



## President's Report

### By Tamsin Rossiter

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Welcome to Spring and the September issue of In Good Hands! This time of year is highly conducive to a spring clean of our body, minds and attitudes. This 'cleaning out' can be applied to both our personal and professional selves. What a perfect time to reflect on our clinical practice and plant the seeds for new growth: a change in approach and attitude to continuing education; subscription to a massage therapy journal; purchase of a new massage text, or maybe delving into a few research articles.

Reflecting on our clinical practice can help us to determine how we can improve the provision of massage to our clients. However, self-evaluation can be a daunting proposition as it requires us to honestly critique our standards of practice. Are my business practices ethical? Are my treatments based on sound clinical reasoning? Is my approach to my work client centred or ego centred? Asking these kinds of questions can enhance our individual standards of practice.

On a larger Association level, the AMT Ethics Committee is currently developing a Scope and Standards of Practice for the profession. Progress will be recorded on the AMT Wiki ([www.amt-ltd.org.au/wiki](http://www.amt-ltd.org.au/wiki)). All members are strongly encouraged to take part in the process of devising standards for our profession!

The development of these policies will assist us in working together, with other massage therapists and professional associations, to establish national standards of practice which will form the basis of a regulatory model for formal government recognition of massage therapy.

The theme of our upcoming conference is 'Upwardly Mobile', with the dual focus of seeing ourselves as a professional community and viewing our clients in the clinic context. There are myriad ways we can apply the principle of Upward Mobility to our business and clinical practices. For example, building referral networks within our local community will enhance our own practice and simultaneously promote public awareness of the benefits of massage therapy. Similarly, giving talks on massage to schools, sporting clubs and community groups is an effective advertising strategy, as well as providing a platform to promote the broader massage industry.

The concept of a massage therapy community extends further than our own geographical and clinical boundaries: our professional community includes not just clinicians but also educators and researchers. For this reason, AMT has included an inaugural national educators' forum as part of the annual conference program this year.

As part of the forum, we have opened dialogue with both private and public Registered Training Organisations (RTOs) to gain feedback on the implementation of the Health Training Package (HLT07). We hope to establish a medium where educators can share their experiences and, perhaps, better manage the significant changes within the massage education domain. This will also hopefully pave the way towards standardising the delivery of training in Australia.

I look forward to meeting as many of you as possible at the conference.



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## Secretary's Report

by Rebecca Barnett

The roll out of the Private Health Fund Accreditation rules has been the primary focus of activity in AMT Head Office over the past 3 months. It has created a massive volume of work, with each of the fund groups requiring different kinds of reporting.

An enormous amount of time and energy has been invested in complying with the requests for member data by the funds. In spite of this, the transition to the new reporting systems necessitated by the legislation has been marred by a ridiculous volume of unnecessary correspondence from the health funds direct to members. In some cases, we have heard of practices receiving 40 letters from a single health fund! Given that we have been reporting to some health funds for close to 10 years now, it is difficult to imagine why they had so much trouble managing the data they have been sent.

Unfortunately, once AMT's current provider data has been sent from Head Office to the various funds, we have no jurisdiction or control over how it is processed. We can only hope that the various funds iron out the bugs in their administration soon.

### **Maintaining the currency of your health fund provider status**

It is now more crucial than ever to continuously maintain the currency of your senior first aid, insurance and continuing education, and send proof of these to Head Office. If you have pre-HLT qualifications and you drop out of the system due to lack of currency, you will not be able to regain provider status with most funds unless you update your qualifications.

### **It's insurance renewal time!**

Most of you would have received your insurance renewal notice from OAMPS during August.

This renewal also includes your Certificate of Currency. Please send a copy of this to Head Office, if you haven't already done so. We will be able to crosscheck payments directly against the records that OAMPS send to us but we still need a copy of the certificate.

### **Annual Conference**

Registrations are rolling in for our 20th Annual Conference. Breakout sessions are booking out fast so we advise you to register as soon as possible. One session is already full and several others are close to capacity.

To register online, follow the link from the conference section of the AMT website.

### **Associations Forum**

AMT is scheduled to attend a combined association forum on regulation of the complementary therapies. To date, 22 complementary therapy associations have been invited to the table and 13 have confirmed their attendance. These represent a broad spectrum of treatment modalities, including Reflexology, Bowen Therapy, Kinesiology, Herbalism, Naturopathy and Homeopathy.

The intent of the forum is to establish common ground and find ways of working cooperatively on shared agendas.

While AMT is delighted to cooperate wherever possible with our sister organisations, our core commitment remains the promotion of the Massage Therapy profession. Any proposed regulatory model that dilutes our capacity to promote massage as a distinct vocation is unlikely to have our support.

We reprint here the Position Statement we tabled for the Associations Forum.

## Massage for Special Populations

Welcome to this special, themed issue of *In Good Hands*. It's enormously pleasing to be able to introduce 3 new authors to the AMT Journal: Jocelyn Scherf, Julia Willoughby and Elsebeth Petersen. Julia and Elsebeth are no doubt known to many of you as exceptional educators in their respective specialties of pregnancy massage and lymphoedema management. We hope to feature more 'Special Populations' articles in the next issue of the Journal so if you have experiences and knowledge in a specialised area that you would like to share, please email [journal@amt-ltd.org.au](mailto:journal@amt-ltd.org.au) or call 0414 732 873.

## DEADLINE

**Deadline for the December 2009 issue of In Good Hands is: 1st NOVEMBER, 2009**

Please email contributions to:  
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## AMT POSITION STATEMENT ON THE REGULATION OF COMPLEMENTARY THERAPIES

### Background

Established in 1966, AMT is a not-for-profit company that represents around 1400 practising Massage Therapists and Massage Therapy students. It is the oldest association in Australia to represent Massage Therapy in its own right.

Since inception, AMT has been exclusively dedicated to the advancement of the Massage Therapy profession in Australia.

Key advocacy achievements include the following:

- AMT was the first Massage Therapy organisation to establish provider recognition agreements with a major private health fund. In 1982, HCF agreed to recognise AMT members as legitimate health fund providers. Throughout the 1990s, AMT built on this early platform, with over 50 third party bodies now endorsing AMT members for provider recognition.
- AMT lobbied the Higher Education Board and NSW TAFE throughout the 1980s for the inclusion of specific Massage Therapy training programmes. In 1988, NSW TAFE offered the first Massage Therapy course, the Associate Diploma of Health Science, based on a curriculum developed by AMT.
- AMT founded Massage Therapy Awareness Week in 1993 to increase public awareness of the benefits of Massage Therapy.
- AMT established provider recognition agreements for Massage Therapists with both the NSW and Victorian WorkCover authorities.
- AMT established a research fund in 1995 and has awarded two major research grants since its inception.
- AMT made a formal submission to the Department of Veterans' Affairs in May 2007 for inclusion of Massage Therapy in their suite of ancillary services. Negotiations with the DVA are ongoing.

### Governance

AMT is governed by a Board of Directors, who are nominated and elected by the membership. Elections are held annually and all positions are open for nomination.

AMT Directors are bound by the Constitution and the AMT Board Code of Conduct.

There are currently 5 committees performing specialised functions within AMT's governance structure: Discipline, Finance, Education & Research, Ethics, and Strategic Planning & Marketing. The operation of these committees is governed by specific Terms of Reference.

AMT's regional branches are managed by their own local Executive. All regional branches are accountable to the Board and are required to regularly report on their activities via the Executive Officer.

### Current advocacy projects

After 43 years in the marketplace, formal government recognition and public awareness of the health benefits of Massage Therapy are still at the core of AMT's strategic advocacy plan.

The AMT Board is committed to the promotion of Massage Therapy as a distinct profession, with a unique scope of practice, a definable body of knowledge and a discrete evidence base. Ultimately, we are working towards the acceptance and widespread use of Massage Therapy as a mainstream health intervention.

The AMT Ethics Committee is currently developing a Scope of Practice statement and Standards of Practice for our membership and the wider Massage Therapy community. In light of COAG's push towards national registration and accreditation for health practitioners, AMT believes that a clear and defined Scope / Standards of Practice for the Massage Therapy profession should form the foundations of any proposed regulatory scheme. These would also be a significant factor in fulfilling the government mandate for quality and safety in healthcare, along with a nationally endorsed Code of Conduct for Massage Therapists.

The AMT Board further believes that these Massage Therapy Standards and Codes should be written and endorsed by industry professionals, rather than imposed on us by government bureaucrats with little or no understanding of how the profession should operate. For this reason, policy development is an intrinsic part of our Standards of Practice project and is the prime focus of our current activity.

### The Government-Monitored Self-Regulation (GMSR) Model proposed by ATMS

The AMT Board broadly supports the kind of co-regulatory model outlined by ATMS in its GMSR document. However, given the single-modality focus of AMT's activities since our establishment in 1966, it is difficult for the AMT Board to embrace the concept of such a broad church of complementary therapies in a single regulatory scheme. There would seem to be little advantage to our constituency in adopting this kind of umbrella approach to regulation. Crucially, such an all-encompassing tactic would stymie AMT's capacity to fulfil our core vision of promoting Massage Therapy as a distinct vocation.

Further to this, the AMT Board believes that any attempt to devise a Scope of Practice that adequately encompasses the entirety of complementary therapies would result in an amalgam that is so broad and general it would be virtually meaningless. Indeed, it is conceivable that the impasse of producing such a wide Scope of Practice accounts for the rise of single-modality representative bodies over the past 20 years, as more discrete professions emerge from the pantheon of complementary therapies. The capacity for these single-modality groups to define a distinct vocational pathway, scope of practice and body of knowledge necessitates a fairly autonomous approach to policy-making, standard setting and advocacy.

Although AMT is happy to cooperate with our sister associations on regulatory issues wherever possible, our commitment will always be to the singular advancement of the Massage Therapy profession. This commitment is the value proposition that attracts members to AMT and, thus, is where membership revenue is singularly channelled.

The AMT Board maintains that our profession has earned the right to a regulatory framework that honours the vocation of Massage Therapy in its own right. We believe that the profession has developed sufficient maturity to achieve this.

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## News from the regions



### Riverina by Jodee Shead

Since the last issue of the Journal, the Riverina Branch has held our AGM. The lovely Kathryn Sim hosted the event in her hometown of Cobram. The following Office Bearers were elected:

Chairperson: **Lance Boyd**  
Secretary: **Jodee Shead**  
Treasurer: **Siebren DeBoer**

After the AGM, Siebren led a discussion on Ethics in the Workplace. It was fantastic to hear that we all take pride in our work ethics.

In May, the branch hosted an Onsen Therapy course run by Jeff Murray, with 11 local members in attendance. Feedback from the workshop was really positive - we were all a bit brain dead for a few days afterwards (information overload!) but Onsen is now being utilised by all who attended, with pleasing results in the clinic.

In fact, we were so happy with the workshop that we have conned Jeff into coming back to Echuca for Onsen II at the end of October. If you are interested in attending please contact me via email [moweld@supernerd.com.au](mailto:moweld@supernerd.com.au) or phone 0419 575 037.

Thanks to Jeff for travelling to Echuca for his presentation and for committing to returning one week after the annual conference in Sydney!

We are also planning to run Paul Hermann's Swiss Ball seminar later in the year. Discussions for this are still under way but we are all looking forward to it.

Well ... I am all booked for the conference in Sydney. See you all there.



### Hunter by Paul Lindsay

The Hunter Branch AGM was held on 19 July and the following officers were elected:

Chairperson: **Daniel Robinson**  
Secretary: **Paul Lindsay**  
Treasurer: **Cherith McInnes**  
Catering Officer: **Eleshia Venners**

The meeting was followed by a workshop on "Sciatica, Piriformis Syndrome and Hip Pain" presented by John Bragg. The event was well attended and members came away with useful 'tips and tricks' for their practices.

The first voluntary massage session with CanTeen was held on 30 May, with 15 attendees being taught basic hand and foot massage. The feedback was positive and the organisers are keen for us to include massage sessions at coming camps.

Our next meeting will be held on 20 September. Dr Stephen Kemp, a hand and arm surgeon, will be talking about shoulder problems.



### ACT by Robert Brown

ACT branch held their AGM on 2 July. The following office bearers were elected by the small group in attendance:

Chairperson: **Robert Brown**  
Secretary: **Maxine O'Callaghan**  
Treasurer: **Husam Sahib**



### Sydney South by Kelly Walker

There was a fantastic turnout for our June meeting, due to our guest speaker Warren Del Grande (Senior Pharmacist) and his associates. Their talk on Pain and Analgesics was both informative and easy to follow. The time went so quickly and questions were many! We certainly made good use of our speakers' knowledge and the brief time we had with them.

Our August meeting was a practical one, with Stephen Wetherby presenting on Self Care for the Massage Therapist. Stephen demonstrated techniques to balance our bodies in the context of our work as MTs. He has been in practice for 15 years so that seems proof enough that these techniques work!

Our next meeting is at 7pm on 7 October in the Miles Franklin Room at Hurstville Library. Our guest speaker will be Physiotherapist, Ann Byrne. Hope to see you there. For further information contact Rene on 9547 0158.

## Need CEUs?

Journal question -  
September edition

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## Benefits of Touch for the Elderly

by Jocelyn Scherf

From infancy to old age, touch can have a profound effect on us both physically and emotionally. Touch through massage is a particularly effective, positive treatment for the elderly, provided therapists consider and accommodate for their specific needs. Massage can improve an elderly person's sense of wellbeing and self-worth, while at the same time alleviating suffering from a wide range of health problems. Even a simple hand or foot massage can give an elderly person a greater sense of control over their situation and make all the difference to their state of mind.

### Physical benefits of massage for the elderly

Massage stimulates circulation, assisting with blood and lymph flow, softening of muscles, and relief of aches and pains. It has also been shown to strengthen the immune system<sup>1</sup>, which helps to prevent infections to which the elderly are especially vulnerable. Moreover, massage improves muscle mass and decreases the likelihood of uncomfortable muscle spasms and stiffness thereby promoting better range of movement and mobility.

Elderly massage clients report that their aches and pains are soothed, which in turn facilitates uninterrupted sleep. This has the flow-on effect of reducing anxiety levels, calming agitated states of mind and improving concentration.

Sensory stimulation is another benefit of regular massage for the elderly. The endorphins released heighten the sensory receptors that stimulate our senses such as taste, smell, hearing and sight, inducing a feeling of wellness as a consequence.

Another benefit of regular massage is that the need for pain medications is frequently reduced. Massage can be applied in conjunction with, or as an alternative to, pharmaceutical treatments to help the elderly deal with the pain and suffering caused by conditions such as arthritis.

Chronic pain may also be relieved through massage with the reduction in muscle spasms, cramps and tension.

Because massage stimulates the central nervous system, it can assist stroke victims or people suffering from muscle neuralgia. It does this by helping to stimulate nerve pathways and preventing a further deterioration of symptoms. Furthermore, massage assists the body's own natural mechanisms to heal and repair. For the elderly, this ability to improve and strengthen healing is specifically important when it comes to decreasing post-surgical recovery time. A recent study found that massage was an effective pain management strategy for acute, post-operative pain. It was also shown to ameliorate post-operative anxiety.<sup>2</sup> A shorter recovery time means that the elderly patient's likelihood of contracting an infection during recuperation is decreased.

### The emotional benefits of massage for the elderly

Through the power of touch, we can reach out to elderly people who are feeling lonely or isolated, especially those who have lost a spouse. Over time, one-to-one physical contact experienced by elderly people often diminishes and many feel that, although their basic needs are met, they remain starved of the nourishment that comes from intimate connections.

Massage provides an important emotional benefit for residents in nursing homes. Adjusting to the new nursing home environment and having to rely on others to care for their everyday needs can be a difficult transition for the elderly. By fostering a trusting relationship with their elderly clients, massage therapists can help them to develop more confidence and bring a sense of empowerment and control over their wellbeing.

In addition, a regular massage gives elderly clients something to look forward to - a chance to feel good about themselves and to enjoy the moment. The healthy social interaction that accompanies the massage also helps to lessen feelings of isolation and low self-esteem.

### Considerations for massaging the elderly

Chronic pain is prevalent in most seniors' lives. Eighty to eighty-five percent of people past the age of 65 will experience pain caused by a health problem.<sup>3</sup> Of these, twenty-five to fifty percent admit to having significant pain. For those living in nursing homes, this proportion increases from forty-five to eighty percent.

Elderly people suffer from a wide range of health issues such as osteoporosis, heart disease, arthritis, and diabetes. Each condition must be addressed and careful consideration must be taken. One of the ways we can achieve this is by obtaining a written consent from the client's general practitioner or specialist to conduct the massage. You will also need to tailor treatments to take into account contraindications that might be present due to prescription medications and physical health issues.

For example, if there is an issue with mobility, treatment times and positions will need to vary according to what the client can cope with. Simple matters like the pressure of the massage must be adjusted to suit, and painful areas such as infections and ulcers need to be avoided. In some cases, alternative ways of massaging may be necessary. It may be more appropriate to use reflexology, for instance, to assist with stimulating a particular organ or part of the body that cannot be touched directly.

Lastly, but essentially, make sure that the client feels safe and comfortable.

A calm setting for the massage with relaxing music, nice smelling candles, and a quiet room are all equally important in putting the client at ease. You must also ensure the person is easily capable of getting onto a massage table - lower the table and provide a step if needed. If the elderly client is unable to get themselves onto the table, consider that their bed or a chair may be more suitable.

From my own personal experience, most elderly people respond well to massage. All those I have treated have had different reasons for needing or wanting a massage. I have elderly clients with a range of medical issues: some have come to me for assistance with pain or discomfort and others because their family would like them to experience the benefits of a regular massage.



#### Case snapshots

##### Client 1 – Male, 84 years old

This man suffers from an ulcer on his ankle and his mobility is affected. He needs assistance with most tasks and has a regular weekly massage. The focus of the massage has been on his legs, to improve circulation and reduce any fluid or puffiness. I am also hoping that the treatments will strengthen his legs, improve his muscle tone and consequently prevent fatigue.

The client has reported a general reduction in pain and discomfort.

##### Client 2 – Female, 76 years old

This woman is wheelchair-bound and has a number of health issues. She has been having weekly massages on her back, neck and shoulders. One of her main problems is that she has trouble sleeping, is uncomfortable in bed and needs assistance with turning. This has resulted in sleep deprivation and chronic muscle stiffness.

This client reports an improvement with sleeping. She looks forward to her massage sessions and says that they make her feel empowered.

##### Client 3 – Male, 78 years old

This man suffered a stroke which paralysed the right side of his body. Most of the movement in his right side has returned, however, reduced blood circulation in his right arm and right leg is still prevalent.

Regular weekly massage has seen an improvement in both of these areas, and his hearing and speech have also been positively affected. Overall, he has seen improvement in ROM, mobility and strength in the right arm and leg. Activities of daily living have enhanced: he is now able to hold and carry objects with his right arm.

##### Client 4 – Male, 72 years old

This man suffers from dementia and a number of other health issues. His treatment includes a weekly back, neck and shoulder massage which soothes and relaxes his muscles, and encourages mental stimulation and heightened awareness.

There has been an overall improvement in the client's general health and mental responsiveness since his massage treatments began.

#### Conclusion

Massage therapy offers numerous benefits to the elderly, from the simple welcome relief of pain to the important emotional benefits that are often overlooked. As Australia's population ages, we need to adapt and accommodate our treatments to provide this much needed and much appreciated service to our elderly citizens.

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*Jocelyn Scherf has been an AMT member since 2000. After successfully completing a Diploma of Aromatherapy in the UK, she returned to Australia to further her studies at Nature Care College in Sydney. Subsequently, she and her husband sought a change in lifestyle and bought a house in North-East Victoria, where Jocelyn runs a small massage business. Jocelyn has worked with a number of seniors over the years and finds the experience very rewarding.*

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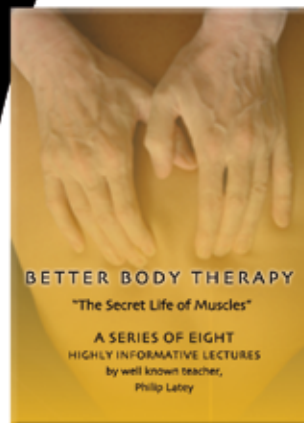
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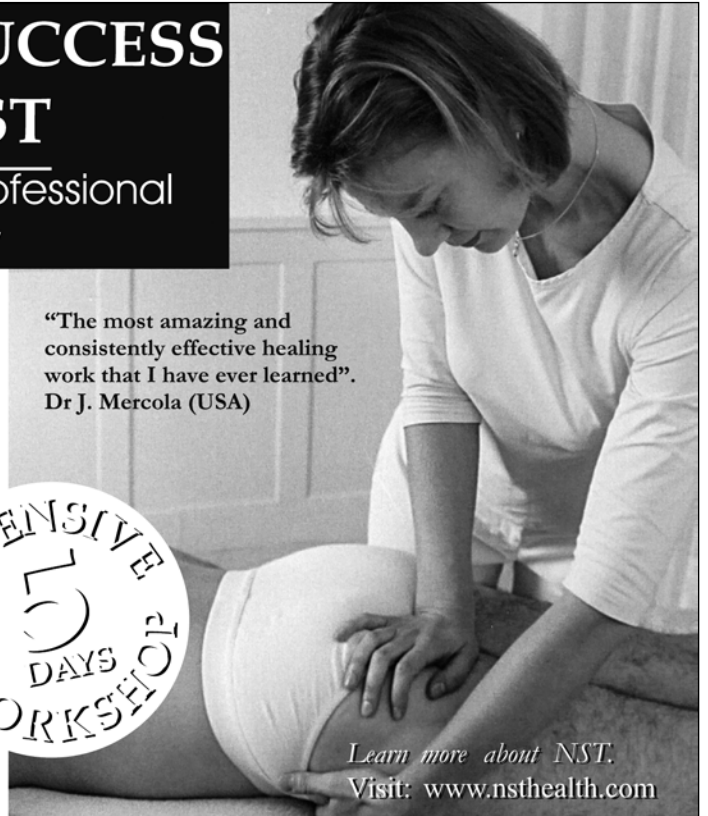
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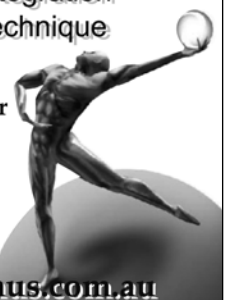
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# The Benefits of Pregnancy Massage

by Julia Willoughby

Women experience many changes during pregnancy, both physiologically and emotionally. They can face a variety of ailments such as heartburn, backaches, swollen ankles and fatigue, many of which are not alleviated by conventional medicine. As massage therapists, we have the opportunity to play a supportive role, together with other health professionals, in easing women through their unique journey with caring, nurturing massage.

Many therapists may feel hesitant about accepting pregnant clients and concerned that they may cause a miscarriage or do inappropriate massage. This article aims to alleviate concerns and encourage the promotion of massage during pregnancy as an essential part of prenatal and post-natal care.

Massaging a woman regularly throughout pregnancy offers many benefits which are likely to not only enhance her wellbeing but also provide tools and a deeper self-awareness to enable her to cope with labour and the post-partum period with more confidence and ease.

## Benefits of pregnancy massage

### **Relaxation and stress reduction, minimising the negative effects of stress on both mother and baby.**

The benefits of massage in alleviating stress are well known and documented.

Research on prenatal stress shows that its effect may include:

- increased maternal heart rate
- increased blood pressure
- vomiting and nausea
- spontaneous abortion
- toxemia and immune system dysfunction
- reduced blood supply to the uterus
- interference with foetal brain and central nervous system development
- higher incidence of miscarriage, prematurity, prolonged labour and postpartum complication

- increased perinatal foetal distress, low birth weight and infant irritability, restlessness, crying and digestive disturbances.<sup>(1,2)</sup>

Relaxation activates the parasympathetic branch of the autonomic nervous system, can steady blood pressure, pulse and respiratory rate, improve the immune system, reduce fear and anxiety, and increase blood flow to the uterus, placenta and baby.

The relaxation aspect of pregnancy massage is a vital component of each session and may be the first time that many women experience deep relaxation, stillness, calm and inner focus.

### **Improved circulation of both blood and lymph**

During pregnancy, blood volume increases by 30 – 50%, the heart enlarges and blood tends to pool in the lower limbs. Women may experience varicose veins in the legs and vulva due to the uterine compression of the iliac veins and inferior vena cava, which restricts blood flow, and higher levels of progesterone, which relaxes smooth muscle walls.

Increased interstitial fluid and circulatory restrictions can also result in oedema (swelling of feet and ankles – see later notes on precautions). Lymphatic drainage, Swedish massage and passive movement techniques can relieve these symptoms, as well as enhance the supply of nutrients and oxygen, and speed up the removal of waste products, thereby improving both mother and baby's health.

### **Alleviation of stress on weight bearing joints and musculofascial structures and pain reduction**

Back pain during pregnancy is common due to increased weight changes and postural adaptations. This pain is often the primary reason for women seeking massage therapy.

The pelvis tends to anteriorly rotate, increasing lumbar curvature and stretching the abdominal muscles (sometimes resulting in diastasis recti - separation of the rectus abdominis). Compensation occurs by leaning the upper ribcage posteriorly and jutting the head and neck forward. These changes can strain the posterior musculature creating pain and tightness as well as fatigue and trigger points.

Increased weight of the uterus is likely to strain the pelvic floor, rotate the hip joints externally and compromise the iliopsoas, as well as causing the medial arches to collapse, knees to hyperextend and calves to cramp!

Together with these postural challenges the hormone relaxin softens joints in preparation for labour, commonly leading to pelvic pain and instability.

Other conditions include sacroiliac pain, pubic symphysis dysfunction, referred pain from broad, round and sacrouterine ligaments, strain and compression of the lumbosacral joint, achy legs, carpal tunnel syndrome, leg cramps (gastrocnemius, peroneals, soleus), headaches resulting from tight neck muscles and hormonal changes, piriformis syndrome and thoracic outlet syndrome.

Massage therapy can considerably ease these stresses and conditions as well as help to maintain flexibility in muscles, ligaments, tendons and joints and, importantly, ease pain:

"The analgesic effects of massage are derived from improved venous and lymph circulation, the release of beta-endorphins and serotonin, and the psychological relaxation of a loving touch"<sup>(3)</sup>

### **Improvement of respiratory function**

Improved respiratory function is particularly beneficial for pregnant women. The need for oxygen increases by 15-20% and breathing becomes more frequent and difficult as the pregnancy progresses.

As the baby grows, the pectoral girdle tends to rotate anteriorly and the ribcage flares out and elevates during the second trimester. This can cause discomfort and pain. Myofascial release of the intercostals and trigger point therapy of respiratory muscles can assist, as well as stretching. Therapists can actively encourage fuller breathing by placing their hands on the lower ribcage anteriorly, posteriorly and laterally, and asking the client to breathe into the area.

### **Emotional support and nurturing**

Seeing a woman regularly throughout pregnancy facilitates the formation of a supportive and caring relationship, and may provide continuous care that is often lacking with other health care providers simply because of the current medical system. Women not attending a Birth Centre or having a homebirth may see different midwives on their visits to the hospital or have short, impersonal consultations with obstetricians. They may not have the opportunity to explore anxieties, fears or personal problems, or to develop a close relationship with one carer who will be with them at the birth. This lack of continuous care has been shown to be disadvantageous to women in labour, who fare much better with the support of a doula (birth attendant), massage therapist or caring friend.<sup>(4)</sup>

Massage therapists have the opportunity to listen in a non-judgmental and caring way to any concerns that may arise; to empower and encourage women to take responsibility for their birth; and to direct them to appropriate professionals where necessary. As therapists it is helpful to examine our own attitudes and beliefs around birth, making sure that we do not repeat 'horror stories' or negative views but instead foster feelings of positivity, excitement, courage and confidence in our clients about the impending birth of their child.

### **Birth Preparation**

Receiving massage provides a rich array of information and responses in a woman's body and increases her awareness and perception. She may be more able to listen to her body's messages during labour and birth, and tune in to what she needs to do to facilitate the process.

Developing this kinaesthetic awareness will help her to follow her body's lead during labour and she may well be able to draw on massage experiences of using the breath to release areas of pain and tension. During labour it is important to stay out of the 'thinking brain' and allow the instinctive, primitive brain to direct the process. Staying present, internal and feeling confident about the body's ability to birth are important factors in coping with labour. Many women attend Calmbirth classes<sup>(5)</sup> and yoga sessions to help them to enter a state of surrender, trust and inner wisdom during the birth process, all of which help the birth hormones to flow.

Massage will also increase muscle and joint flexibility thus enabling a woman to adopt active birth positions more easily.

The right brain is more dominant during pregnancy and labour, heightening internal orientation, emotional and perceptual sensitivity and increasing suggestibility. Positive messages and visualisation, therefore, become an important tool for both birth preparation and labour.<sup>(6,7)</sup>

During treatments, consider including images and positive messages, which have maximum impact on a relaxed mind and body. For example "Imagine your breath is like a radiant, warm light which you can breathe all the way down to your baby, surrounding him/her with your love. See how easily your body lets go and will do so to birth your baby".

### **Reduction of pain during labour**

Massage therapy during labour can shorten labour, reduce the need for pharmacological pain management and improve infant wellbeing.<sup>(8)</sup> It can break the cycle of 'fear/tension/pain', increase endorphin levels and provide nurturing, caring support essential to the progress of labour.

### **Improved recovery post-natally**

Receiving massage after the birth of the baby can reduce musculoskeletal pain and fatigue from birth, as well as help a new mother cope with the demands of a new baby. A mother massaged during pregnancy is also more likely to touch and massage her newborn, perpetuating the vital cycle of loving touch for health and happiness.

### **PRECAUTIONS**

When treating a pregnant woman, use an appropriate client information form geared to possible pregnancy conditions. It is advisable to ask pregnant clients to fill in a form listing possible pregnancy complications, conditions and musculoskeletal problems. Check at each subsequent session that there are no new conditions presenting.

Obtain the permission of the client's health practitioner if there is any doubt as to the safety of giving massage with a particular condition.

The usual precautions of massage should be observed plus additional precautions as follows:

#### ***Avoid deep work, percussion/tapotement, trigger point therapy on the legs due to the increased likelihood of blood clots during pregnancy.***

The tendency towards clotting in pregnancy is due to decreased fibrinolytic activity and the fact that clots are more likely to occur in veins with a sluggish flow (deep iliac, femoral and saphenous veins). Clots need not pose a major threat unless inflammation and/or infection (thrombophlebitis) develops or a clot is dislodged and moves into circulation, occluding smaller vessels in the lungs, heart or brain.

We need to avoid techniques on the legs that may dislodge clots, such as deep compression, cross fibre friction, percussion, ischaemic compression and acupressure, especially on the medial aspect of the legs.

Lymphatic and Swedish techniques, plus passive movements and other non-invasive methods, are all suitable.

Observe these precautions for 8 - 10 weeks post-natally as well, when the risk of blood clots is still present. Avoid massaging the legs of women on bed rest or recovering from a c-section until they receive clearance from their caregivers.

#### ***Position clients safely according to their stage of pregnancy***

During the first trimester, women are usually comfortable in supine and prone positions with extra pillow support if needed (breasts may be enlarged).

After 4½ to 5 months, lying flat in supine is no longer safe because of the weight of the baby compressing the inferior vena cava, causing Supine Hypertensive Syndrome. A small foam wedge may be used under the right hip to tilt the weight of the baby off the inferior vena cava in supine position for short periods of time.

Side lying or semi-reclined are the preferred positions after 4½ months.

Comfortable side lying can be achieved with the use of plenty of pillows, a foam wedge or body cushion. Adequate support is needed under the head and top arm and the thigh, knee, lower leg and foot so that they are in line with the hip to prevent any strain on the sacroiliac joint. In late pregnancy, many women enjoy a small wedge pillow under their abdomen as well.

Prone positioning should be avoided especially on a flat therapy table or those with cut-out ovals. Osbourne-Sheets<sup>(9)</sup> observes that the prone position can shorten posterior musculature, compress lumbar vertebra and lumbosacral junction, rotate sacroiliac joints and put increased strain on sacrouterine ligaments. Use of modular body cushions (available from the US) and belly bags (specifically designed bean bags with a hole for pregnancy) may modify these problems and be appropriate to use for short periods and light work.

However, side lying is an excellent position for remedial work on both the pelvis and the pectoral girdle and is the safest option, especially for late pregnancy.

In the supine, semi-reclined position the woman should be sitting at about a 45-degree angle and have her lower legs elevated with pillows, as well as adequate lower back support. Sitting is also a viable option but because lymphatic drainage of the legs and deep relaxation is important, it is best to not use a seated position for the whole of the massage unless the session is short.

#### **Gestational Diabetes**

Gestational diabetes affects approximately 3% of pregnant women and is usually controlled by diet and exercise. Massage is not contraindicated.

#### **Conditions where massage is contraindicated**

You should also check for signs of the following:

**Thrombi:** check for heat and swelling in legs, pain on performing Homan's sign. If these are present, massage is contraindicated.

**Pre-eclampsia:** swelling of the hands, face, legs and feet accompanied with pitting, systemic oedema, sudden, rapid weight gain and high blood pressure are possible symptoms of hypertensive disorders and pre-eclampsia. These require immediate medical attention. Massage is contraindicated.

In late pregnancy, swelling of the feet and ankles is normal and occurs in around 75% of women, especially during summer. This can be addressed through lymphatic drainage techniques.

Other contraindicated conditions include:

- signs of miscarriage (bleeding or haemorrhaging)
- fever
- signs of premature labour and abruption placenta (placenta is dislodging from the uterine walls).

Care should be taken with women with a history of heart disease or current heart problems - full body massage and lymphatic drainage should be avoided in the third trimester when the strain on the heart is the greatest. During early pregnancy obtain the clearance of a medical practitioner before proceeding.

#### **Further considerations and precautions**

##### **Avoid deep pressure on the abdomen throughout the pregnancy**

During the first trimester, use very light pressure or avoid the abdomen (general emphasis should be on relaxation). Throughout the rest of the pregnancy use soft, open hands, rocking movements and light stroking.

##### **Avoid deep sustained pressure on specific acupressure points used during labour**

Whilst it is extremely difficult to stimulate the onset of labour before the baby and the body are ready, it is prudent to avoid deep, sustained pressure on these points during pregnancy. There is some disagreement about which points should be avoided.

Use common sense and do not avoid the area completely, just use normal to light pressure.

Specific acupressure points usually include Spleen 6 (4 finger widths proximal to malleolus, along medial tibial border), Large Intestine 4 (at junction of thumb and index finger), and Gall Bladder 21 (halfway between nape of neck and acromion at trapezius apex).

Some reflexologists advise to avoid massaging the uterine and ovary reflexes in the middle of the lateral and medial ankle bone. However, Dr. Gowri Motha, a wonderful obstetrician who is trained in Ayurvedic and western medicine, offers reflexology at her London clinic and regularly uses these points to balance the organs and glands.<sup>(10)</sup>

Bear in mind that, even with the intention of stimulating an abortion in the early stages of pregnancy, it has not been proved easy to make this occur.

#### **Regularly ask the client for feedback about pressure**

Although deep work is sometimes necessary and appropriate, it should still fall into the 'good pain' category (6-7 in the scale of 1-10) or less if the woman prefers. Use the engagement of a woman's breath to help release discomfort - a great preparation for labour too - and always be guided by her preferences. Only do deep work where necessary rather than as routine. The pelvis needs to stay stable.

#### **Take care not to overheat your client**

Pregnant women are warmer than us. Adjust room temperature accordingly and use heat packs for a maximum of 20 minutes, taking care to avoid areas close to the baby.

#### **Adapt the session according to your level of training and experience**

Offer Swedish/relaxation massage if you have limited experience in treating pregnant women. Otherwise, it is still advisable to do further reading about pregnancy massage and/or undertake specialised training in the field if you intend to work regularly in this area.

### Conclusion

The benefits of massaging women during their pregnancy are so evident that regular sessions are an essential part of prenatal care and make a significant difference to the physical and emotional wellbeing of both mother and baby. As therapists we can offer women so much more than just great massage therapy: we can offer them empathy, encouragement to trust and listen to their beautiful bodies and suggestions to take an active role in the birth of their babies. If we are very fortunate, we may have the privilege of being invited to attend the birth and be part of a very special and deeply moving experience.

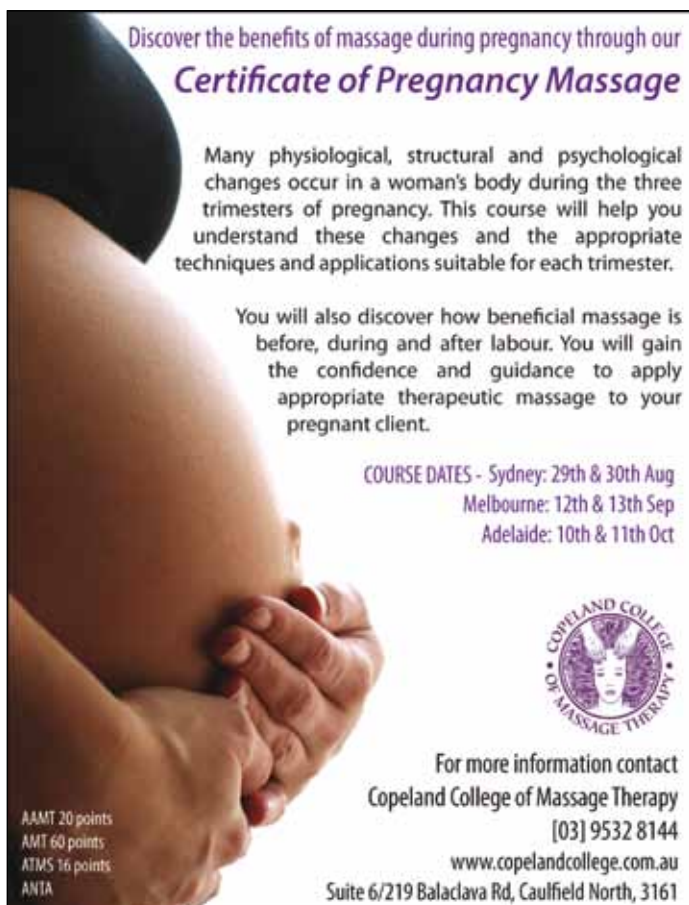
I hope that next time a pregnant woman calls for an appointment, you will be able to greet them with enthusiasm, knowing that you will not only be nurturing and caring for the mother but also for the baby, and that you have the ability to make a truly significant difference to the beginnings of their journey together.

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## Massage and Lymphoedema

by Elsebeth Petersen

At some stage in the career of a massage therapist, a client with lymphoedema will walk into the clinic. With an average of 3 in 10 people experiencing cancer, one of those 3 will experience a degree of lymphoedema. (Treatment for cancer is the leading cause of lymphoedema in the western world.)

It's very easy to fall into the trap of thinking that lymphatic drainage training will equip us with enough skills to manage the lymphoedema patient. However, the lymphatic drainage training that many colleges offer as an introductory course or as an elective within a Certificate IV or Diploma does not usually cover lymphoedema to the depth that the health community expects.

It is difficult for members of the public to make informed choices about lymphoedema management: they are pretty innocent in terms of understanding the distinction between lymphatic drainage training and specific lymphoedema management training. They unsuspectingly look up advertisements and select a therapist who cites lymphatic drainage as one of their skills.

This is a tricky scenario because lymphatic drainage training gives you the ability to work well with many situations, so you would not naturally take the step of qualifying your advertising with the caveat that lymphatic drainage does not include lymphoedema management!

Speaking from personal experience, I removed the reference to Lymphatic Drainage from my promotional material after seeing my first lymphoedema client - to me, any appearance of floundering was a bad advertisement.

I came across a document that the Lymphoedema Association of Australia (LAA) recommended for patients to use in interviewing a prospective therapist.

I would have been abandoned after question 1!

**1. Do you provide full Complex Lymphatic Therapy?**

**Yes:** Go to question 2. (Make sure you check the details of CLT!)

**No:** Be cautious.

**2. Will you help me decide the best combination of therapies given my geographical, financial, social and other circumstances?**

**Yes:** Go to question 3.

**No:** Try elsewhere

**3. Is the therapist on the LAA list or have they been trained in the Fold School or Dr Vodder School or another world-recognised school?**

**Yes:** Go to question 4

**No:** Ask if someone on the LAA list will be supervising your therapist and how closely.

**4. Are you (or someone else trained in compression bandaging) available over the weekend if my bandage gets too tight?**

**Yes:** Go to question 8.

**No:** Be cautious. It is important that the compression bandages are applied appropriately and, if too tight, reapplied. If this is the case over the weekend, someone trained in the technique needs to be available to reapply the bandaging.

I then pursued further training in lymphoedema management!

At the time, I really wondered what on earth I was doing. I adored manual drainage and suddenly I was plunged into garment fitting, compression bandaging, volume calculation and much more as well, all of which are described as **best practice in the management of lymphoedema**.

They are called one of the following: Complex or Complete Lymphatic Therapy (CLT)

Complete Decongestive Therapy (CDT)  
Complex or Complete Physical Therapy (CPT)

For those who do not wish to tread that professional pathway, it may be prudent to remember that most clients who arrive in the clinic with lymphoedema will have a history of cancer. This being the case, every change in the client's health status may be a sign of the cancer returning e.g. sudden swelling; rash like changes; bruising-like appearance on the affected limb; fatigue; inability to mobilise a limb etc.

A referral back to the doctor is the best course of action, as the priority then becomes the cancer returning, rather than a contraindication in terms of 'spreading the cancer'. (With the exception of lymphatic cancers, it is now appreciated that massage will not spread cancer - that there is a far more complex mechanism involved than previously understood.)

One of the best aspects of a lymphoedema management course is gaining comprehensive knowledge of the theory of fluid movement in the body. With this understanding, the impact of many other conditions and medications is appreciated and the implication for the timing of manual drainage then becomes obvious. (For example, it is not good timing if there is either local or systemic dehydration. Also, you need to work very carefully if medication has increased the permeability of the blood vessels.)

The American author, Gayle MacDonald, has written enormously practical recommendations for the therapist working with cancer. There are also Oncology massage courses to familiarise you with manual work on the cancer patient.

Soft tissue tension is sometimes part of the problem - almost as though there is a damming effect of fluid distal to the region of tension.

So how can you employ your remedial massage training to treat a client who has soft tissue tension **and** lymphoedema?

The following simple steps may help you approach this scenario. A key point to remember is that remedial work will increase the filtration of fluid from the blood capillaries (hyperaemia) in the area. It is the main reason why we don't generally mix lymphatic work with remedial work – because they create contradictory results.

- Prior to any remedial work, clear the area to be worked on and a good peripheral region (approximately 20cms) with lymphatic drainage strokes. The direction of these strokes should be away from the area of tension. This could well mean that you are working against the natural drainage pattern.
- Use reflexive methods rather than deep work wherever possible. Myofascia work can be particularly useful.

- If using frictions, keep the strokes short. After every 5th or 6th stroke, do further lymphatic strokes to clear the local area of work.
- Change the area of focus i.e. go away from the area you are working on, work on another region, and then return to the first spot. Do this periodically to avoid hyperaemia and inflammation.
- Avoid using any oil or you will find that the drainage strokes do not target the metabolic waste produced by the frictions as easily.
- Finish with further lymphatic work to the area.
- Also treat the affected limb - at least the part just distal to the site that you have been working - using strokes that take the fluid towards the trunk. Bypass or 'sweep around' the area of muscular focus that you have treated.

- If the area requiring remedial attention is in the vicinity of a port-a-cath, recent radiation and or surgical scars, then it would be best to postpone the work until healing from these is complete.
- Refer the client to a therapist with lymphoedema management training if they are not already in the care of one.

*Elsebeth Petersen has specialised in working with lymphoedema for the past 16 years. She has studied in America, Germany and in Australia, with the Casley-Smiths. She currently has practices in Canberra and the Southern Highlands of NSW. Her professional scope also includes teaching CLT courses (Management for Lymphoedema).*

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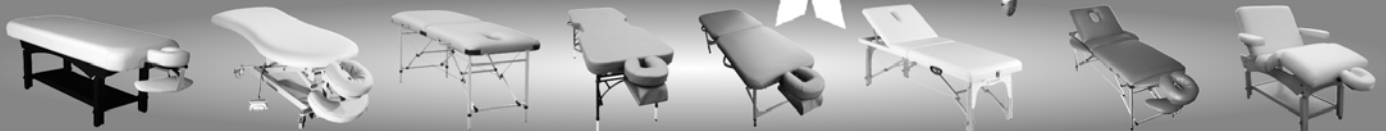
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## Autism and Asperger's Syndrome

by Colin Rossie

This article is based on the observation of over 40 clients over the last 9 years. Although clinical anecdote is no substitute for solid research, it can inform the way we work and become the raw data for further hypotheses. I would be interested to hear the experiences of other therapists who have worked with clients who have Autism or Asperger's, to further the observations, experiences and thoughts I have recorded here.

The classical view of Asperger's Syndrome (AS) defines it as an Autism Spectrum Disorder characterised by abnormalities of social interaction and communication that pervade the individual's functioning, and by restricted and repetitive interests and behaviours.

I have worked with people from both the Autistic and Asperger's community over a wide age range. I would differentiate Asperger's from Autism, even though the DSM IV puts it into the autism range of disorders (see diagnostic criteria opposite). To me, there is a world of difference between the two.

My clinical observations and experience suggest that autistic people tend to look inward and minimise engagement with the external world, which they are easily stressed by. In stark contrast, those with Asperger's (commonly called 'Aspies') actively engage with the external world but in a way that is reminiscent of children. They tend to be enormously enthusiastic about a very narrow range of special interests that absorb their full attention - they are often interested in everything but obsessively focused on their specific 'thing'.

### Social factors to consider

Symptoms often associated with Autism and AS, such as ADD/ADHD/lack of focus, may be secondary to not receiving appropriate support or to poor diet.

AS clients can become easily bored with routine: if it does not support where their mind travels, they can appear absolutely disinterested.

Often the neurotypical world does not treat Asperger's as a unique variation of the human experience with equal validity, rather trying to make Aspies conform to behaviours that are foreign to their way of being. For them, it is hard being the square peg in a round hole. If being academically bored is not recognised it can lead to high school dropout.

In extreme cases, not being diagnosed can lead to violent behaviour (both physical and/or verbal); social and academic failure; drug and alcohol abuse; inability to form or maintain relationships and other self-destructive behaviours.

Socially and emotionally, Aspies are like children for life, needing a lot of hard work, nurture and support. If they receive this, they can blossom and their high intelligence and special talents can contribute positively to the world around them. To use a motor vehicle as an analogy, not all the emotion cylinders are firing and there may be a timing problem with those that are.

### Treating clients with Autism

Generally, I find those with an autism diagnosis difficult to co-opt into the treatment process. This has certainly been my experience in trying to engage autistic clients in the Rolting process but I suspect it applies equally to massage and other forms of bodywork.

Depending on the degree of autism and age, responses can range from:

- **Complete lack of involvement.** This is generally the case with extreme autism and the very young. It also often applies to clients who have been 'sent' along by anxious parents/ caregivers)
- **Mild interest.** Treatment is a nice thing to look forward to but there is no true engagement. This response generally applies to moderate autistics, adolescents, older children and curious adults.

- **Obsessive engagement.** It is impossible to predict the particular demographic that is prone towards this response. I have treated a 9-year old autistic boy who, after his first session, read everything he could about Rolting and wanted to come every day for 10 days! Some autistic clients Google more info than either you or I would know was even available.

- **Anger.** This response generally comes from adults or those unhappy at being 'sent' by somebody for the treatment. Colleagues have also noted that it can be a problem if the autistic client has been sent for work by a parent, caregiver or partner. However, in my experience, it would be unlikely to get an autistic client any other way - bodywork would not be on their horizon under normal circumstances.

If the client has been 'sent' along, they may have a vested interest in the treatment failing and only show for a single session. I've heard variations on the following "See! Happy now? I've done that massage thing you wanted me to do!"

Occasionally, even if the work has been exceptionally gentle, the physical contact can simply be too much and too confronting.

The most recurrent clients are those whose autism is not too severe.

### Treatment Approaches

Without trying to sound too prescriptive, I have found the following approaches generally work well.

Commence with light touch in one area, without moving too much or too quickly, then gradually increase the compression/pressure. As the client becomes accustomed to the contact, change the contact and recommence with light pressure, again increasing it to the client's comfort without moving the position.

If I can engage the client, I will involve them in movement but this is not always easy.

Set it up really well - explain and demonstrate what you want and encourage them gently. Applaud their efforts no matter how far removed it is from what you would have liked the outcome to be.

Parents/caregivers of my autistic clients have reported that they tend to get more profound results from cranial work. Not having done much cranial training, I tend to refer all ages to the local osteopath, so they receive cranial work concurrent with my work.

It is not unusual to see autistic clients only a few times. Sometimes the client or their caregiver opts entirely for cranial work. Sometime impatience is a factor - when the work is not the magical, quick fix, silver bullet with immediate payoff.

#### Treating clients with Asperger's

Aspies are commonly reported as being awkward, ungainly, clumsy, stiff and uncoordinated. While this holds true for the majority, in my observation a sizeable percentage (perhaps 20%) have an exceptional grace, coordination and balance in their movement. A deciding factor seems to be their experiences and training early in life – early exposure to dance, martial arts or yoga seems to be a significant factor in enhancing coordination and movement. Weights and gym work do not seem to have the same effect.

If the Aspie client has been 'sent', the main trick is to engage them in the treatment process. Once you've done that, they can be the most enthusiastic, compliant clients you will ever treat.

If they have come of their own accord (movement and coordination problems sometimes bring them), I generally find they are meticulously researched, having Googled not just the therapy but also the practitioner to within an inch of their internet bandwidth. This can be totally unexpected and a little unnerving!

The AS client will also tend to take you very literally - be prepared for the odd turn of phrase, the peculiar emphasis on words and patterns, the overdoing it, and the enthusiasm that can border on extreme.

Once you have engaged them, they can talk endlessly about the minutiae of their responses to the work you undertake together.

#### DSM IV Diagnostic Criteria for Asperger's Syndrome

- (I) Qualitative impairment in social interaction, as manifested by at least two of the following:
  - (A) marked impairments in the use of multiple nonverbal behaviors such as eye-to-eye gaze, facial expression, body posture, and gestures to regulate social interaction
  - (B) failure to develop peer relationships appropriate to developmental level
  - (C) a lack of spontaneous seeking to share enjoyment, interest or achievements with other people, (e.g.. by a lack of showing, bringing, or pointing out objects of interest to other people)
  - (D) lack of social or emotional reciprocity
- (II) Restricted repetitive & stereotyped patterns of behavior, interests and activities, as manifested by at least one of the following:
  - (A) encompassing preoccupation with one or more stereotyped and restricted patterns of interest that is abnormal either in intensity or focus
  - (B) apparently inflexible adherence to specific, nonfunctional routines or rituals
  - (C) stereotyped and repetitive motor mannerisms (e.g. hand or finger flapping or twisting, or complex whole-body movements)
  - (D) persistent preoccupation with parts of objects
- (III) The disturbance causes clinically significant impairments in social, occupational, or other important areas of functioning.
- (IV) There is no clinically significant general delay in language (E.G. single words used by age 2 years, communicative phrases used by age 3 years)
- (V) There is no clinically significant delay in cognitive development or in the development of age-appropriate self help skills, adaptive behavior (other than in social interaction) and curiosity about the environment in childhood.
- (VI) Criteria are not met for another specific Pervasive Developmental Disorder or Schizophrenia.

#### Treatment Approaches

I involve my AS clients in a lot of active movement participation while working their tissue. This enhances their proprioception and coordination. I also do lots of basic, perceptual movement work lying supine, in sitting, and off the table (both standing and lying on the floor). I use props such as yoga blocks, Torson bolsters, Duradiscs and Swiss balls (both semi and fully inflated) to introduce novelty to their sensory experience and engage them in different ways of thinking about how they use their body. I always introduce these new inputs gradually and explain fully what we are trying to achieve and why. If you can explain the logic in what is being attempted they will usually embrace it with enthusiasm.

Though the Aspie's boundless curiosity can be utilised to great positive effect in sessions, they can also be easily overloaded. The unexpected or a change in routine can disrupt their comfort zone.

The bodywork experience can be quite profound for them so they may begin to regard you as their new best friend for life.

However, AS clients can also be incredibly awkward socially and not forthcoming: working with them involves treading a fine line between engaging them so they feel involved with the process and managing the possible emergence of 'the new best friend forever' attitude, which has the potential to erode the therapeutic relationship. It is also possible to be bored to death by their enthusiasm.

You will need to be especially vigilant with regard to professional boundaries. Sexual boundaries are not the issue here but rather time management and appropriate disclosure.

As clients, Aspies often have no sense of time, being either late or extremely early for appointments. *Jum tungan*, an Indonesian saying meaning 'time is rubber', can typify their perception of time.

Any time management strategy you have in place will be challenged by your AS clients so you may need to be tougher than usual.

Never start the session earlier than the scheduled time. At the beginning of the appointment, reiterate what time the session is scheduled to finish.

I sometimes employ the tactic of saying that the finish time is 15 minutes earlier than what I have actually allowed for. That way, there is still talking time at the end and your appointment schedule remains in tact for the rest of the day.

If your Aspie client is enthusiastic about the work, they can talk to a (sometimes boring) standstill about it. A sense of closure to the treatment is especially important. Having said that, if they are enthusiastic about your work they will also talk to everyone about it, becoming a walking, talking advertisement for you.

*Colin Rossie has over 20 years experience as a bodyworker—initially as a shiatsu practitioner, then as 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. Colin also brings a strong awareness and exploratory approach to kinaesthetics when treating clients.*

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## Exploring With Science

by Keith Eric Grant

*There are more things in heaven and earth, Horatio, than are dreamt of in your philosophy.* — Shakespeare (Hamlet)

As a scientist, I am often bemused by the assumption that seems prevalent in massage therapy that the role of science is as a sort of gatekeeper of proven methods. It's an outlook that I believe is more derived from a limited view of science as a promoter of mechanical technology, than from the spirit of inquiry that beckons to most research scientists. I have long recalled an article that I read years ago on why people enter the pursuit of science. The title was "Whoa, look at that!" That simple title captures the spirit of curiosity and delight at nosing into the unexpected and unknown better than anything else that I have since encountered. It's in that spirit that I'm writing today.

We do well to remember the gap that can exist between observation and understanding. Herbs containing salicylic acid had been used for centuries to relieve pain and fever before aspirin was purified in 1897. It wasn't until 1971 that Sir John Vane demonstrated that inhibition of cyclooxygenase (COX) by aspirin was responsible for its effects, sharing the 1982 Nobel Prize in medicine for that discovery<sup>4</sup>. Only recently, a research group led by biochemist Daniel Simmons of Brigham Young University discovered a new variant of the COX enzyme that might explain the previously unknown action of acetaminophen<sup>13</sup>.

For massage and simple touch, I believe that many of the effects will be even slower and more difficult to elucidate, simply because they extend beyond the mechanical into simultaneous emotional, neurological, and neurochemical interactions. As with the complex connections involved with climate, better understanding of the whole picture may wait on our ability to use computers to simulate the entire system at work.

Increasingly, such simulations are becoming a third branch of science - bridging experiment and analytical theory - because they make it possible to investigate regimes that are beyond current experimental capabilities, and to study phenomena that cannot be replicated in laboratories.

Within the last several decades, there have been several medical research developments that create a basis for some intriguing speculations on the effects of touch. In 1975, Dr. Robert Ader coined the term *psychoneuroimmunology* (PNI), beginning a new discipline of research linking the mind to the immune system<sup>2,12</sup>. A recent small sample study with cellular analysis is consistent with massage having a positive effect on immune function<sup>8</sup>. I tend to couple the research on PNI with the research and clinical experience of ideokinesis pursued by Eric Franklin and his predecessors<sup>6</sup>. This material connects our mental imagery with creation and activation of our low-level neuromuscular patterns. In juxtaposition, PNI and ideokinesis substantially motivate respecting simple touch and relaxation massage as profound and deep reaching interventions towards managing stress and promoting health.

In a comparison of the co-location of acupuncture points and trigger points, Ronald Melzack and his colleagues found a remarkably high degree (71%) of correspondence<sup>9</sup>. They concluded that "this close correlation suggests that trigger points and acupuncture points for pain, though discovered independently and labeled differently, represent the same phenomenon and can be explained in terms of the same underlying neural mechanisms". Based on further research into phantom limb pain, Melzack's group later proposed that we have an inherent neuromatrix, essentially forming an analog body within us<sup>7,10</sup>. This neuromatrix acts to integrate our myriad sensory input into a coherent perception of a body.

It also has a memory of its current state, helping to explain hypersensitivity towards experiencing benign sensations as painful.

As a bit of blue-sky thought, I speculate that this research provides a basis for a western understanding of the meridians of traditional Chinese medicine. In this picture, the meridians don't lie within our physical bodies, but are a kind of circuit diagram of sensory relationships in how we form a cohesive sense of body from an overwhelming input of sensory information. There is no inherent conflict with an acupuncture point having non-local effects, because the important proximity is in neurological processing rather than physical space. There are some remarkable analogies to patterns of communication between individual processors in modern massively parallel computers. I find the possibilities intriguing.

When it comes to statements made about 'energy work', I am rather an agnostic. Yet, nevertheless, I have experienced profound effects from such work and cannot discount the genre off hand. At this point, I see no basis for proposing fields of energy beyond the electrical and magnetic, so I return to consideration of these fields as recently reviewed by James Oschman<sup>11</sup>. While what Oschman covers indicates that we all project fields around us, it doesn't support a conclusion that we are designed to emit beams of energy. Simply speculating on the maximum gain for the least energy required, suggests to me that something must occur in energy work akin to the improvements of tuning a piano. Those talented in such work may simply possess perceptive skills akin to perfect pitch<sup>1</sup>.

Some recent studies with savants indicate that we all have neurological and mental capabilities beyond those to which we normally have conscious access<sup>5</sup>.

Some simply gain access by having the cloaking superficial layers of consciousness peeled back. These extra perceptual abilities include, for example, the ability to find the 'sweet spot' in a room at which the sound from multiple speakers arrives simultaneously<sup>5</sup>. There is every indication from such studies and from experience with biofeedback, that we are well designed to detect and correct differences in 'tuning' and coherence if we can perceive them. There is an additional observation that those with perfect pitch have a higher incidence of synesthesia, a mixing of senses. Some, when hearing a sound, also perceive it as a color<sup>1</sup>. This is suggestive that subtle sensations from bio-energetic fields could map for some into the visual, auditory, or tactile senses, giving person-to-person field interactions a rational basis. I personally think it likely that much that is taught about the techniques of energy work is simply a metaphorical roadmap to help train perception and focus the mind appropriately to enable subtle manipulations of bio-energetic fields.

While we must be careful not to interpret the perceptions stemming from cross-sensory mapping too literally, we should be equally careful in not dismissing them. Our neurological capabilities are turning out to be a lot more interesting than once thought, as science explores into the windows facing towards our inner selves. Whether we see two faces or a chalice can simply depend on our perceptions of foreground and background.

*It is important that students bring a certain ragamuffin, barefoot irreverence to their studies; they are not here to worship what is known, but to question it. — Jacob Bronowski<sup>3</sup>*

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*Keith Eric Grant holds a BSc in Physics from San Jose State University and an MSC and Ph.D. in Applied Science (School of Engineering) from the University of California, Davis. Since 1992, Keith has also been the lead instructor for Sports and Deep Tissue Massage with the McKinnon Institute in Oakland, CA. He has been a columnist for Massage Today since its inception in 2001. Keith is currently working as co-chair of the Massage Therapy Foundation's 'Best Practices Committee' on developing a process for creation of evidence-based clinical guidelines for massage. He is also developing independent projects such as the Massage Medical Applications Project (MMAP), an annotated bibliography for massage practitioners, and a more general bibliography.*

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# 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 2009		CEUs
3-7	Neurostructural Integration. Presented by Ron Phelan. Warracknabeal VIC. Ph: 0419 380 443	175
5	Workcover Outcomes Training Course for Remedial Massage Therapists. North Sydney. Ph: 1800 801 905	20
11-13	Infant Massage Training. Presented by IMIS. Melbourne. Ph: 1300 137 551	120
12	Massage for Breathing Pattern Disorders. Presented by John Bragg. Mackay. Ph: 0410 434 092	35
12-13	Certificate of Pregnancy Massage. Presented by Catherine McInerney. Melbourne. Ph: 03 9532 8144	60
12-13	Ortho-Bionomy Fundamentals. Presented by Anthony Swan. Fyshwick. Ph: 02 6280 9054	70
13	Scoliosis. Presented by John Bragg. Mackay. Ph: 0410 434 092	35
18	ACT Branch Meeting. Fyshwick. Ph: 0480 238 274	15
20	Hunter Branch Meeting. Adamstown. Ph: 02 4953 2252	15
25-27	Treatment of Pain (Onsen Technique) Vol III. Presented by Jeff Murray. Tweed Heads. Ph: 07 5599 2514	105
27	Scoliosis. Presented by John Bragg. Katoomba. Ph: 0410 434 092	35
29	Illawarra Branch Meeting. Presentation. Corrimal. Ph: 0417 671 007	15

October 2009		CEUs
10-11	Certificate of Pregnancy Massage. Presented by Catherine McInerney. Adelaide. Ph: 03 9532 8144	60
17	Mid North Coast Meeting. Port Macquarie. Ph: 02 6584 6661	15
18	Sciatica, Piriformis Syndrome and Hip Pain. Presented by John Bragg. Katoomba. Ph: 0410 434 092	35
23-25	AMT Annual Conference. Brighton Le Sands Sydney. Ph: 02 9517 9925	150
23-25	Infant Massage Training. Presented by IMIS. Cairns. Ph: 1300 137 551	120
24-25	Chinese Cupping Therapy Intensive Workshop. Presented by Zhang Hao. Strathfield. Ph: 02 9629 1688	75
27	Illawarra Branch Meeting. Formal Meeting. Corrimal. Ph: 0417 671 007	15
30-1	Treatment of Pain (Onsen Technique) Vol II. Presented by Jeff Murray. Echuca. Ph: 0419 575 037	105
31-1	Traditional Cupping- Western Tradition. Presented by Bruce Bentley. Sydney. Ph: 03 9576 1787	80

November 2009		CEUs
7	Workcover Outcomes Training Course for Remedial Massage Therapists. Wollongong. Ph: 1800 801 905	20
8	ACT Branch Meeting. Fyshwick. Ph: 0480 238 274	15
13-15	Infant Massage Training. Presented by IMIS. Perth. Ph: 1300 137 551	120
14-15	Traditional Cupping- Western Tradition. Presented by Bruce Bentley. Melbourne. Ph: 03 9576 1787	80
14-15	Traditional Cupping- Eastern Tradition. Presented by Bruce Bentley. Adelaide. Ph: 03 9576 1787	80
15	Hunter Branch Meeting. Adamstown. Ph: 02 4953 2252	15
19	Mackay Branch Meeting. Mt Pleasant. Ph: 07 4942 8481	15
21-22	Chi Acupressure Workshop. Presented by Master Zhang Hao. Strathfield. Ph: 02 9629 1688	75
24	Illawarra Branch Meeting. Formal Meeting. Corrimal. Ph: 0417 671 007	15
26-30	Neurostructural Integration. Presented by Ron Phelan. Ocean Grove VIC. Ph: 0419 380 443	175
27-29	Treatment of Pain (Onsen Technique) Vol IV. Presented by Jeff Murray. Tweed Heads. Ph: 07 5599 2514	105

December 2009		CEUs
4-6	Infant Massage Training. Presented by IMIS. Sydney. Ph: 1300 137 551	120
4-8	Neurostructural Integration. Presented by Ron Phelan. Sydney. Ph: 0419 380 443	175
7-11	Somatic Craniosacral Therapy 1. Presented by Patricia Farnsworth and Paul Doney. Sydney. Ph: 1800 101 105	160
14	ACT Branch Meeting. Fyshwick. Ph: 0480 238 274	15
19	Mid North Coast Meeting. Port Macquarie. Ph: 02 6584 6661	15

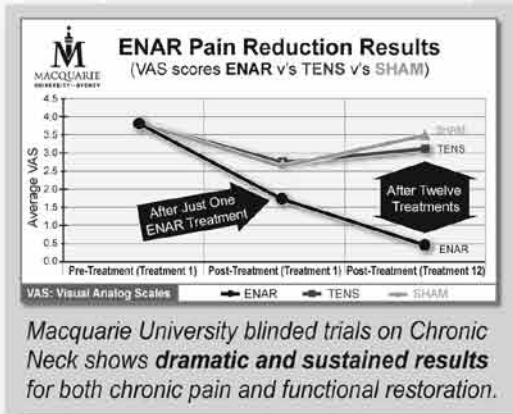
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