code of conduct which the health care provider must uphold in order to continue to be a member; and
- (e) maintains a formal disciplinary procedure, which includes a process to suspend or expel members, and an appropriate complaints resolution procedure.”

In other words - and this is a bit surprising - practitioners who do not hold membership to such a professional body will not be eligible as health fund providers. This is an unusual thing for the government to codify in legislation since there does appear to be Trade Practices issues with setting such a requirement which effectively freezes out individuals who choose not to take out professional association membership. I can't help but wonder whether this will be challenged at some point due to the apparent anti-competitive ramifications of the Rule.

The good news for AMT members is that your Association meets the specified criteria and is well-placed to continue promoting the membership to the private health insurance industry. You will no doubt have noted the requirement for professional associations to administer a continuing professional development scheme - something that AMT has been doing for 14 years now. We were well ahead of the pack in this regard.

The Private Health Insurance Accreditation rules for Massage Therapists are due to come into effect on July 1, 2009. The DHA have been generous in allowing professional Associations plenty of time to fall into line with the requirements, although several health funds have already made contact with AMT seeking definitive confirmation of whether we meet the criteria.

What does this legislation mean to me?

In essence, these rules should have a positive impact on legitimate service providers. As a private health fund provider, the primary onus on you is to maintain your Association membership. AMT will continue to monitor your CEU and insurance currency, our disciplinary policy and review or update our admission criteria as required to reflect national training standards.

However, as a professional community, we should focus fresh energy and attention to establishing a national standard of professional conduct and practice that is specific to our discipline.

The establishment of the Australian Commission on Quality and Safety in Health Care in 2006 should send a clear signal to our industry. The current government mantra is accreditation and we can anticipate further quality assurance initiatives as part of the Commission's program of work.

Already, the registered professions (such as GPs, nurses, physiotherapists and optometrists) have been rolled into a National Accreditation scheme.

Engagement in these issues has never been more crucial to our community. I encourage all AMT members to involve themselves in the task of policy development so that we set the standards that are adopted by government rather than relying on bureaucrats to do this on our behalf, with little or no understanding of our education standard or the realities of professional clinical practice.

If you haven't been to the AMT wiki to check out our own program of work in this area, do it now!

www.amt-ltd.org.au/wiki

I'll be talking more about these issues at the AMT conference in October but would happily discuss them individually with AMT members who are keen to become an active part of the solution rather than passively reacting to the problem. You can email me at secretary@amt-ltd.org.au if you are interested in finding out how you can contribute. And if you whinge to me after the fact in the face of legislation that is a poor fit for our professional community, I promise to come around to your house and rip your bloody arms off.

NSW CODE OF CONDUCT FOR UNREGISTERED HEALTH PROFESSIONALS

NSW members will already be aware of this piece of legislation, which came into effect on August 1. It was made as an amendment to the NSW Public Health Act 1991 and requires all practitioners to display the code, along with information about how clients can make a complaint to the Health Care Complaints Commission (HCCC) in the event of a grievance relating to lack of compliance with the code.

As such, it is at least partially aimed at making clients and healthcare consumers more aware of formal avenues for complaint. However, the primary aim is to give the HCCC the ability to prosecute practitioners who breach the terms of the code and, importantly, prevent them from returning to practice after the breach. We hope that it will help to decrease any rogue element in NSW.

The emphasis in this code is on the kinds of professional conduct that AMT has actively promoted since inception – for example, ongoing education, insurance, appropriate referral and integrity in promotion of the service being provided.

What does this legislation mean to me?

Obviously, this Code only applies to AMT members working in NSW. It does have several important ramifications for NSW practitioners though. Firstly, if you allow your insurance to expire, you are in breach of the code. This applies equally to all practitioners, whether you are full or part time, working in a commercial clinic or from a home clinic, only doing relaxation treatments or specific remedial work. Good record-keeping is also crucial as a reference to maintaining contemporaneous records is included in the code.

All NSW members should be familiar with the contents of this Code of Conduct and, obviously, you must display it with a copy of the HCCC notice as instructed. If you require any assistance with this or have any questions about compliance, please contact Head Office on 02 9517 9925. A note to our chiro and osteo members – even Registered Practitioners need to display the code as it relates to any work you do outside the remit of your scope of registration.

INSURANCE RENEWAL TIME

It seems topical to include a reminder here to send a copy of your insurance Certificate of Currency to Head Office as soon as you have received it. The vast bulk of AMT members are due to renew their insurance this month and we certainly don't want you dropping off the health fund lists because the information on our database is out of date. We can accept a copy by post, by fax or a scanned copy via email to admin@amt-ltd.org.au.

CONFERENCE 08

The Conference Earlybird rate closes on Friday 12 September. Don't forget to register before the cut-off. Are you sure you can afford to miss out on the sight of me frothing at the mouth during my keynote address? Look forward to seeing you there.

■amt

Attention all AMT members

Professional Indemnity Insurance

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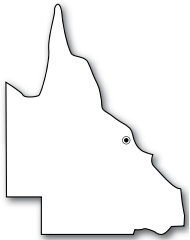
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Please call Rebecca Barnett on 0414 732 873 for more information.

News from the regions



Mackay by Annie Caruana-Kirchner

Our May meeting was extremely well attended with 17 local members present, including 2 new members. We welcome Kelly Howland and Dommie Frederickson to AMT.

Alice Barron, a Physiotherapist, presented an interesting session on pelvic floor stability. Using Ultrasound Imaging for a visual demonstration, we were able to observe the patterns of muscle activation on the monitor. Alice explained many of the conditions that arise from pelvic floor weakness and outlined the correct exercises for pelvic stability.

Sunday 3rd August was the first of four Harmony Sundays held every six weeks at the North Mackay Bowls Club. Anyone interested in an opportunity to exhibit your profession and network with a range of other therapists can contact Donna Beckett on 07 4942 8636 or 0438 281 160.



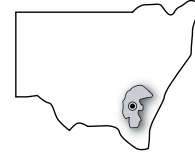
Sydney South by Michelle McKerron

Sydney South members have been meeting every second month for around 18 months now. We are enjoying the opportunity to network and have reached the stage where we are comfortable enough to listen and learn from each other's experiences.

We have approximately 10-15 members attending each meeting. If you haven't come along yet, we would love to meet you. A good referral base is an essential component of treating your clientele!

Our next meeting will be held on October 1, where we will be hearing from local Chiropractor Keiran Shanahan on how to deal with chiropractors. He will dispel some urban myths about chiropractic treatment and provide us with insights into how chiropractic can complement Massage Therapy.

Our AGM is set for the first Wednesday in December. We will discuss the option of holding a Saturday workshop early next year for those of us who find it hard to get out of work on a Wednesday night. If you have any thoughts or comments, email or call Head Office. We welcome your input to the running of the group!



ACT by Robert Brown

We had a great turnout for our June meeting with 20 people in attendance. Our newly formed regional executive consists of the following people:

Chairperson: Robert Brown

Secretary: Maxine O'Callaghan

Treasurer: Husam Sahib

We are looking forward to a great year in massage, with a new energy in the region.

Last month I attended a careers market at the AIS in Canberra where 3500 year 10 & 12 students from over 30 schools came to obtain information on their future career prospects. I talked to around 300 students with an interest in becoming a Massage Therapist! I was also invited to several schools to talk on a career in Massage Therapy.

On the workshop front, Alan Ford ran a course on Chronic Pain & Structural Alignment in June. Ron Alexander ran a Functional Fascial Taping course in July under the auspices of AAMT. I have invited him back to conduct several more for AMT members.

Advanced notice of the dates and times for ACT branch meetings is given in the AMT Calendar of Events. We look forward to seeing lots of new faces at upcoming local events.

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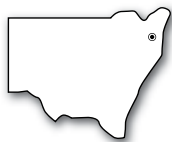
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News from the regions (cont...)



Mid North Coast by Jan Crombie

Guest speaker at our February meeting was Nick Sandman-Allen. Nick's talk focused on aged care issues including:

- Mobility and aged care products and exercise equipment
- 'Active and Old' newsletter put out by Area Health
- A fall prevention program run at the Port Macquarie Base Hospital
- A Gofer (scooter) training course that is commencing in Laurieton.

April saw the region coordinating another huge effort at the Australian Ironman.



Volunteer therapists at the Australian Ironman ▲

We had 120 volunteer therapists from the following TAFEs: Port Macquarie, Randwick, Kingscliff, Loftus and Shellharbor. The students were ably assisted by our dedicated group of local therapists. The Ironman involves 4 days of pre-race massage then, on race day, some 800 massages were completed including post-event treatments. Massage was also carried out in the medical tent and corporate areas.

For this year's Ironman, we also held a BBQ for volunteer MTs on the Saturday night before the race began. Event sponsors kindly donated product samples for this function. A very big thanks to Melrose Oil, Tiger Balm, AOK Health, Jeff Murray and Rowo Herbal Sports Gel for their involvement.

The highlight of the evening was a draw for a massage table kindly donated by Firm N Fold. Esther Vass from Shellharbor was the lucky winner. Thanks to AMT for providing the bags which housed the samples!



Esther Vass - winner of a Firm N Fold massage table ▲

At our April Meeting AMT member Ianthe Paterson gave an informative presentation on Steve Lockhart Myotherapy (SLM). SLM is best defined as manipulation of the body's soft tissues using a unique combination of acupuncture and massage techniques that put length and function back into muscles and balance the body, allowing it to function normally.

At our June Meeting: we viewed a DVD presentation on Orthobionomy from our branch library.

DEADLINE

**Deadline for the
December 2008 issue of
In Good Hands is:
1ST NOVEMBER, 2008**

**Please email
contributions to:
Rebecca Barnett
newsletter@amt-ltd.org.au
or phone: 02 9517 9925**



Northern Rivers by Keryn Rose

Firstly, a big thankyou to local members Michelle Graham and Kathy Deprez for volunteering their hands at this year's Kokoda Challenge on the Gold Coast. Kathy and Michelle reported that they had a great day - they hope to see you all queuing up to help out next year!

Recent events in the region include a meet and greet at the Tweed Heads and Coolangatta Surf Club held on Tuesday 2nd September. We hope to establish a distinct regional group in South East Queensland to assist in overcoming the immense distances that members in the region travel for local meetings. Also in the planning stages is a Self Care event at Clunes, including a Yoga session and group sharing on how to make your hands last the test of time. Keep an eye out for more details soon.

Need CEUs?

Journal question -
September edition

**Is Hautant's test
performed seated,
standing or supine?**

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_CEUs_1.php



Ron Alexander's FUNCTIONAL FASCIAL TAPING® LEVEL 1, WORKSHOP

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- Pain Management: Low Back / Knee. Tip for Tennis Elbow and Shoulder.
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FOUNDER/PRESENTER: Ron Alexander [RMT / FFT]. Ron travels Australia and the world presenting FFT to Healthcare Professionals who's treatment focus is Musculoskeletal Conditions. He has recently completed as co-investigator a randomised double blind clinical trial of FFT for low back pain. PhD study cand Shu-Mei Chen Deakin University.

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Saturday 8th November (9am to 4.30pm)
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EARLY BIRD: \$435: By Friday 24th October
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CONTACT: Karen Robinson
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Email: karenrobinson@fft.net.au



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VENUE: The Centre, 14 Frances St, Randwick
DATE/TIME: Sunday 9th November (9am to 5pm)
COST: Level 2 - \$250 inc GST, pre-reading, notes, products, case study proformas, statement of attendance and light meals.

EARLY BIRD: \$220: By Friday 24th October.
Places are restricted.
CONTACT: Karen Robinson
Phone: 03 9376 3652
Email: karenrobinson@fft.net.au

For further information about FFT check out
www.fft.net.au

A Clinician's Perspective on Vertebral Artery Testing

By Colin Rossie

Over the years I have heard many perspectives on the efficacy and safety of performing a Vertebral Artery Test (VAT) before commencing work on the cervical spine. Some research appears to indicate that it is completely useless in detecting potential vertebral artery insufficiency or compromise. Nonetheless, I continue to perform the test before I commence any work on the neck. I believe it is better to be safe than sorry.

I know at least two versions of the VAT.

Version 1:

The Cervical Quadrant Test

Client is supine. The head and neck are very gently taken into passive extension and side-flexion, and held for 30 seconds,

Version 2:

deKleyn Nieuwenhuyse Test

Client is supine. The head and neck are taken into passive extension and rotation (rather than side flexion) and held for 30 seconds.

In addition to these two supine versions, there is also the Hautant's Test (performed in the seated position) and Barre's Test, which is done in the standing position.

If dizziness, nausea, diplopia (or other vision disturbance), disorientation, ataxia, impairment of trigeminal sensation or nystagmus are provoked by the test, then your client is recording positive and testing should cease immediately. I always refer clients to their doctor under these circumstances.

I would recommend familiarising yourself with all of the above tests. They can be found in a suitable examination and assessment text. ^(1,2)

Since a client sustained an injury in a student clinic due to a VAT, it is no longer taught at some massage training colleges.

I think perhaps the biggest problem with the supine VAT is the over-enthusiasm of the clinician in applying, however slight, an over-pressure in the extension, lateral flexion or rotation component of the testing. I've always performed these tests gently and never had a problem with the client (other than the occasional positive).

In my clinical experience, there will be a significant incidence of clients recording a positive response to these tests without actually having vascular compromise. In any one year, I'll have at least ten clients test positive to the VAT. I always advise these clients to see their doctor for further testing. Half do, half don't.

In most cases it turns out that I am just being overly cautious: in the last ten years, most of those who have seen their doctors have had absolutely nothing wrong with them. A few have recorded high cholesterol levels; some have had vestibular compromise; one (a seemingly healthy, fit 32 year old male) had a cerebral aneurysm; another (a yoga-practising vegetarian in her late 40s), had an atheroma in her left carotid artery; and yet another had over-the-top hypertension. Last year, one of my clients who recorded a positive VAT was diagnosed with a condition known as Cerebral Arterio Venous Malformation. None of these people would be walking on the planet today had they not been made aware of a possible problem via the test.

All those clients were thankful that the test was performed. Several local doctors, who initially found it amusing that a Massage Therapist would write them a letter explaining their observations, now have a different attitude to Massage Therapy. Even though I tend to err excessively on the side of caution, these doctors are no longer surprised by my referrals.

Rather than dismiss me out of hand, they now consider my concerns and either respond to my letters or talk to me over the phone.

And now, to finish with a not so happy story...

One of my regular clients sent her PA to see me. The PA was in her late 20s and a classic A-type personality: well-organised, fit, gym junkie, very bright. Her major complaint was "sore neck & shoulders". The very first thing I did in her session was the VAT. She came up positive so I calmly explained what this could possibly mean and advised her to visit the doctor before I proceeded with any work. She didn't return and answered my subsequent phone queries with "I'll get around to it one day". Eight months later she died of a cerebral stroke on her regular 6a.m. run.

1. Magee, D. J. "Orthopedic Physical Assessment" Saunders
2. Petty N.J. & Moore A.P. "Neuromusculoskeletal Examination & Assessment" Churchill Livingstone

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Ethics and Risk-Management for the Massage Therapist

by Natalie Millan

Natalie Millan is a Massage Therapist, Social Science researcher, Communications Trainer and author of the book 'Professional Esteem - a practical guide to ethics and risk-management for the busy therapist'. Natalie has 20 years experience as a therapist and is an advocate of healthy esteem. If you would like to learn more please visit www.healthysteem.com.au

This article aims to introduce ethics as a skill set and explain how learning ethics gives the therapist a professional edge in terms of risk-management. In today's complex, multicultural society it is essential for Massage Therapists to hold strong skills that address the intangible issues that daily confront a therapist in clinical practice.

What have you done today that makes you feel good about the work you do with others?

Today's Massage Therapist has a rich technical skill-set that makes their work unique, cultural and valuable. As part of a burgeoning wellbeing industry, Massage Therapy continues to exhibit a strong growth rate. Many therapists have become 'the busy practitioner'.

The question above asks you - as a therapist - to reflect on your daily achievements. It is an ethical technique to help you rest at the end of the day by remembering the positives and purpose of your work.

Ethics is a difficult and vast subject that is often misrepresented as dry, boring, didactic and, worse, irrelevant. For this reason, the complexities of the topic are often left unanswered and confusion sets in when ethical dilemmas occur.

My aim in this brief article is to address what style of ethics can really help the Massage Therapist in the context of sustainable and successful clinical practice.

Okay, so we know that ethics is complicated. This is because the situations that involve ethics are often intangible. For example if I were to ask you what car you drive, your answer is based on facts. You would possibly describe the model, make, colour and what logical reasons helped you decide on the purchase. You can safely answer the question without involving any personal reasons. You may choose to tell me the niceties of the car - the little touches that particularly appealed to you and helped you make your decision. However, these little touches can still be facts about the car.

If I were to ask you what ethical principles you mainly rely on when working as a therapist, your answers suddenly become loaded. This is because they are going to be based on context and values. Such a question causes you to reflect on your personal values first and then give reasons for your choice of principle. Justification requires an existing knowledge of the topic and confidence in your personal experiences. To answer this question requires an ability to articulate the complexity of the topic.

To be asked about our position regarding ethics helps us to acknowledge how ethics is a skill to be learnt, refined and practised, just like our soft tissue techniques. The modern Massage Therapist will recognise the need for such skills as we intimately work within a multicultural society. The difference between the skill sets is that soft tissue techniques generally produce a tangible result (for example, increased range of movement) whereas ethical techniques produce an intangible result (for example, professional reputation).

Applied practical ethics can help us gain clarity and focus around issues in our clinic that we often mistakenly bracket off as strictly business related.

For example, if you experience repeatedly late clients - have you self-appraised what your contribution to the concern could be? What could you do differently to improve the situation? How specific are you when discussing what your professional boundaries and policies are? The hours you operate and how you choose to conduct business will transfer over to how your clients abide by your boundaries. The level of integral and professional conduct will define the level of an ethical framework a therapist operates within. Even when outside our clinic, our objectives and preferences when networking with colleagues will be an extension of our ethical framework and have an impact on our reputation.

But how easily can you articulate all these principles as a busy, working therapist? The key point that develops professional integrity is the ability to explain and justify the combination of our hand skills, marketing style, business acumen and ethics. This, in turn, will send the reassuring and powerful message of trust, safety and competence to our existing and established client base. Importantly ethical conduct will also determine the life span of a therapist's career.

How to interpret ethics in the client/therapist relationship

Overall, the term ethics seems simple enough when managing a business - it is explained as doing what is right. The therapist only has to review their association's Code of Ethics to refresh the principles and guidelines. Simple ethics can be seen in our draping standards, infection control and safety policies. However, there are still many problems to be ironed out for any professional working in a client/therapist paradigm.^{1,2}

It is a special person who chooses to work intimately with clients. Many people are familiar with the principle that, when we enjoy the work we do, the clients will follow and our business will grow.

As we become busy practitioners we start to see the importance of knowing how to effectively manage our time. Professional development programs must be relevant in their focus to be of value to our day.

Workshops in ethical theory and principle are not going to help the busy therapist. However, education in ethical skills that includes strategies for risk-management becomes more immediately applicable. This is particularly evident given that research states how many therapists do not know how to address at-risk situations within the client / therapist relationship, professional awareness notwithstanding.³

Ideally ethics is designed so you can manage your professional life. Yet the difficulty seems to lie in the application and integration of ethics into everyday practice. The clinic is a place where a therapist would like to establish a strong reputation and rapport whilst at the same time reduce the risk of awkward situations, ethical dilemmas, unwanted feelings, late clients, no-shows, pay discrepancies, burnout and even knowing you are not isolated in your work.

So, to improve our understanding on how to better address client / therapist relationships, we need to take a different view: to learn practical ethics as a framework for decision-making and knowledge in risk-assessment. Ethics in the form of addressing risks is a skill that helps to maintain a solid professional frame of reference to work from regardless of the type of client(s) we may encounter.

Ethics as risk-management

According to research conducted by Standards Australia, information about risks in business, professional practice, public expectation and personal safety needs to be continually updated. All industries require risk-management strategies including the massage industry. The key to managing risks can be in the ability to identify what the term 'at-risk' means, what constitutes a risk and how to assess risks.^{2,5}

We need to make the connection between risk-management and exploring what is ethical behaviour. The term risk essentially means where things can go wrong and what types of hazards compromise public, professional and personal safety.

In this context, it could be argued that safety is the key motivation for Massage Therapists to learn ethics as a skill.

The established therapist will often recognise how to reduce risks due to their knowledge and experience - what worked before will probably work again. However, many new therapists are entering the massage industry directly from tertiary education and do not have this advantage. Therapists working from home clinics are particularly vulnerable. Research demonstrates that most therapists in private practice are on their own with their risks. This is because there is not a lot of scope to share risks with other practitioners.⁴ In this light, professional networking takes on an added importance.

Conclusion

The days where ethics relied upon the therapist's existing values are no longer with us. The modern day Massage Therapist will view ethics as an educated skill, as massage moves within a fast-growing wellness industry. Working and living within a multicultural society requires the professional to work confidently from an ethically sound frame of reference. The ability to assess and maintain strategies in risk-management will allow Massage Therapists to build safety, rapport and an ethical reputation for themselves and their industry. Applied practically, it will also assist the Massage Therapist to build a sustainable, flourishing business.

References

1. Allhoff, F. and Vaidya, A. (2005). Business Ethics. Volume 3. Professional Ethics. London. Sage Publications Ltd.
2. Australian and New Zealand Risk-management Key Steps. <http://www.riskmanagement.com.au> sighted 07/07/2008.
3. Egan, G. (2002). The Skilled Helper. A problem management and opportunity- development approach to helping. Ch.15. p261. *The psychology of hope* 7th ed. Brooks/Cole
4. McBride, N and Tunnelcliffe, M. (2002). Risky Practices. A Counsellor's guide to risk management in private practice. Palmyra. W.A. Bayside Books.
5. Millan, N. (2008). Professional Esteem. Australia. Openbook Howden Design & Print.

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DVD Reviews

By Tyraus Farrelly

ASSESSMENT AND TREATMENT OF FIBROMYALGIA



Supplier: Complementary Health Seminars

Presenter: Steven Goldstein

Format: DVD - All regions, PAL

Duration: 2 Hours

Price: \$59.00 (Discounts apply to AMT Members)

Contact: 03 9481 6724

Producer: Glow Worm

Website: www.comphs.com.au

Complementary Health Seminars, one of AMT's preferred business partners, supplied a copy of Assessment and Treatment of Fibromyalgia for review.

Overall, this is a professionally produced DVD with very good audio and video quality.

The presenter, Steven Goldstein, has been a clinical massage practitioner since 1986 and a massage educator since 1992. He has taught what he calls Integrative Fascial Release, a unique blend of direct myofascial and indirect osteopathic techniques, in the United States and Australia since 1995.

The DVD is broken up into a lecture style, theoretical component and a practical demonstration. The lecture notes are available for download at the Complementary Health Seminars website www.comphs.com.au. My advice would be to download and print these notes prior to watching the DVD, as the slides are sometimes hard to make out on the DVD.

The DVD reviews the current research and gives references to the leading clinicians and researchers in the field. An outline of the current assessment and treatment protocols, (emphasising the importance of a multidisciplinary approach) and the current medical definition of fibromyalgia are discussed.

All known triggers and associated conditions, and the neuro-chemical and psychosomatic links to fibromyalgia are also presented.

The lecture then moves on to various clinical approaches for the manual therapist and what Mr Goldstein considers the two primary divisions or categories of manual treatment - direct and indirect. He defines both categories and gives examples of which modalities fit into each category and why. He then provides an insight into his own specialised approach to fibromyalgia treatment, which centres around an indirect approach.

In the practical component, Mr Goldstein demonstrates his treatment protocol on two volunteers. Though he explains the basis and purpose of each technique, one problem I had with the presentation was that the actual application of certain techniques was often obscured by the volunteer's body or the camera angle used. In my opinion, a better approach would have been a close-up view and explanation of how to apply each technique prior to demonstrating the technique within the sequence protocol. Multiple camera angles may have also been useful!

As previously stated, Mr Goldstein's approach primarily relies on indirect techniques. His rationale for this is that he is more concerned with the big picture, looking more at the direction of restrictions, than restrictions in individual muscles. His techniques are very gentle and subtle but he challenges us to look at the systemic effects that these subtle techniques have on the nervous system and our body and mind.

For many therapists not familiar with the more subtle techniques of positional release, concepts of bind and ease and first barrier restrictions, Mr Goldstein's approach can look less than effective.

In fact at times it may look like he is doing little at all! He invites the skeptics to look beyond what is done in their own practice and play with what he is showing them.

For those of you who firmly (no pun intended), believe in the more mechanical, direct approaches to soft tissue release, this DVD won't be for you. However, if you are not familiar with indirect therapies as a treatment paradigm then it provides helpful roadmarkers into various indirect therapies that are worth exploring.

That said, does the presentation contain all you need to know about Fibromyalgia and how to treat this perplexing condition?

Certainly not! However, it does give you a starting point with valuable resource links and an insight into the various treatment methodologies for this condition.

It may also open up a whole new world of study and research into the more indirect methods of manual therapy for those who have not been exposed to these before and are open to looking beyond their current approach.

At a glance:

- ☒ Excellent quality
- ☒ Good value for money
- ☒ Notes & resources available on web
- ☒ Valuable training aid for any level AMT member
- ☒ Technique application could be explained better
- ☒ Multiple camera angles would have been useful

Overall Rating

★★★★☆

Recommended viewing!

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

ORTHOPEDIC MASSAGE FOR COMPLICATED CERVICAL CONDITIONS



Supplier: Terra Rosa

Presenter: James Waslaski

Format: DVD - All regions, PAL

Duration: 1 Hour & 10 min approx

Price: \$85.00 (Discounts apply to AMT Members)

Contact: 0402 059 570

Website: www.terrarosa.com.au

Terra Rosa is also one of AMT's preferred business partners and has supplied the Orthopedic Massage for Complicated Cervical Conditions DVD for review.

This DVD is professionally produced, with great viewing aids such as the picture-in-picture cadaver dissections showing relevant points of anatomy to back up the treatment techniques being shown.

The presenter, James Waslaski, has produced 6 DVDs on sports injuries and complicated orthopedic conditions. He is an international lecturer running seminars each year in the US, Canada, Ireland, Scotland, London, Greece, Australia and the Caribbean.

The DVD takes us through a 12-step protocol covering such things as client history, range of motion and muscle testing, various treatment methodologies focused on structural integration, culminating in a client home care program of stretches and strengthening exercises to support the structural integration treatments shown.

Mr Waslaski starts the treatment protocol by demonstrating the importance of pelvic stabilisation and how this can be a major factor in common cervical entrapment neuropathies.

He goes on to demonstrate assessment and treatment of these conditions, including his own specialised approach for treating adhesive capsulitis of the hip.

Treatment and stretches to other hip muscles included the QL, Iliopsoas and the 6 deep hip rotators.

Treatment of cervical conditions focused on the integrated approach of releasing shortened, contracted muscle groups and strengthening their weak overstretched antagonist muscles. A common mistake he advises us against is simply treating the painful symptomatic area which is often weak, overstretched and ischaemic.

Throughout the presentation Mr Waslaski explains other common mistakes therapists make in their treatment approach, suggesting alternative methods. He demonstrates how to assess between muscle, capsular and bone-on-bone pathologies through joint end feel and gives us the tools to treat each condition.

His treatment approach is methodical and precise, showing a range of techniques to isolate and treat many of the deep cervical muscles and anterior chest muscles for such conditions as whiplash and thoracic outlet syndrome. Mr Waslaski presents the information in a clear and insightful manner. His use of anatomy models and other demonstration tools really helps to add to the already detailed instruction he gives throughout the DVD.

Now that I've blown the presenter's trumpet, here's the down side. There are a few things that could have been included in the DVD, especially considering it is barely over an hour in length and the format allows for much more.

Firstly, the DVD is called 'Orthopedic Massage for Complicated Cervical Conditions' and the front cover advertises that this includes thoracic outlet review. Yes, it includes some great treatment techniques for thoracic outlet syndrome. What it doesn't do, however, is adequately explain what thoracic outlet syndrome is or the different causes of this syndrome such as scalenus anterior syndrome, costoclavicular space syndrome, hyperabduction syndrome or cervical rib syndrome.

The inclusion of common tests for thoracic outlet such as Roos Stress Test, Wright test and Costoclavicular Syndrome Test would have been helpful.

This may seem like harsh criticism but with bodies such as WorkCover demanding evidence-based assessments to verify the need for treatment, pre and post treatment testing would go a long way towards validating treatment response.

Perhaps these areas are covered in another one of the presenter's titles, 'Orthopedic Massage for Thoracic Outlet and Frozen Shoulder' but I still believe it could have been covered even briefly here.

This criticism also applies to whiplash as this is also mentioned as a condition covered within the DVD. So I guess it's mostly a question of truth in advertising!

My final criticism is that, while there is a disclaimer at the beginning of the DVD, neurovascular precautions during some of the treatment needs to be emphasised. The DVD title alone suggested we are working with possible joint, bone or neurovascular involvements so all relevant precautions should be mentioned.

Having got that off my chest, this is a great DVD that all therapists would benefit from viewing. It is clear that Mr Waslaski is a knowledgeable and experienced educator and therapist. He presents a treatment method that I think would revolutionise the way many therapists approach and treat upper thoracic and cervical conditions.

At a glance:

- ☒ Excellent quality
- ☒ Great visual learning aids used throughout
- ☒ Fair value for money
- ☒ Valuable training aid for any level AMT member
- ☒ Only a little over an hour in duration
- ☒ Could of covered some areas in more detail

Overall Rating

★★★★☆

Highly Recommended viewing!

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Workshop Review: Traditional Cupping and Gua-Sha

By Dave Moore

The workshops reviewed here were presented by Bruce Bentley, one of AMT's accredited presenters. Bruce has an encyclopedic knowledge of cupping and related techniques which he has acquired during 30+ years of study. He also wrote his Masters thesis on the subject 'Cupping as Therapeutic Technology'. He has continued to study cupping around the world, visiting many exotic places in Africa, Asia, Europe and the Middle East, including historic research for the famous Wellcome Institute in London and for Rome University. He has also worked closer to home at the AIS in Canberra.

The two cupping workshops I attended featured Western and Oriental viewpoints in separate weekends. In both cases, we commenced with a discussion of the history of cupping, looking at some examples from Cave Art, Africa, Egyptian tombs, mediaeval wood carvings and Ancient texts. Bruce showed us some of his extensive collection of cups, acquired from around the planet. He related wonderful anecdotes - some quite horrifying - about his experiences studying cupping all over the world.

Cupping was popular in Western medicine right from the time of Hippocrates until quite recently. Bruce cited writings by several of the founding fathers of modern medicine that support the practice. Members of the workshop contributed to the lively discussion that ensued and shared their knowledge - the group came from a diverse ethnic background so many people had childhood stories of cupping done by Grandma or the lady up the street. It was fascinating to discover that cupping is strongly recommended in the Koran.

Bruce outlined the underlying fundamentals of cupping, including the many different types of cups available and how to judge the best quality.

We then examined approved methods of cleaning cups and, most importantly, safe work practices particularly in regard to the use of the flame to reduce the air pressure in the cups. Bruce regularly reinforced the safety message throughout the workshop. Contraindications were discussed in detail, followed by what happens during the cupping process and what the client can expect to feel.

The famous cupping marks – the ones that make you look like you've lost a wrestling contest with an octopus - were another interesting topic.



I guess the octopus won! ▲

We discussed the importance of advising a client before commencing cupping that these marks may result and that they may last for a week or more. Bruce explained more about the marks, emphasising the Eastern perspective that they are not bruises but manifestations of the stagnant blood and Qi being gathered by the cups. According to this perspective, the more toxins in the body, the more an area will mark. This is why two adjacent cups may produce markedly different results. Bruce went on to explain how to 'read' the colours of the marks and relate them to the client's condition. We were surprised to learn and later observe for ourselves that cups can withdraw cold from the body and also draw out a cheese-like substance from the skin which can coat the inside of the cup.

This hammered home that correct, hygienic removal and handling of used cups is really important.

In each cupping workshop we then went on to discuss conditions for which cupping was indicated. In the case of the Western Cupping workshop, one participant suffering from a heavy cold became an enthusiastic and extremely grateful demonstration model as her symptoms rapidly disappeared after the treatment!

The various techniques of cupping were demonstrated and practised. Stationary cupping, flash cupping and glide cupping were all introduced along with the various sizes of cup and suggested items that could be used (Pyrex mixing bowls! Vegemite jars!), the number of cups which could be applied in one treatment and how to position them. The important questions of how strongly to apply the cups and how long to leave them in place were also covered. We practised applying and using the cups with the flame and vacuum-pump variety.

The second day of each course was dedicated to demonstrations and practise of the application of cups for specific conditions, again from the Western viewpoint or the Eastern traditional medicine viewpoint. These demonstrations and practice sessions were extremely lively, with Bruce spicing things up with more anecdotes about his travel and studies. We looked at conditions such as the common cold, cellulite, sports injuries, joint pain and detoxifying just to name a few. In the Eastern workshop we also investigated applying cups to acupoints on the meridians described in TCM.

Bruce provided comprehensive course notes for each workshop which contained lots of additional information and reading. I was pleased to note that we did not suffer the 'Death by Powerpoint' mode of teaching and course notes.

The Gua-sha workshop was an addendum to the Eastern Cupping workshop so that we could examine this treatment using knowledge gained in the previous 2 days. Gua-sha is an ancient treatment that appears to date back to the stone age! In simple terms it is the scraping of lightly lubricated skin to raise a reddening of the skin with darker dots. It can be said to be "Acupuncture without piercing the skin" as it stirs up the Qi within the meridians and regulates the whole of the meridian.

We examined the history of the treatment and went on to discuss client preparation and the importance of informed consent as the treatment also leaves marks that can last for several days. The important areas of hygiene and contraindications were emphasised.

We learnt how to position a client and how to actually perform Gua-sha, with a stress on the importance of keeping the client warm both during and after the treatment. There is a specific order of treatment, working down from head to toe, with a diversion to the arms after the torso has been completed.

We looked at specific conditions and indications such as lower back pain, calf cramp and sprained ankle. And I can assure you that it was effective at relieving a chronic neck condition that I have had for over 20 years! We also examined Gua-sha as a preventive treatment to promote wellbeing.

Again, Bruce peppered the day with relevant anecdotes including one about a very successful Australian greyhound trainer who Gua-Sha-ed his dogs (which he claimed produced winners!) and then went on to use a rather brutal-looking metal device to treat humans!

Comprehensive course notes were provided for this workshop too, covering a wide range of subjects not included in the workshop to encourage further study.

To sum up, I had a great time! Bruce Bentley has an absolute passion for his subject and enjoys sharing his knowledge with others. If you are willing to think outside the square and are looking for a treatment to add to your toolbox, I can highly recommend Bruce's presentations.

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Rotator Cuff Tendinitis: Four Clinical Perspectives

In this new column, which we hope will become a regular feature of In Good Hands, we invite therapists to discuss and describe their treatment protocols for various presenting conditions. In this first outing, Paul Doney, Alan Ford, Colin Rossie and Kerry Hage generously share some clinical insights and experiences of treating Rotator Cuff Tendinitis.

If you would like to suggest a condition to be featured here or perhaps contribute to future columns, please email newsletter@amt-ltd.org.au with your suggestions.

The majority of times this condition has presented in the clinic, there has been little if any precipitating incident. I therefore see the tendinitis as secondary to the primary rotator cuff dysfunction and expect the tendinitis and any associated bursitis to resolve if the primary dysfunction is dealt with.

If the onset is associated with an identifiable trauma or there are other reasons to suspect trauma from lesser incidents (e.g. very elderly patients or a prior history of trauma) and investigations have not been performed, I will refer the patient to their GP for assessment (usually x-ray and ultrasound). Also, if the patient does not respond well to my initial treatment I will refer them for assessment if it has not already been done.

Please note that the following is a brief description of an 'average' treatment. Practitioners need to be observant and adaptable and not work to formulas. Although, for instance, a frozen shoulder can be treated with these techniques, a lot more observation, adaptation and judgement regarding dosage of treatment needs to be applied.

In an uncomplicated presentation I will assess the patient standing, looking at both static and dynamic posture (ROM) of the shoulder complex.

I am particularly looking for elevation or protraction (winging) of the scapular along with painful arc and/or inappropriate compensatory movements of the scapular during ROM. I also look for anteriority of the humeral head in the glenoid fossa, though I re-check this in the supine position.

I treat most rotator cuff problems in the supine position although I may do some preparatory massage +/- spinal manipulation in the thoracic region.

If the scapula is elevated I concentrate on releasing upper trapezius and pectoralis minor. If the scapula is protracted I release the serratus anterior muscle.

I generally treat these in the supine position but I occasionally treat the upper trapezius and levator scapulae muscles in a seated position using Positional Release (Counterstrain) or Myofascial unwinding.

Once these areas are cleared I reassess the shoulder complex in the supine position. If the humeral head is sitting anterior in the glenohumeral joint then I will generally treat it with a Positional Release technique. My next step is to assess passive abduction of the shoulder. If this is restricted I will release latissimus dorsi and/or subscapularis. If the release of these muscles does not achieve the full range of abduction then I will check the triceps. If adduction of the arm across the body is restricted I will release supraspinatus.

Once these motions are cleared I will abduct the shoulder to 90 degrees and (with the elbow at 90 degrees) test internal and external rotation of the glenohumeral joint. I take the position with the supine patient's fingers pointing to the ceiling as my neutral reference point. I am looking for 80-90 degrees of external rotation. If it is restricted I release the pectoralis major, either by Positional Release or by cross fibre friction of the muscle's origins around its sternal and rib attachments.

With internal rotation I am looking for 70-80 degrees without significant motion of the scapula. If this motion is restricted I palpate for and release trigger points in the infraspinatus and teres minor of the supine patient.

Often, when assessing internal and external rotation of the glenohumeral joint, it is apparent that the restriction is occurring at the elbow joint. This is often (but not always) associated with restricted supination of the forearm due to excessive tone in the pronator and wrist flexor muscles. This is common due to the need to pronate for prolonged (often stressful) periods of time with writing/typing/mousing.

It will be necessary to release these muscles (trigger point/cross fibre friction/ Positional Release) and the radiohumeral joint (manipulation or Positional Release/ Myofascial Release) before being able to obtain full ROM in external/internal rotation. The elbow is also strongly influenced by the biceps muscle and I will check that there is full range of extension in the elbow and palpate for trigger points in one or both bellies of the biceps brachii.

The imbalance in forearm pronation/supination can often be the primary cause of the rotator cuff tendinitis as it necessitates the inefficient positioning of the shoulder complex in order to accommodate the distal arm limitations. This leads to chronic muscle and tendon strain in the shoulder complex.

As a chiropractor, I will also look for restrictions in the thoracic and cervical spine that may need adjusting. Occasionally, I need to release lumbar and pelvic structures in order to free up the shoulder.

The above treatment would take me about one hour to complete. I might do this at a first appointment but following treatments would be more targeted and last for half an hour.

Paul Doney is a chiropractor who works with long consultations using massage, manipulation, Myofascial Release, Positional Release and Craniosacral Therapy. He works 2 days a week in a Natural Fertility clinic in Bondi Junction (www.BoostYourHealth.com) and 4 days a week in an osteopathic and chiropractic clinic in Cremorne (www.abodyofwork.com.au).

A LITTLE UNUSUAL BUT TRUE!

About a year ago a client came into my clinic with acute rotator cuff pain and almost no lateral rotation of the upper arm as well as extreme discomfort when attempting to upward extend the arm. The client had never experienced anything of this nature before and was a right hander, who used a mouse with the right hand and tended to be very dominant in this arm and hand also. During our interview phase of the treatment session I asked if there was anything at all that she could think of that may have attributed to the condition and she said no, nothing out of the ordinary had happened, no increase in workload, physical activity, strain or accident had occurred.

The compression of the anterior and medial rotators of the rotator cuff had caused numbness of the entire arm and muscle strain and headache on the left side of the upper shoulder and neck. On examination there was an obvious upper body forward rotation on the left hand side, dropped left shoulder of approximately 2 cms, and kyphosis more prominent on the left.

I began the treatment with range of movement and strength testing of the major rotator cuff muscles. A distinct lack of strength in lateral rotation and lateral elevation was apparent, acute discomfort was felt when moving into these positions and specific restriction was found in both of these positions.

My treatment consisted of trigger point therapy for the subscapularis, pincer palpation of pectoralis minor and major, muscle stripping of both of these muscles as well as clavicularis, teres, latissimus dorsi, deltoid and biceps brachia.

Under passive and under active engagement to the pec's, subscapular, clavicularis, teres, latissimus dorsi and biceps was also used prior to MET stretching for these muscles.

To assist in correcting the structural imbalances I gave strengthening exercises for the infraspinatus, supraspinatus, rhomboids and upper trapezius. Stretching exercises were given for the medial rotators, adductors and pectorals as well as the biceps brachia.

During the course of the treatment I again questioned my client on her 'out of the ordinary' activities in the past week. She said that the only non-routine thing she could think of was a concert she had attended. I then asked if she had held the concert booklet and applauded for an extended period of time - and at this point it became apparent we had found the source of the problem!

My client had bought a 20-odd page concert booklet, tucked it under her left arm for the entire concert 'to make sure no one would pick it up by mistake', and throughout the 2-hour event she had stood and clapped along with most of the songs. In my language that means static holding contraction of the latissimus dorsi and teres in particular. Repetitive shortening of the subscapularis, pecs, clavicularis, anterior deltoid and biceps brachia was almost certainly a major contributing factor in this particular case. Postural imbalances that had remained subclinical were perhaps rendered clinical due to this event.

A single 1-hour treatment and exercises relieved more than 80% of the presenting symptoms within 48 hours. Another 1-hour session a week later and all was well. There was no need for more treatment and plenty of referrals from family, friends and workmates have followed!

Just another average day in the clinic...

Alan Ford is well known to AMT members as a presenter, Journal contributor, active member in the ACT region and latterly, AMT President. He has a thriving practice in the Canberra suburb of Kingston.

AMT NEW MEMBERS

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Rotator Cuff Tendinitis: Four Clinical Perspectives (continued)

Clients with shoulder conditions often self diagnose and report having either frozen shoulder or "rotator cuff", as though that in itself is the name of a disorder! Often GPs tell their patient that is what they have without even looking at them.

All joints are a compromise of stability versus mobility. In the case of the shoulder, the requirement for mobility has the upper hand (excuse the pun). The functioning of the shoulder requires it to be a highly mobile structure, especially at the Glenohumeral Joint (GHJ). The four muscles of the rotator cuff (Supraspinatus, Infraspinatus, Teres Minor and Subscapularis) attempt to give it greater stability. They enclose the joint capsule, their tendon fibres often blending with the joint capsule, acting as soft tissue stabilisers for the GHJ. The highly mobile nature of the shoulder means they are readily susceptible to injury.

Tendinitis is an acute inflammation, often a partial tear of the tendon. Tendinosis is a more chronic manifestation, being disorganised and chaotic scar tissue within the tendon, the result of poorly healed past injury and poorly formed collagen. In extreme cases, tendons can be quite calcific.

Physiology and assessment

Supraspinatus acts to initiate abduction. Infraspinatus and Teres Minor act to externally rotate the humerus. Subscapularis internally rotates the humerus. As noted earlier, all four muscles stabilise the humeral head in the glenoid fossa, both in static posture as the arms hang by the side and dynamically during gait and in using the upper limb for activities such as reaching, eating and bringing objects toward us.

The movements available at the GHJ are flexion/extension, abduction/adduction and internal/external rotation. I would test all these to determine how the function is affected. Apley's scratch test in its various stages covers all of these movements.

Two tests that indicate general dysfunction in the rotator cuff complex are the Drop Arm test (also known as Codman's test) and the Abrasion Sign^{1,2}.

Many structures in the glenohumeral area can create pain (bursa, ligaments, nerves etc). With a client presenting with rotator cuff tendonitis or tendinosis, I would take a history, consider differential diagnoses and refer them to their medical practitioner for further testing if I sensed any red flags, had any doubts or felt further investigation or information was required.

Proceeding with treatment, initially I would observe the client's pain free active ROM then gently take them through passive ROM testing. I'd emphasise the need to do active ROM gently and would perform the passive ROM within their limit. The last thing I'd want is to further tear an already damaged tendon. For the same reason, any resisted testing should be done gently - if at all - with the emphasis on monitoring muscle function rather than opposing it. Avoid any extreme stretching with rotator cuff tendonitis. I would also avoid treatment techniques that involve an element of stretching, such as MET, CRAC or PNF. In the more chronic tendinosis scenario or in subacute tendinitis, these techniques could perhaps be used with appropriate care and caution. In partial or complete tears they should be avoided altogether.

After the initial health screen, questioning, ROM and special tests, I would then observe the client's total posture, noting any left / right differences in the shoulder girdles and anything unusual in their thorax and torso that may be contributing to their presentation.

I have two approaches to working with clients. One I term 'fix - it', where I'm working primarily with the local phenomena that clients present with on that day. The other is a more integrative approach, looking at the body globally and seeing local dysfunctions as part of that person's totality - an approach heavily influenced by my training in Rolfing® Structural Integration^{2,3,4}.

Often, when we're training as Massage Therapists, we are taught to view the musculoskeletal system as the 435⁶- 650 (approx)⁷ separate skeletal muscles that act in specific ways on the joints. From the structural integration perspective descended from Dr Rolf's work, an inverse view can be taken - that there is one fascial continuity, muscles being spacers within the fascia⁸.

Communicating openly with the client and sensing from the dialogue what they expect from the treatment and what will produce the best results given those expectations basically determines the direction I take (more 'fix-it' or more integrative). As a conscientious practitioner, I would always do the best for my client by utilising every technique in my therapeutic toolbox that seems appropriate for them. What follows are descriptions of possible methods of treatment, however, nothing is intended as rigid or prescriptive. One should be responsive to the client as they present. I fiercely hate the concept of formulas when applied to the body. As an ex-chef I much prefer the metaphor of a recipe that is adaptable to the circumstances at hand.

Much of what follows is from a fix-it perspective, as I feel Paul Doney has quite thoroughly addressed the wholistic perspective.

Remedial Treatment Perspective

In the acute phase, the treatment is protection, rest, ice, compression and elevation. Send the client to their doctor for testing.

In the subacute phase, the aim of the treatment is to decrease swelling, then work to bunch tissue into the area of injury to encourage collagen cross linkages and scar formation.

In the chronic phase, or if you are seeing the client for the first time, determine what rotator cuff muscles are involved. Palpate the myofascia to get a more discriminating sense of its condition, and to confirm or refute your observations.

Deactivate any obvious, palpable trigger points that are present, then continue and deepen the palpation so that you are working the myofascia, using both the gentle Barnes style myofascial release and the more direct myofascial techniques popularly associated with Rolfing^{9,10}. This latter could take two forms, either 'spots' or 'stripes'. 'Spots' involves palpating then holding one spot that feels restricted until the tissue changes texture and tension. 'Stripes' involves sinking into and then following a line of restriction within the myofascia, again sensing changes in texture and tension, similar to cold butter warming and giving way. One could use a variety of options as tools: the whole fingers, the whole palm, the finger pads, the thenar eminence, the heel of the hand, one or two fingers, the knuckles (either the proximal or the medial phalanges), the thumb pad, the distal phalanx of the thumb, and reinforced fingers.

Supraspinatus

Supraspinatus is the most commonly torn rotator cuff muscle. It initiates abduction and assists the middle deltoid in all abduction. However, it is nowhere near as strong as the middle deltoid. When in dysfunction, it can be active even with the arm just hanging by the side. The Painful Arc will be positive in the 85°-110° range, but I find this test moderately useless as it could also indicate other things, such as subacromial bursitis, calcium deposits etc. A positive Empty Can Test is an indicator of a supraspinatus tear. Various impingement tests (such as the Neer and the Hawkins-Kennedy)¹ also indicate supraspinatus involvement.

Initially, I would primarily target the belly of the muscle, continuing carefully into the tendon. View the tendon as a continuation of the fascia past where the muscle fibres finish: once the myofascia has been suitably addressed start working the tendon more specifically. In chronic or calcific tendinitis and tendinosis, tendon damage and reduced function is present but without the inflammatory process to initiate the repair. Transverse frictions to the tendon induce controlled damage, re initiating the inflammatory response and renewing the ability for repair. It also encourages increased vascularity in otherwise vascularly undersupplied tissue.

After working transverse, work along the line of pull of the structure with the intent of aligning the freshly redamaged tissue. Fibrinogen, the precursor to creating collagen fibres, realigns appropriately if encouraged in this way^{11,12}. I would be more circumspect with acute tendinitis and wait for the healing process to be under way before attempting transverse friction work. The two places on the tendon most prone to damage are the myotendinous junction (where the muscles cease within the connective tissue) and the tenoperiosteal junction where the tendon fibres insert into the periosteum of the bone.

All the techniques described above could be applied to the supraspinatus with the client seated or side lying. The 'U' formed by the clavicle and spine of scapula is a good spot to access the supraspinatus tendon, especially its myotendinous junction. The tenoperiosteal junction of supraspinatus is on the humeral head. To access it in order to apply transverse frictions, have the client side lying, involved side up, and passively extend the humerus. This moves the humeral head forward of the acromion allowing access to the tendon.

Subscapularis

If subscapularis requires work, I follow a similar protocol but with the client supine. Work the posterior aspect of the axilla, on the anterior surface of the scapula (just antero-medial to the lateral border of the scapula). Commence by applying a discriminating palpation, identifying the condition of the tissue, deactivate trigger points if present, and continue that discriminating palpation to work on the totality of the myofascia using the myofascial methods outlined above. Have the client's elbow flexed 90° and GHJ abducted 90° and externally rotated to allow greater access to the muscle.

Ask for movement, getting them to abduct further by reaching away with their fingers and then move back to 90° with their elbow leading the way. The subscapularis tendon is on the lesser tubercle of the humerus. When working it, be sure that it is what you are on.

If it moves in elbow flexion it is the long head of biceps brachii (a common mistake). Superiorly it attaches to the GHJ articular capsule, so again I emphasise the palpate / discriminate aspect of this work.

Infraspinatus

Infraspinatus rarely exhibits tendinitis, except as a result of impact injury. However, this muscle often has trigger points and the kind of chronic, fibrotic change associated with constant low-level stresses. This results from its stabilising role - when other rotator cuff muscles are damaged it becomes over-active.

To work supraspinatus, I have the client prone, GHJ abducted 90° and forearm dangling over the edge of the table (in more precise anatomical terms, the humerus is also partially internally rotated and elbow flexed 90°). Trigger points are almost always present so I deactivate them first. Then work, initially lightly with the finger pads, along the fibres from the medial scapula border to the insertion in the humerus. Have the client extend and flex the elbow joint as you pass along the muscle. You can gradually increase the depth of your work each pass and ask the client to increase the internal rotation of the humerus as they raise their forearm. Please note that increased depth does not necessarily equate with greater pressure, more a case of gently exploring and exploiting any opening that the tissue allows. With their elbow flexed, the client can also internally and externally rotate the humerus in an ever-increasing range as you work on them.

Teres Minor

When treating Teres Minor, I have the client side lying, arm abducted so that the upper arm rests on the side of the head. If the client's ROM doesn't allow this, have it rest on the table in front of them. Apply the same protocols as before, working along the muscle from origin to insertion. In my clinical experience, it is rarely a player in rotator cuff tendinitis but feels good to be worked. Damage is most likely in those who overdo weight training.¹³

Other considerations

From a global perspective, I would look at the position of the scapula and the forces operating on it. Pectoralis minor, serratus anterior, the rhomboids, coracobrachialis, levator scapulae and the trapezius all influence scapula position directly. Consider the myofascial sling created by the rhomboids and serratus anterior: the scapula can be viewed as a 'sesamoid' bone within this sling.

Don't overlook pec minor: it affects scapula position and in my clinical experience is usually a major player in clients with rotator cuff tendinitis. Pectoralis major and latissimus dorsi also affect scapula position indirectly. Omohyoid and sub clavus can be big players.

The function of biceps brachii and attendant muscles coracobrachialis, brachialis and supinator, can affect glenohumeral function. An obvious suspect is the middle deltoid: its function is intimately tied to supraspinatus.

Also, thoracic rotations are a major consideration in glenohumeral function. In scoliosis, for example, one scapula will be protracted, the other retracted; one in internal rotation, one external. Thus the forces operating on each shoulder complex will be different, which can either create or aggravate already existing tendinitis.

Don't forget the fascia, especially the clavipectoral fascia. Work around the clavicle can be helpful. Compensation is another factor: avoiding using the involved side will lead to overuse of the other side and the same condition manifesting. Also, trigger points from the rotator cuff muscles can refer into the wrist and lead to a mistaken carpal tunnel diagnosis

Colin Rossie has over 20 years experience as a bodyworker, originally as a Shiatsu practitioner and later a Remedial and Sports Massage Therapist, before becoming a Certified Rolfer® and Rolf® Movement practitioner. His work is firmly grounded in a sound knowledge of anatomy and physiology and western science, and an awareness of and exploratory approach to kinaesthetics.

References

1. Magee, D. J. "Orthopedic Physical Assessment" Saunders, 3rd edition 1997
2. Petty, N. & Moore, A. "Neuromusculoskeletal Examination & Assessment" Churchill Livingstone 1998
3. Sise, B. "The Rolting Experience" Hohm Press 2005
4. Maupin, E. "A Dynamic Relation To Gravity, Volume 1: The Elements of Structural Integration" Maupin, self published, most recent edition 2006
5. Maupin, E. "A Dynamic Relation To Gravity, Volume 2: The Ten Sessions of Structural Integration." Maupin, self published, most recent edition 2006

6. Gregor, R.J. 'The structure & function of skeletal muscle' in Rasch, P.J. "Kinesiology & Applied Anatomy" Lea & Febiger 7th edition, 1989
7. Tabners Medical Dictionary
8. Myers, T. "Anatomy Trains: Myofascial Meridians for Manual Therapists" Churchill Livingstone 2001
9. Smith, J. "Structural Bodywork" Churchill Livingstone 2005
10. Stanborough, M. "Direct Release Myofascial Technique" Churchill Livingstone 2004
11. Cantu, R. & Grodin, A. J. "Myofascial Manipulation" Aspen Publishers 1992
12. Various articles in Findley, T. W. & Schleip, R. "Fascia Research" Elsevier 2007
13. Simons, D. G., Travell, J.G. & Simons, L. S. "Myofascial Pain and Dysfunction: The Trigger Point Manual Volume 1 upper Half of Body" Williams & Wilkins 2nd Edition 1999

A MYOTHERAPY PERSPECTIVE

When treating any condition using Myotherapy, it is important to take into account the extent of influence of the particular injury or dysfunction, not only within the immediately effected muscles and connective tissue but also within the surrounding muscles and tissues. In the case of rotator cuff injury, it can sometimes be difficult to determine which particular muscle is truly at the root of the problem.

Myotherapy is a discipline with a foundation firmly based upon the treatment of myofascial trigger points. There are primary trigger points and secondary or satellite trigger points and these may be active or latent. When a trigger point is active it causes pain upon rest and during activity, as well as muscle weakness and a decrease in flexibility of the effected muscle.

A latent trigger point is one that does not cause pain upon rest but may be painful under active strain or applied pressure like during a treatment. Latent trigger points will also cause weakness and decreased flexibility in a muscle that may result in poor balance of muscular groups and a reduction in the coordination of said muscular groups upon activity/performance.

A primary trigger point is considered 'ground zero' in terms of muscle dysfunction. This is because trigger points, particularly active ones, will refer pain to other muscles which may cause secondary or satellite trigger points to become active and therefore painful and dysfunctional.

There are a number of modalities a Myotherapist may employ to help with the deactivation of myofascial trigger points. These include Deep Tissue Massage and Trigger Point Therapy, Myofascial Dry Needling, Cupping and active/passive stretch and release techniques. When treating any presenting condition, the Myotherapist will discuss the pros and cons of each treatment mode with the client and a treatment plan will be initiated.

It is important that the client is comfortable with the proposed treatment plan – you do not want to cause any undue stress in an already uncomfortable and/or painful situation. Although Dry Needling may be feared initially, it is an excellent treatment method because there is usually little to no pain associated with it. This is preferable to deep tissue or trigger point therapy as this can be quite uncomfortable, especially when chronic dysfunction is present.

As a Myotherapist, my primary aim is to deactivate any offending trigger points in the rotator cuff to restore correct movement, balance, strength and flexibility to the muscle or muscle groups affected. This may be accompanied by stretching and corrective exercises for the client to do at home to maintain shoulder health.

In terms of Rotator Cuff injury, there are a number of muscles that can be affected in turn when one muscle becomes dysfunctional. A Myotherapist should treat not only the offending shoulder but the asymptomatic one as well: although the non-injured shoulder is not currently causing pain, there is a reasonable expectation that latent trigger points will be present due to the increased use of the asymptomatic side as a compensatory measure.

Similarly, there should be some time spent treating the muscles of the chest and neck, as well as postural assessment and correction if needed.

I would commence the session by testing the different ranges of motion at the shoulder and the strength of each movement. This should help to clarify which muscles are involved. In the first treatment, I would address trigger points in all four rotator cuff muscles, as well as the trapezius, rhomboids, levator scapulae and triceps (particularly at the long head).

Take home advice would be heat (for post treatment soreness) and gentle movement through all ranges if there is no pain. Ice for inflammation at the attachments or a combination of heat and ice alternately in 5-minute blocks for \30 minutes total.

Follow up treatment one week later would address the rotator cuff muscles again and additional muscles from the first treatment, taking into account improvement in ROM, strength and reduction in active trigger points. I would add work to the pecs, lats and scalenes.

In the third treatment, I would again note any increases in flexibility, strength and decreases in pain; applying more focus to trouble areas. It may be appropriate to introduce some stronger stretching and gentle strengthening exercises at this stage.

The aim now is to lengthen the time between treatments and empower the client to maintain the condition themselves, with the guidance of the Myotherapist. Regular maintenance treatments may be appropriate.

It is difficult to predict how long it will take for rotator cuff injury to heal as there are various, complex factors involved. These include how long the client has been suffering the condition (is it acute or chronic?); what caused the injury in the first place (if it is an overuse injury, is it possible to modify the offending activity?); whether the client is willing to do at-home maintenance; and if there are any outside factors contributing to the injury (for example, stress or nutritional concerns). The list goes on ...

Kerry has been a Myotherapist for 4 years. She treats at 2 prominent multidisciplinary clinics in Victoria's southeast and believes that client education is as important as comprehensive multifaceted treatment.

■amt

10 reasons you should attend this year's Annual Conference

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Look forward to seeing you during the last weekend in October.

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2010

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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)
CUA formerly Credicare (ARHG)
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Health Insurance Fund of WA (ARHG)
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Teachers Union Health (ARHG)
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Westfund (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
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Grand United Friendly Society
HCF
NIB
Victorian WorkCover Authority

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

MBF
NRMA
SGIC (MBF Alliances)
SGIO (MBF Alliances)

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 and Two providers remain eligible.

Medibank Private
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Medibank Private recognises Senior Level One, and Two 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.

HBF requires you to apply directly. To register call 08 9265 6125.

ANZ Health Insurance (HBA)
Cardmember Health Insurance Plan (HBA)
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St George Protect (HBA)
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HBA require a nationally-recognised, diploma level qualification from a Registered Training Organisation. Existing Senior Level One and Two 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.

However, you will need to apply directly to Medibank Private and HBF. Medibank registration forms are available for download in the Health Fund section of our website. To register with HBF call 08 9265 6125.

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 2008		CEUs
6-7	Dorn Spinal Therapy. Presented by Barbara Simon. Sydney. Ph: 02 9918 8057	70
12-14	Onsen Technique Volume III (Cervical and upper Thoracic regions). Presented by Jeff Murray. Tweed Heads. Phone: 07 5599 2514	105
13-14	Muscle Energy Technique. Presented by Paula Nutting. Melbourne. Ph: 03 9481 6724	70
21	Hunter Branch Meeting. Merewether. Ph: 02 4952 8546	15
27-28	Dorn Spinal Therapy. Presented by Barbara Simon. Townsville. Ph: 02 9918 8057	70
30	Illawarra Branch Meeting. Corrimal Community Centre. Ph: 02 4283 8942	15

October 2008		CEUs
11-12	Western Cupping. Presented by Bruce Bentley. Melbourne. Ph: 03 9576 1787	70
18	Mid North Coast Branch Meeting. Port Macquarie. Ph: 02 6584 6661	15
19	ACT Branch Meeting. Fyshwick. Ph: 0480 238 274	15
24-26	AMT 19th Annual Conference. Melbourne, Victoria. Ph: 02 9517 9925	100
25-26	Trigger Point Workshop. Presented by Stuart Hinds. Melbourne. Ph: 03 9481 6724	70
26	Business Workshop. Presented by David Sheehan. Melbourne. Ph: 03 9481 6724	35
26-27	Traditional Thai Massage. Presented by Bruce Bentley. Melbourne. Ph: 03 9576 1787	70
28	Illawarra Branch Meeting. Corrimal Community Centre. Ph: 02 4283 8942	15

November 2008		CEUs
1-2	Tricks of the Trade. Presented by Jeff Murray. Tweed Heads. Ph: 07 5599 2514	70
1-2	Scoliosis - Treatment Protocols & Perspectives Influenced by the Roling Paradigm. Presented by Colin Rossie. Perth. Ph: 02 9517 9925	70
8	Business Workshop. Presented by David Sheehan. Melbourne. Ph: 03 9481 6724	35
8-9	Trigger Point Workshop. Presented by Stuart Hinds. Brisbane. Ph: 03 9481 6724	70
8-9	Corporate Seated Massage. Presented by Ron Saleh. Sydney. Ph: 0416 086 426	70
15-16	Chi Acupressure Workshop. Presented by Master Zhang Hao. Sydney. Ph: 02 9899 9823	70
15-16	Ortho-bionomy. Presented by Bruce Stark. Melbourne. Ph: 03 9481 6724	35
15-16	Dorn Spinal Therapy. Presented by Barbara Simon. Perth. Ph: 02 9918 8057	70
16	Hunter Branch Meeting. Merewether. Ph: 02 4952 8546	15
20-24	Neurostructural Integration. Presented by Ron Phelan. Ocean Grove, Victoria. Ph: 0419 380 443	175
20	Mackay Branch Meeting. Mt Pleasant. Ph: 07 4942 8481	15
22-23	Assessment Skills. Presented by Steve Jones. Brisbane. Ph: 03 9481 6724	70
22-23	Glide Cupping. Presented by David Sheehan. Melbourne. Ph: 03 9481 6724	70
22-23	Ortho-Bionomy Fundamentals. Presented by Anthony Swan. Canberra. Ph: 0412 286 385	70
25	Illawarra Branch Meeting. Corrimal Community Centre. End of Year Function. Ph: 02 4283 8942	15
29-30	Trigger Point Workshop. Presented by Stuart Hinds. Brisbane. Ph: 03 9481 6724	70
29-30	Manual Lymphatic Drainage. Presented by Michelle Yaffe. Brisbane. Ph: 03 9481 6724	70

December 2008		CEUs
4-8	Neurostructural Integration. Presented by Ron Phelan. Sydney. Ph: 0419 380 443	175
6-7	Manual Lymphatic Drainage. Presented by Michelle Yaffe. Brisbane. Ph: 03 9481 6724	70
6-7	Muscle Energy Technique. Presented by Paula Nutting. Melbourne. Ph: 03 9481 6724	70
16	ACT Branch Meeting. Fyshwick. Ph: 0480 238 274	15
20	Mid North Coast Branch Meeting. Port Macquarie. Ph: 02 6584 6661	15

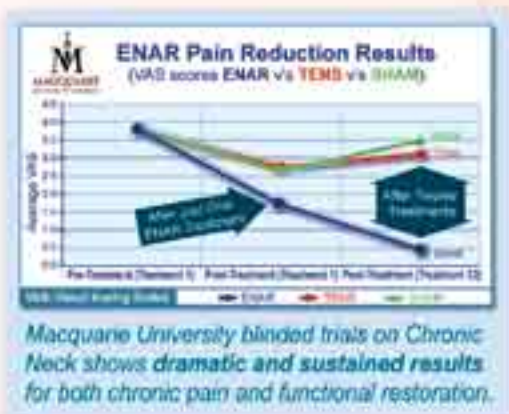
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