



## President's Report

### By Tamsin Rossiter

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By now, you should all be familiar with our impressive program for the AMT annual conference. Alan Ford and Derek Zorzit are responsible for the bulk of the programming. They have made sport the focus and theme in response to your feedback at previous conferences.

The conference kicks off on Friday with Jeff Murray's pre-conference workshop on Pelvic Instability. Jeff is one of AMT's most successful and adored presenters of post-graduate sports and remedial massage workshops. We are also privileged to be hosting international guest presenter Art Riggs, whose pre-conference workshop on the shoulder is almost at capacity already. The second part of his article on the knee is published in this edition of the Journal.

We are also most fortunate to have scored renowned sportsman and sports scientist, Professor Dick Telford, as our keynote speaker. Sports physician, Dr Rob Reid, will present a plenary address on the use of massage therapy in treatment and recovery, and Anne Thompson, Director of the ACT RSI and Overuse Injury Association, will provide an overview of work related injuries.

The conference program also features four excellent breakout workshops and a range of early morning exercises classes, including a Battle Camp session on Saturday morning for the truly brave. Now is the time to finalise your booking for this year's action packed, fun-filled event in Canberra. I look forward to seeing and meeting you there.

The National Educators' Forum will be incorporated into conference proceedings for the second year running. Massage therapy educators from both public and private Registered Training Organisations (RTOs) across Australia have been invited to take part on Friday 29 October. The forum program includes presentations by Erica Lewis, Assistant Director of the Department of Education, Employment and Workplace Relations (DEEWR), and Bronwyn Walker from the Community Services and Health Industry Skills Council (CSHISC).

**'Our dilemma is that we hate change and love it at the same time. What we really want is for things to remain the same but get better'**

The AMT Board continues to vigorously debate education standards and delivery of training, at both graduate and post-graduate level. Distance education is a controversial area, particularly in relation to undergraduate training. The Vocational Education and Training sector (in which massage education currently sits) actively encourages flexibility in delivery and assessment. Many RTOs are developing flexible modes of delivery, including online delivery of particular units of competence. The contentious issues arise when an entire qualification is delivered by distance.



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Many people in our profession, educators and practitioners alike, question the delivery of massage training by distance only. Of particular concern is the validity of learning hands on skills by DVD, involving no or very limited face-to-face instruction and guidance. The Board will prepare a position statement on distance education as a basis for open discussion at the National Educators' Forum. As usual, we encourage membership views and involvement in this debate. This could be a topic for one of your regional meetings. Alternatively, you could use the AMT Wiki or forum to air your opinions. For those of you involved in education, I hope you will take the opportunity to attend the National Educators' Forum and take part in the dialogue around distance education.

In this context, the Board has also reviewed the allocation of CEU points for first aid recertification. This review took into consideration the evolution of flexible modes of delivery such as self-paced, online and assessment only options which have made the recertification much quicker and more convenient. (For more information on the specific changes, please refer to the Secretary's Report on page 3.)

The Board's decision to change the allocation of CEUs for first aid was not taken lightly. It involved lengthy and animated debate, with some directors taking the view that it is essential professional knowledge rather than an optional professional development activity, and therefore should not be part of the CEU scheme at all.

The changes will not roll out until 1 January 2012 to allow members plenty of time to schedule their annual CEU activities accordingly. American journalist Sydney J Harris captured our ambivalence about change perfectly when he said "Our dilemma is that we hate change and love it at the same time. What we really want is for things to remain the same but get better".

We hope you can embrace this change and take the opportunity to select from an increasingly diverse range of continuing education opportunities as outlined in the AMT calendar of events.

I would like to close by sending my very best wishes to AMT member and Blue Mountains local, Noreen Davern, who is about to embark on her second trip to South Africa to provide volunteer massage to people living with HIV/AIDS through the Isibani organisation in Kwa Zulu Natal. Noreen teaches home-based carers who look after the sick and dying to massage people with HIV/AIDS. With the support of her employees at Mountains Massage, she has raised \$11,000 over the past three years to fund this project. She has also worked tirelessly since her last South Africa trip to raise awareness of people living with HIV/AIDS. During this upcoming visit, she will be providing massage for burn victims at the Children of Fire children's home in Johannesburg for the first time.

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## The e-Journal<sup>club</sup>

**Congratulations to:**

**DANIELLE VISSER**  
**Winner of our June**  
**e-journal club prize.**

**Thanks to**  
**Lippincott Williams and**  
**Wilkins for donating**  
**Danielle's prize.**

## Need CEUs?

Journal question -  
September edition

**What does NLPR**  
**stand for?**

Please write your answer  
in the space provided on your CEU  
record sheet and retain it until you  
submit the form with your annual  
renewal. Blank CEU forms can be  
downloaded from:  
[http://www.amt.org.au/index.  
php?Page=Members\\_CEU\\_1.php](http://www.amt.org.au/index.php?Page=Members_CEU_1.php)

## DEADLINE

**Deadline for the**  
**December 2010 issue**  
**of In Good Hands is:**  
**1st November, 2010**

Please email  
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or phone: 02 9517 9925

## Secretary's Report

by Rebecca Barnett

Our industry profiling project is in full swing now, with around 80 telephone interviews completed. Already, the early data trends are fascinating. The percentage of respondents who rely on massage therapy as their sole income is higher than I anticipated (currently at 62% based on the small sample completed thus far). Fittingly, around 11% of us are charging GST on treatments.

We are aiming to complete the first round of surveying by mid-October and we will publish the full results in the December journal.

I cannot overstate how important this survey data is to AMT's long-term advocacy plans and goals. It is genuinely surprising how little we know about the way massage therapists are working, but this survey is actively addressing that knowledge gap. Without a proper picture of the industry, it is virtually impossible to sell our case to government bodies such as the Department of Veterans' Affairs. And it's hard to conceive how we could make an adequate case to Treasury for GST exemption without being able to confidently state just how much this is likely to cost the government in terms of tax revenue. We are also hoping to access and make use of external data to assist us with these estimations, such as data on health fund and WorkCover claims for example.

Sincere thanks go to the members who have taken part in the survey and been generous enough to share the intimate details of their professional practice, including their net wage. Although we are obviously protecting the privacy and confidentiality of respondents' information, it is still an act of enormous generosity to divulge these sorts of details.

If you receive a call to take part over the next few months, I urge you to make the time. You will have the distinct satisfaction of knowing that your personal responses will be used to advance the profession towards the collegial goal of increased credibility and mainstream recognition.

Feedback from the survey will also inform our Strategic Plan for 2010-2016, which we will launch in Canberra at the annual conference. The data will not only help us identify opportunities for improvement to incorporate into the strategic plan, but will also give us a baseline against which we can chart our progress and successes.

### Qualitative surveying

My thanks also go to members who took the time to complete the qualitative survey distributed in the June journal. Again, some of the results were unexpected. The most gratifying aspect of the feedback relates to the AMT journal, with a significant number of respondents praising the quality of the content. Couple this with the fact that a high percentage of AMT's membership rely on the journal as a sole source of information about massage therapy research, and you begin to get a sense of the level of member benefit attached to the Journal.

Many of you are also pleased with the direction and management of AMT over the last 4 years, with the current crop of directors being singled out for praise. (It's not likely I will stay in the Secretary's role for the next 40 years. The concept of a mercy killing may apply here).

We are already working to address the concerns some of you expressed, specifically in terms of scheduling a number of regional events and workshops in coming months. Fair and equitable access to quality education will be an ever-present issue in a country the size of Australia.

Most of your "dislikes" relate to things that AMT has no control over, specifically difficulties relating to health fund provider numbers and the cycle of health fund reporting. Please be aware that we cannot dictate to the health funds on the timing and efficiency of their internal administrative processes. We can only continue to deliver information to them in a timely fashion.

### Fact sheets

We are working hard to provide practice management and other business resources to AMT members. Those of you with an email address would have received our "Tax Time" fact sheet in July. We will continue to upload these resources to the AMT website as we produce them. There are currently 5 available online, with more in the pipeline. Visit [www.amt.org.au](http://www.amt.org.au) and click on the link in the left hand navigation bar to "Fact Sheets".

### CEUs for first aid recertification

As Tamsin mentioned in her report, the AMT Board recently decided to revise the number of CEU points allocated to members when they renew their senior first aid. This review was quite overdue, given the number of industry changes that have occurred over the past decade. Our original points allocation is quite out of touch with various movements and trends, and with the advent of new regulations such as the Private Health Fund Rule 10 provisions introduced last July.

From 1 January 2012, members will be able to earn a maximum of 35 CEUs from first aid recertification in a 3-year cycle (i.e. when each recertification is actually due). This gives members 16 months to adjust to the new system and plan continuing education activities accordingly.

We are aware that some members choose to undertake their first aid recertification annually. However, CEU points will only apply once every 3 years.

**Medibank Private Members' Choice network - advice to AMT members**

Medibank Private is in the process of establishing a network of preferred remedial massage providers as part of their broader members' choice network. Some of you may have received a letter from Medibank regarding this.

To become a member of the Medibank members' choice network, you must agree to provide your services to their eligible members for no more than maximum agreed prices. The aim is to provide gap-free cover for eligible members seeking remedial massage therapy. The marketing advantages of this to Medibank are fairly obvious.

The proposed Medibank schedule of maximum fees is:

State	Initial Consultation	Subsequent Consultation
ACT	\$75.00	\$65.00
NSW	\$60.00	\$50.00
NT	\$80.00	\$70.00
QLD	\$60.00	\$50.00
SA	\$55.00	\$50.00
TAS	\$55.00	\$50.00
VIC	\$60.00	\$50.00
WA	\$60.00	\$50.00

These fees apply regardless of the length of the consultation (i.e. half hour, one hour etc). They are based on averages of charges listed in claims received by the fund on a state-by-state basis.

Medibank Private is promoting this as a business-building opportunity for participating therapists. Obviously, signing up for the scheme will come down to an individual business decision but AMT strongly advises you to think very carefully before entering into an agreement of this nature.

**You need to bear in mind that this will be an agreement between you and Medibank Private. AMT is not an agent or intermediary and will therefore not be able to represent you if something goes wrong.**

**It is likely that there will be other terms and conditions attached to the agreement, with possible trade practices implications. We recommend that you do not enter an agreement without seeking legal advice.**

Issues that you will need to consider:

- Medibank's fee schedule may conflict with your current pricing. Are you willing to take a pay cut to help them promote their product? Are you comfortable with applying different fees to different clients depending on their health fund membership?

- You are committed to charging Medibank's member choice fee, even after your client has reached the annual claims limit. In many cases, this may occur after only 4 treatments.
- The majority of Medibank Private members will not be eligible for the members' choice rebate. Medibank only provides Remedial Massage rebates to their very top cover holders.
- AMT cannot represent you if you run into any difficulties with the agreement.

Please be aware that Medibank Private have introduced this facility with the aim of building their business, not yours. The partnership will inevitably favour them, in spite of the slick promotional material you may have received.

**Welcome to a new director**

I'd like to welcome Desley Scott to the AMT Board. Desley filled a casual vacancy after our March AGM and hit the ground running, providing invaluable input into the program for the National Educators' Forum. Desley is a colleague of Tamsin's at Blue Mountains TAFE and a massage therapy educator of many years standing. We welcome the insight, experience and knowledge that Desley brings with her. We trust she will enjoy her time on the Board, with her sanity preserved relatively intact.

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## News from the regions



### Riverina by Jodee Shead

Our March meeting was better attended, with podiatrist Sean White giving an informative presentation.

We also held our branch AGM and elected office bearers for the coming year:

**Chairperson** - Nicole McKenzie

**Secretary** - Jodee Shead

**Treasurer** - Siebren DeBoer

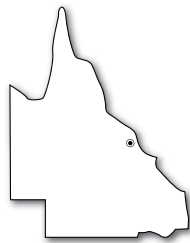
I would like to thank Lance Boyd for his involvement with the Branch over the past 3 years. He stepped in to take the role of Chairperson at a crucial time. Thanks for all your hard work Lance!

Our next branch meeting will be held in Kyabram on Friday 8 October at 7pm.

This year, we have been discussing ways of tackling the low level of attendance at some of our regional meetings. It was determined that a survey of our local members would be beneficial. Our very efficient Head Office distributed one on our behalf to assess the needs and wants of members.

Data from the survey has shown that some members have difficulty with the timing of meetings in our region. With this in mind, we have decided to trial some Sunday meetings with the aim of improving attendance. We are doing our best to make it easy for members to attend and we are always open to suggestions.

The Riverina will have at least 5 members represented at the AMT Conference this year. We are car-pooling so, if you wish to join us on our road trip to Canberra, please do not hesitate to contact me on 0419 575 037. We're all really looking forward to the program. It sounds fantastic again. See you all there!



### Mackay by Rod Legge

Our May meeting was fairly well attended, with a presentation by local chiropractor John Dulhunty on pelvic instability. John has carried out many hours of research on the affects that the sacrum and its superior surface angle can have on posture. John showed us a number of X-rays of the sacrum and spine and we were surprised to note the abundance of malformed sacrum's. In many cases, the malformed sacrum's superior surface did not have the same angle of tilt as the ilium crests, making spinal scoliosis difficult to rectify as measured by leg length, which mostly corresponds to ilium tilt.

There was animated discussion between the presenter and the therapists present, with neither side relenting. A challenge has been issued to our members to give some serious thought to these views and invite John back for further healthy discussion.

**Editor's note:** Sincere apologies to Rod for the overly brutal edit to his Mackay report in the June journal.



### Hunter by Paul Lindsay

The guest speaker for our May meeting was unable to attend due to illness so a mini-workshop was arranged. Demonstrations were given on dry needling and Indian head massage. It was agreed that these mini-workshops are valuable and more will be organised in the future.

On Saturday 8 May, 11 people attended the Newcastle University Anatomy Lab under the auspices of AMT. All attendees felt that this was a great learning experience and we will attempt to run this visit bi-annually.

On July 18 we held our branch AGM. No change occurred to the committee:

**Chairman** - Dan Robinson

**Secretary** - Paul Lindsay

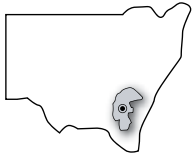
**Treasurer** - Cherith McInness

**Catering Officer** - Eleshia Venners.

The meeting was followed by a one-day workshop on "Shoulder pain and scapula stability" presented by John Bragg. As usual, this was an excellent workshop and we all came away with more tools to add to our massage kit.

Our September meeting will feature a demonstration of Kinesio Taping by Kathee Kovacevic.

A fundraising massage to aid breast cancer research is planned for Sunday 24 October at the Avon Race for Research conducted on the Newcastle Foreshore. Students from the WEA massage course will join us at this event. At our last meeting, we decided to provide volunteer therapists with disposable equipment to reduce or eliminate the need to wash towels. We require more volunteer massage therapists so please contact me if you can spare half a day to promote AMT in the Hunter.



## ACT by Karin Cavanagh

ACT has held two meetings since our last journal update, both of which were well attended.

Our May meeting was followed by a fabulous workshop on Oncology Massage, presented by Eleanor Oyston. Eleanor reassured us that, even though cancer patients will benefit from specialised Oncology Massage, we can still treat their muscular aches and pains without specialised training. Cancer patients often desperately need caring touch so a gentle relaxation massage can make a world of difference.

Given the complex nature of the condition and the possible side effects of treatment (such as blood clots), Eleanor advised us that it is still best to get approval for massage from the patient's primary doctor.

Eleanor's session was very informative and interesting.

Our August workshop was just as enjoyable, with Indira Hnatiuk doing a presentation on acupuncture, trigger points and Emotional Freedom Technique. Indira demonstrated acupuncture on a very willing recipient who reported that the needles didn't hurt at all. She then explained the use of low power laser as an alternative to needles. She demonstrated how this can 'melt away' trigger points and spasm in muscular tissue. She also explained how it is useful to realign fibres in keloid scarring, giving us time to test out the laser on each other.

Indira then demonstrated Emotional Freedom Technique, a way of working with acupuncture meridians that is aimed at creating a balance within the body systems and relieving both physical and emotional pain. Indira was barraged with questions, all of which she warmly received and eloquently answered.

Our next meeting and workshop will be held on Sunday 28th November, presenter to be advised. We have also discussed the possibility of a wet lab in Wollongong. This is likely to occur on a Sunday in February or March 2011 so please keep your eyes peeled for further notice.

Hope to see you all in Canberra in October!



## Sydney South by Kelly Walker

Our June meeting was also our AGM, with office bearers elected for the coming year. There were no changes to the region committee:

**Chairperson** - Rene Goschnik

**Treasurer** - John Eades

**Secretary** - Kelly Walker

Turn out for the AGM was fantastic - our best yet! It's a shame that the same cannot be said for our guest speaker who, unfortunately, didn't show. With a few new members attending, we decided that we should all introduce ourselves and talk a little about where we work and what we specialise in.

Our August meeting was again well attended. Our guest speaker for the second time was physiotherapist Ann Byrne, who spoke on the pelvis and hip joints. Ann has been a physio for over 20 years but she was able to condense an amazing amount of her experience into a 1-hour presentation. She demonstrated a few easy tests to conduct on patients, with possible outcomes and treatments. There was no shortage of volunteers for her to demonstrate on, with members keen to get on the table!

Our next meeting is Wednesday 6 October at 6.45pm in the Miles Franklin Room, Hurstville Library.

New members are welcome. Please be prompt. Any queries contact Kelly Walker 0404 034 668.



## Northern Rivers by Keryn Rose

The region sprang into action again recently with a successful networking afternoon for local therapists held in Lismore on the 25 July. The event was well supported with 15 therapists present, some of whom travelled from as far north as the Gold Coast and Yamba in the south. A special thank you to Pearl and Russell Varcin and Alan Downes for their contribution to making the meeting a great event.

We are looking forward to hosting John Bragg in Tweed Heads on September 3 and 4 for his two one-day workshops. John is an impressive teacher and this is a professional development opportunity not to be missed!



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## News for massage therapists working in lymphoedema management

**by Elsebeth Perry-Petersen**  
**Dip Ed; DRM; CDT-Földi; CLT Casley-Smith**

On July 1 the Australasian Lymphology Association launched its latest initiative - the National Lymphoedema Practitioners' Register (NLPR). A media release followed swiftly with Kylie Minogue endorsing this move. Further plans to promote the NLPR will follow.

The objectives of the NLPR are to:

- maintain and promote professional standards of practice for lymphoedema management
- maintain a current register of lymphoedema practitioners
- distribute the register to health professionals, consumers, health insurance companies and other interested persons
- assist lymphoedema organisations, consumers and lymphoedema therapists to advocate for better health insurance rebates for lymphoedema treatment
- enable the Australasian Lymphology Association to provide government bodies with current information on varying access to lymphoedema treatment across the regions
- encourage collaborative lymphoedema research and a better understanding of the prevalence of lymphoedema in Australia and New Zealand.

It is a terrific achievement that massage therapists are included in this register. Professor Neil Piller (Director Lymphoedema Assessment Clinic, Flinders University, SA.) has been instrumental in promoting this inclusion. Particular credit should also be given to Ms Jan Douglass of South Australia, for her energetic contribution in representing the interests of massage therapists.

The NLPR website will be accessed by the general public and health professionals. Referrals are likely to be made to those on the list rather than those who are not.

The terms of the NLPR are available on their website: [www.nlpr.asn.au](http://www.nlpr.asn.au)  
To be listed on the Register you must:

- be a member of the Australasian Lymphology Association
- hold a Diploma of Remedial Massage
- have completed training in lymphoedema management in a course that is recognised by the NLPR (see their website)
- gain 50 CPE points over a 2-year period to remain on the register
- be up to date with insurance
- be a member of one of several named associations.

The ALA/NLPR plans to do some serious lobbying with health funds, health ministers, research groups, Cancer Council, and support groups. Massage therapists who are listed on the NLPR will be on equal footing - regarded as having met all the standards for working in the field - and will stand to benefit by this inclusion. New health policies may possibly also include massage therapists as a result of this lobbying. This is speculative, but not outside the bounds of possibility.

The task of winning support from doctors, physiotherapists and lymphoedema clinics should be much easier with the backup of the Register. It is likely to open doors for giving talks to breast cancer support groups, such as YWCA Encore. Brochures by the NLPR and ALA will be sound advertising for your own lymphoedema services.

For a long time, lymphoedema sufferers have often misspent money on lymphatic drainage. Some therapists have had insufficient or no training in managing lymphoedema and, regrettably, this has had an adverse effect on the reputation of massage therapists in the field. Hopefully the NLPR will obviate this.

**If you have any questions about the register or need assistance with your application, please email Jan Douglass [jandouglass@bettanet.net.au](mailto:jandouglass@bettanet.net.au)**

*Elsebeth Perry-Petersen has specialised in working with lymphoedema for the past 16 years. She has studied in America and 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).*

*Editor's note: On behalf of all AMT members, I'd like to thank Elsebeth Perry-Petersen for her dogged determination in ensuring that massage therapists with appropriate lymphoedema management qualifications are treated equally by the NLPR committee. This is a major coup for our industry and for the many patients requiring treatment from qualified practitioners.*

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## Treating the knee and lower extremity

by Art Riggs

*Here is part 2 of the article published in the June 2010 edition of In Good Hands.*

After discussing the importance of a holistic view of knee rehabilitation to restore proper gait, part 1 of this article closed with our fingers deep in the ITB. We began our treatments with more superficial work that is appropriate soon after injury or surgery, and progressed to tools for returning flexion mobility.

We now turn our attention to treatment strategies to improve full extension to the knee and to a more detailed explanation of the complexities of gait, including techniques to deal with the compensatory reactions in the feet and hips that occur after injury.

### **Treatment 5: Returning normal extension**

I feel that full knee extension is the primary goal for proper rehabilitation after injury or surgery because of the impossibility of returning to normal gait without it. Of course, tight fascia and muscles (particularly the hamstrings) will prevent full extension but the therapist should also be skilled in working with the deeper restrictions in the joint itself by using mobilisation techniques to work with the knee joint. Let's begin with some of the major muscles that contract after trauma, preventing the knee from straightening.

#### **Popliteus and plantaris**

*Cautionary note: you may feel a fairly strong pulse from the popliteal artery, but don't let this deter you. Just be sure to use the usual precautionary techniques to distinguish the muscle tissue from the artery and be precise in your work.*

Popliteus and plantaris are often neglected in conventional therapy because they are relatively weak flexors of the knee compared to the hamstrings.

Their role in preventing full knee extension is less one of strong muscular resistance than of being agitators, delegating responsibility to stronger muscles that do the dirty work of preventing knee extension. The body always reacts to pain as a strong dictate of movement and both these muscles can be sensitive or painful when stretched if they have shortened after injury. At the first sign of pain, popliteus and plantaris send inhibitory reflexes to the quadriceps to prevent them from contracting to straighten the knee. They also recruit their powerful allies, the hamstrings, to strongly contract and prevent the knee from straightening. Reducing irritation to these small muscles and lengthening them is a first step in proper functioning of the larger muscle groups.



Although most of the examples in this article recommend working with muscles in a stretched position to effect a release, working in a sensitive area like the posterior knee is best done with enough flexion to allow easy entry through superficial layers and have popliteus and plantaris relaxed so they are not irritable. As they relax and lengthen, you can slowly extend the knee by using a small bolster to retrain their stretch receptors to feel safe with more extension. Once these muscles relax, the primary flexors and extensors of the knee can begin to work properly without neurological interference from them.

Usually popliteus and plantaris are shortened as a protective mechanism rather than from adhesions.

Therefore, strokes in a distal direction are most effective to train them to relax and lengthen. Use very soft fingers to sink through superficial tissue to find the tight muscles and very slowly stroke distally, with the intent of simply relaxing and stretching an irritable muscle. The texture and depth of popliteus and plantaris are similar to what it feels like to work on the scalenes in the anterior neck, so use the same principles. While working on these muscles, it is also a good time to begin stretching the more superficial fascia in the posterior knee.

#### **Hamstrings**

These are the most important muscles to relax and stretch to allow extension. The hamstrings will have learnt to contract anytime the knee approaches the painful angle of straightening. Not only must you release any fibrous restrictions but you must also train these muscles (and to a much lesser extent, the gastrocnemius, which also crosses the joint and is a minor flexor) to relax into a lengthened position. In the prone position, refrain from using a bolster under the ankle so the leg can straighten.

Hamstring work is almost always beneficial for injured knees but remember that, if the knee is still inflamed and extension is painful in the joint, then it is a natural reflex for these muscles to be short and tight. If the joint is painful in movement or structural barriers such as adhesions are present, then the hamstrings will naturally contract to protect the knee. Extensive work with the hamstrings will always be helpful but permanent lengthening will only take place after the joint heals. This will sometimes take several weeks or even months so follow-up visits over an extended period of time are helpful to incrementally lengthen the muscles. Joint mobilisation techniques (shown later) will be very helpful in freeing the joint so the hamstrings will not contract for protection.



Even though this may be the most important muscular work you do to return normal function to the knee, it is relatively simple work with no fancy tricks. Have your client slide down so that both feet are hanging off the table and compare the injured knee with the healthy knee to determine normal extension. In this case, the right knee doesn't allow full extension, so the right heel is about an inch higher than the left. Use your fingers, knuckles or forearms to slowly stroke distally while you visualise grabbing and stretching the hamstrings. You should continue your intention of lengthening the posterior compartment below the knee to the gastrocnemius and soleus. Note the dorsiflexion of the ankle to provide stretch.



Not all your work with the hamstrings will be to educate them to lengthen. There may be significant thickening and adhesions in different depths of the muscles or surrounding fascia that need detailed release. Anchor and stretch using precise pressure at fibrosed areas. Visualise that you are placing all of your intention on a knot in a rubber band. Anchor with proximal oblique pressure at adhesions when the knee is flexed and then slowly lower the ankle to extend the knee and focus the stretch at your anchor.

*Cautionary note: if your client is recovering from anterior cruciate repair, the surgeon may prefer that the knee does not reach full extension. It is advisable to check with the doctor for guidelines about the limits of extension. This caution should also apply to the use of joint mobilisation techniques shown in the next section.*

#### **TREATMENT 6:**

#### **Knee joint mobilisation techniques**

The largest paradigm shift in my bodywork protocol occurred after I had been practising for almost 10 years. I took a spinal mechanics class and began working with joints, not only in the spine but virtually anywhere on the body. I hope new therapists won't wait as long as I did.

With the knee, we are primarily working to improve extension, flexion and a bit of rotation between the femur and the tibia. Anatomists agree that the knee joint is the most complicated in the body but there are a few relatively simple joint mobilisation techniques that can be practised safely and effectively even if you are new to this concept.

Although it is tempting to look at the joint as a simple hinge, in reality the tibia must slide anterior and posterior and rotate relative to the femur when moving from extension to flexion and back. After knee injury or surgery, tightening muscles that surround the knee can contract and compress the joint from all sides, impeding the articulation of the bones. If normal movement between the tibia and femur is not returned within a reasonable period of time, then adhesions form deep in the joint and can permanently restrict joint mobility. Since most therapists are apprised of ways to stretch the knee into flexion, we will concentrate on extension and rotation.

*Cautionary note: if there is any possibility of torn ligaments or meniscus, these techniques are not appropriate unless you have permission from an orthopedist. However, these are very beneficial after surgery, when inflammation has subsided.*

#### **Anterior and posterior shear of the tibia and femur**

Straightening the knee to full extension requires freedom for the tibia to glide back and forth on the femur (shear) rather than just straightening like a simple hinge. Soon after injury, adhesions begin to form and even the slightest limitation can impact gait.

Most therapists are trained to work on the knee when it is supported by a bolster but this practice prevents extending the joint into its structural barriers to release them. Early in the recovery process, you may work in supine position with the extended leg just resting on the table as you gain your client's confidence. But as you begin making progress, place a bolster under the ankle or calf so the knee is suspended in space ("bridging") as demonstrated in the photo below.



Remember to place your intention deep in the joint. Unlike simply stretching the knee into extension as you would if the client was prone, you are applying posterior pressure directly down toward the table and visualizing sliding the tibia and femur in opposite directions.

Mobilisation can be applied in two ways. First, you can use relatively quick pulsations of pressure with about a kilo of force, repeating the pulsations for a minute or more. It is crucial to move the joint all the way until end-range resistance is felt. This is helpful in overriding conscious soft tissue holding patterns and begins to free up the joint as the bones slide back and forth. Secondly, you can apply a bit more steady pressure downward, being careful that your client is not uncomfortable. Sustain the pressure for a minute or two, waiting for a feeling of softening in the joint and a sense that the bones are sliding past each other.

In the first image, I am putting pressure on the femur so that it is sliding posterior relative to the tibia. Conversely, by placing your hands below the knee on the tibia, you are now sliding the tibia posterior relative to the femur. As you become adept at these procedures, you can expand your effectiveness by experimenting to either compress or traction the joint as you apply anterior/posterior shearing pressure.

The key to the success with this and most joint mobilisation techniques is to apply enough force to mobilise the joint but not so much force that your client has pain or is fighting against you. You'll need to ask for feedback throughout the process.

### Mobilizing rotation of the tibia and the femur

When the knee moves, the tibia actually rotates upon the femur, rotating externally as the knee extends and internally as the knee flexes. If rotation is impaired, then flexion and extension are impaired. The rotation is subtle but important to work with.



As you flex the knee by helping your client bring her knee to her chest, place steady pressure to rotate the tibia internally. When you reach the end range of comfortable flexion, stay in this position and continue to exert gentle internal rotational force while waiting for softening of resistance.

Reverse the process as you pull the leg back into full extension by rotating the tibia externally through the range of motion. Of course it can even be more helpful to perform this technique while also stretching tight fascia or muscles, but your primary intention is to be rotating the tibia around the femur.



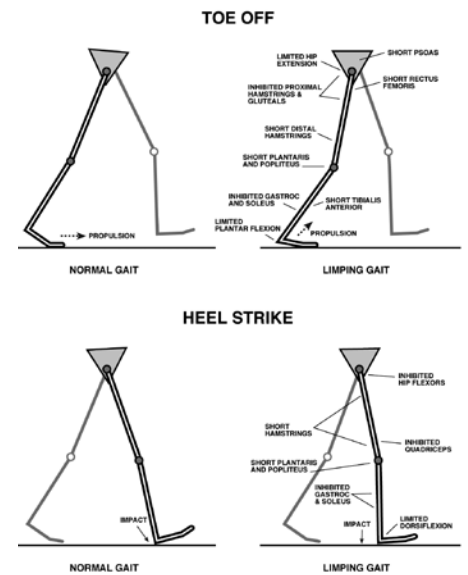
Working with your client seated as shown above is effective if your client has large or heavy legs or you feel unstable on the table. It has the added advantages of stabilising the femur during movement and of the natural gravity of the lower leg placing traction on the joint while you work. As you have your client flex her knee, rotate the tibia medially and then reverse the rotational direction to external as the knee is extended. Remember that the greatest release will happen at the end range of movement so hold a sustained pressure at end range for up to a minute.

### Understanding movement patterns

The treatment suggestions that we have covered so far should provide considerable benefit for your clients who have knee problems and anyone looking for better movement and freedom of the entire leg. As mentioned earlier, a great many people have sustained injuries that persist in compensatory patterns of movement that have been ingrained for decades. A holistic treatment plan that deals with the complicated relationship between the feet, ankles, knees and hips will be a great boon to your practice and will provide better movement for all your clients, not just those with injuries.

In the previous article we provided a chart of the muscular and joint compensations when the knee isn't able to extend. Let's revisit the chart in more detail to discuss the basic functional anatomy of walking gait at toe off and heel strike with more attention to the feet, ankle, and hips.

### GAIT ANALYSIS



### Toe Off

This is the important stage of walking that propels the body forward. With limited knee extension, the stride is shortened, approximating the 'mincing' steps of very elderly people. (I find that working for better knee extension is always greatly appreciated by my older clients.) If the foot is not far enough behind the body, it loses its power to propel the body forward and energy is expended in lifting the body up instead of forward. The foot ceases to flex at the toe joints (transverse arch) and becomes immobile, causing the plantar fascia to shorten. The ankle remains in a neutral position rather than plantar flexing to push off so the tibialis anterior becomes short and the gastrocnemius and soleus become weakened.

Since the knee won't extend, the hamstrings, upper gastrocnemius, plantaris and popliteus become shortened and will all need lengthening work. But don't forget to work with the superficial fascia, especially behind the knee, to stretch this tissue. Perform joint mobilisation to return normal flexion, extension and rotation of the joint itself.

Many therapists neglect the hip in rehabilitation of the leg. If the leg cannot extend freely to the rear, then rectus femoris and psoas will become short because they don't need to release to allow the hip to extend for a long stride. They also will become fibrous from overwork. Since the leg is not propelled by the foot and ankle to swing forward, rectus femoris and psoas will have to use more energy to lift the leg to overcome inertia. Instead of swinging freely forward, the knee will be lifted at a more vertical angle by the pull of these muscles.

### Heel Strike

If the knee cannot straighten, then the leg is unable to swing forward in front of the body with ease. Instead of landing on the rear of the heel with the ankle slightly dorsiflexed, the foot lands flat at a more vertical angle, preventing the normal rolling motion from heel to toe that dissipates shock. Gastrocnemius and soleus remain short and will need lengthening so the foot can dorsiflex. The ankle will need to be mobilised in both plantar and dorsiflexion to begin working like a smooth hinge.

In addition to being short in the distal portion to prevent knee extension, the hamstrings will also remain tight near the ischial tuberosity, as they prevent a full leg swing forward. It is easy to see how working with the hamstrings is the key to rehabilitation.

All of these complex feedback loops occur from the simple restriction to knee extension. Remember the chicken/egg relationship with the joint and the muscles. The lack of proper joint movement will cause the muscles to shorten but these shortened muscles will solidify improper joint movement if the walking pattern becomes ingrained. Be sure to become skilled in joint mobilisation techniques on the joint itself to help restore proper mechanics. The best news is that these techniques work equally well for restoring proper movement patterns after injury to the feet, ankles and hips.

Although you can no doubt understand these functional principles at a cerebral level, by far the best way to understand what is happening in your client's body is to feel the sensations in your own experience by mimicking the limping pattern. What joints aren't moving? What muscles are contracting improperly?

If you simply concentrate to prevent your knee from straightening, you will experience the profound compensations from the toes up through the hips as you walk. In classes, I actually have students tape their knees to prevent full knee extension. I also have them experiment with placing a pebble in the forefoot or heel of their shoes. This is an excellent way to feel both the joint and muscular adaptations to pain or discomfort, and will enable a strategy for treatment.

### TREATMENT 7:

#### Balancing secondary compensations

Now we can move to some techniques to return proper function to secondary areas that respond to knee dysfunction. Work to satellite areas is extremely important because of their tendency to reinforce limping patterns. Until proper function is returned to the primary site of injury, the secondary compensatory patterns will persist. It is perfectly appropriate to work on secondary compensations throughout your treatments because they often cause discomfort as they adapt. However, your primary goal should be to return the primary injury site to health as soon as possible and then focus on the feet and hips.

#### Freeing the toes, transverse arch and plantar fascia

With a limping gait, the feet become stiff and inflexible as they land similar to wearing a very stiff-soled shoe that prevents the toes from flexing and providing power on toe off.



Working in the end range of motion is the key to this technique. With soft fingers, bend the toes as far as possible into an upward dorsiflexed extension. With knuckles or fingers patiently work the area of the metatarsal heads with both cross fibre strokes and in the direction of lengthening of tissue. Broaden your goals to soften the entire planar fascia.



The biomechanics of stretching the foot into dorsiflexion in either the prone or supine position can be difficult when the leg is straight. This technique offers the advantages of using your body weight, being able to exert strong pressure to dorsiflex the ankle, and the use of the broad and comfortable tool of your forearm. This technique is also useful to treat plantar fasciitis.

#### Improving ankle movement



The front of the ankle is surrounded by a fibrous retinaculum that can stiffen the ankle joint like an Ace bandage, limiting both plantar flexion and dorsiflexion, and causing torsion on the ankle. Use your knuckles or the ulnar surface of your forearm to soften and free this tissue. Anchor in one direction and then mobilise the ankle in any opposing direction to improve freedom. This is an excellent technique after ankle sprains or on virtually anyone who wishes easier ankle movement.

## Improving hip mobility



By flexing the leg with the knee relatively straight, you can place the hamstrings on a nice stretch while releasing any areas, both anchoring and stretching against the stretch. Don't strain yourself by holding the leg with your arm if your client is large. You can have your client help you by pulling her leg toward her chest or even have your client apply the stretch by using a strap over the bottom of her foot.



The rectus femoris and front of the pelvis will become short and tight if your client has been walking with a limp that prevents the leg from freely swinging back into extension. Working in the neutral supine position will soften tissue but not stretch enough to open the area. This position allows you to work easily using your own body weight as you stretch the leg into extension. Support your client's head and neck and possibly low back with pillows and have your client pull her opposite leg to her chest to keep the pelvis in a neutral position.

Apply pressure with your other hand to extend the hip and work in the direction of the stretch, using your fingers for superficial tissue and your forearm for deep muscular work on the quadriceps. This technique is also useful for working with the psoas in a stretch but do not overextend the hip. If the hip is too extended, it becomes difficult to sink through the superficial tissue in the anterior pelvis to contact the psoas.

### Holistic connections

I hope these articles have given you insight into the interesting interrelationship of the joints of the legs, as well as some specific tools to successfully treat problems, not only to the knees but to the other joints of the lower extremity. All joints of the leg are inextricably linked together in a complex feedback loop that must be treated in a holistic manner for the best results. Remember, each client will present unique adaptive mechanisms to injury and the solutions to solving limping problems are rarely simple. These considerations are what make our work so interesting and rewarding.

A holistic treatment not only includes a broad view of distant joints and compensations but should consider the whole person you are working with, including the causative factors of an injury (especially with overuse injuries), a client's approach to self-help through home programs of stretching and strengthening, and the associated emotional feelings. Fear, anger, depression and self-judgment are often associated with injuries.

We always treat more than muscle, tendon and bone. The best therapists' skills are more of an art than a craft, as they provide a hopeful healing environment for their clients with their humanity and contact with the person behind the injury.

*Art Riggs has a meandering academic background in psychology, graduate work in literature and later, exercise physiology, at UC Berkeley. Fortunately, he escaped academia relatively intact, became enthralled with bodywork and was certified by the Rolf Institute in 1987. He teaches deep tissue massage, myofascial release and Rolf workshops in the US and abroad. He also maintains a private bodywork practice in Oakland.*

*Art is the author of the textbook, *Deep Tissue Massage: a Visual Guide to Techniques* and the acclaimed seven volume DVD series, *Deep Tissue Massage and Myofascial Release: A Video Guide to Techniques*. You can visit his website at [www.deeptissuemassage.com](http://www.deeptissuemassage.com).*

*Art is visiting Australia this summer. He is a featured presenter at the AMT Annual Conference in Canberra and he will also be presenting a series of workshops in Sydney in November.*

*This article originally appeared in *Massage and Bodywork* magazine, January - February 2009.*

*Photos and illustration courtesy of Art Riggs with thanks to model Joanne King.*

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## Wrist, hand and finger pain: a guide to self-treatment

by Jodie Goode

As massage therapists, it is our job to use our knowledge and skills to take care of others - reducing pain, increasing range of motion, providing rehabilitation, preventing injury, promoting wellness, and restoring overall balance. Our focus is our clients' health and wellbeing. We advocate take-home or self-care methods such as heat and ice, liniments, stretching and strengthening for muscle balance, posture and ergonomics, a proper balance between rest and work, and avoiding activities that may aggravate the condition.

It is therefore all the more startling that many of us do not take the time to look after ourselves properly in spite of knowing the importance of these methods and the repercussions of not following them. It is especially surprising given the postural and physical demands we place on our own bodies on a day-to-day basis. The expression "Physician heal thyself" seems very apt.

I have worked in the massage therapy industry for a number of years and networked with many therapists of varying levels of experience. The majority suffer from a number of issues but they still put off treatment, whether it be in the form of appropriate self-care or from another healthcare provider.

### Injury statistics

I find that my forearms, wrists and hands (particularly the thumbs) are major areas of concern. Searching for some hard statistics, I was not at all surprised to learn that 80% of therapists, particularly those specialising in deep tissue work, are forced to drop out of the industry after approximately 2 years due to injury of the hands, wrists and arms. A further 78% who stay in the industry still experience pain in these areas.<sup>1</sup>

A 2008 Canadian study showed that 'the highest reporting of pain and discomfort was in the wrist and thumb, followed by the low back, neck and shoulders respectively'.<sup>2</sup>

Another study published in the Journal of Occupational Rehabilitation revealed that work-related musculoskeletal disorders within the massage industry predominately occurred in the fingers (80%) and that 'finger or thumb symptoms were the most frequent cause of massage practitioners missing work (7.5%) and of decreased work productivity (29.8%)' and was the most common area for outside help or treatment to be sought.<sup>3</sup>

These statistics should be enough to motivate therapists to take care of themselves, not only to protect their bodies but also their careers.

### Anatomical and biomechanical considerations

The anatomy of the forearm, wrist and hand is quite complex because of the fine motor movements produced. Each is made up of 29 bones - the radius and ulna, 8 carpal bones, 5 metacarpals and 14 phalanx (5 proximal, 4 mid and 5 distal) - and over 25 joints with a large number of ligaments to provide them with support. In addition, there are nerves, blood vessels and other structures that may be damaged and impinged, and over 30 muscles and their tendons, 18 of which are intrinsic.<sup>4,5</sup>

It is really important to know the optimal joint positioning to prevent injury and to use the correct tools to support these ergonomic principles.<sup>3</sup> This means keeping the wrists as straight as possible, keeping the forearms in a neutral rather than in a deviated position, and bending the elbows.<sup>1</sup>

It is not uncommon to see a therapist treating with the table too high, causing extreme hyperextension of the wrist and elevation of the shoulder girdle. This causes muscle tightening in the forearm extensors as well as levator scapula and the upper trapezius. A higher table also means that the therapist cannot rely on body weight to create pressure and must instead use strength, leading to fatigue and imbalance.

Using the correct table and table height will not only improve the position of the arms and hands but the whole body, putting less unnecessary stress on the joints.<sup>6</sup>

However, even with the table at the correct height, many therapists treat with postures that put their body at risk. Therapists need to remember to use core muscles, bend the knees slightly, ensure that the shoulders are not rounded, and avoid forward head posture.

Therapists should also be aware of alternate ways to position clients during treatments. This could mean treating standing or seated at a different angle to the client or positioning the client in a way that avoids strain on the wrists and hands, and may also have the added benefit of putting the area being treated on stretch.

Various methods that take the strain off of the wrist and finger joints must also be considered, such as using elbows, knuckles, massage aids, needles, cups and many other methods like PNF stretching, positional release techniques and muscle energy techniques.<sup>7,8</sup>

DeStefano, Hooper and Kelly point out that issues of the elbow, wrist and hand are usually due to over use.<sup>9</sup> Breaks and rest are a factor here - listening to your body and taking frequent breaks between treatments is a simple preventive factor that is often overlooked by hard-working therapists. Use heat, ice, liniments and stretching during breaks. Receiving treatment from others should all be part of a sound self-care regime.

Therapists can become aware of which aspects of their biomechanics and posture need improvement through observations, either by another person with a good knowledge and understanding of ergonomics or through self observation with a mirror or camera. Creating this kinaesthetic awareness enables us to retrain the body to create good habits or reinforce them. Williamson explains this principle in detail in *Muscular Retraining for Pain-Free Living*.<sup>10</sup>

However, even with the best equipment, mechanics and techniques, the joints and soft tissue of the forearms and hands are still being loaded. On top of receiving regular massage, therapists should be using self-treatment methods daily. This includes warming up and stretching the areas before treatments, and applying heat packs and liniments when appropriate.

### Self care regime

Keeping to a schedule of stretch and strengthening exercises is an important part of self care. It prevents the build-up of adhesions, encourages healthy range of motion (which in turn minimises strain to other areas), increases circulation and helps to prevent the occurrence of muscle imbalances.<sup>9</sup>

Muscle groups that should be targeted for stretching are:

- Flexors and extensors of the wrist and fingers
- Pronators and supinators of the wrist
- Ulna and radial deviators
- Muscles controlling movement of the thumb
- Intrinsic muscles of the hands.

These stretches should be repeated at least daily. Strengthening exercises can be used to build up the areas under strain so that the muscles become conditioned and fatigue less. This will also help prevent injury to the area.<sup>11</sup> You should determine which areas need strengthening based on noted postures, pains and imbalances.

Self massage should also be a key part of your care regime. Placing an arm on an elevated object allows access to the muscles and trigger points of the forearm and hand using the opposite elbow, forearm and knuckles (for example, kneel on the floor and rest your arm on the massage table).

Massage aids such as hand-held massagers, needles and pump cups are a good way to self treat without adding extra strain to already overworked arms.

### Trigger Points

According to Travell and Simons, many common problems in the fingers, hands, knuckles, thumbs and wrists are caused by trigger points.<sup>12</sup> They assert that the pain and referral caused by these trigger points are often mistaken for other conditions such as arthritis, tendinitis, carpal tunnel, peripheral neuropathy and even ligament damage. (Please refer to the images of trigger point patterns in the muscles of the forearm and hand.)



Image source: Simons' and Travell, 1992. p715



Image source: Simons' and Travell, 1992. p756



Pain pattern: Hand and finger flexors  
Image source: Finando D, 2005. p75

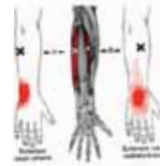


Image source: Simons' and Travell, 1992. p692



Image source: Abbott Centre for Neuromuscular Therapy, 2010



Image source: Simons' and Travell, 1992. p775

Wrist pain, and what may feel like a wrist sprain, very often comes from trigger points in the extensor carpi ulnaris or flexor carpi ulnaris. Prolonged tension and untreated adhesions in these muscles commonly lead to wrist tendinitis.<sup>11</sup>

Trigger points in the extensor digitorum are the prime cause of stiff fingers, sending pain to the second knuckles of the third and fourth fingers. Knuckle pain referred from this muscle feels just like the pain of arthritis.<sup>12</sup>

Trigger points in the abductor pollicis muscle can display a referral pattern similar to the pain of De Quervain's Disease.<sup>13</sup> The inflammation of the tendons connecting this muscle and the extensor pollicis brevis causes this condition.

Wrist, finger and thumb pain, and pain in the web of the thumb can be traced to muscles of the forearm as shown in the trigger point referral chart above, although it is not uncommon for it to be caused by more distal muscles.

### Conclusion

Don't become a statistic in the alarming injury epidemic within our community! Take the time to listen to your body, try new techniques and rest to ensure the longevity of your career.

### References

1. Raats, H, 2009. CosmeticWeb. "How can massage therapists safeguard themselves against possible injury?" Accessed 3/6/10 <http://www.coschem.co.za/pebble.asp?relid=10248&t=158>.
2. Albert WJ, Currie-Jackson N, and Duncan CA (2008) A survey of musculoskeletal injuries amongst Canadian massage therapists, *Journal of Bodywork and Movement Therapies* 12(1):86-93. PubMed ID: 19083660. Retrieved 4/6/10.
3. Chi, Jang, Tsauo & Wang. 2006 Prevalence and Risk Factors of Work-Related Musculoskeletal Disorders in Massage. *Practitioners Journal of Occupational Rehabilitation*, 16(3):416-429.
4. Behnke R, 2006. *Kinetic Anatomy* (2nd Edition), Human Kinetics, South Australia.
5. Floyd R & Thompson C, 2004. *Manual of Structural Kinesiology* (15th Edition), McGraw-Hill, New York.
6. Greene L, 1995. *Save your hands: injury prevention for massage therapists*: Gilded Age Press, Coconut Creek, Florida.
7. Chaitow L, 2006. *Muscle Energy Techniques* (3rd Edition), Elsevier Science Limited, China
8. Chaitow L, 2007. *Positional Release Techniques* (3rd Edition), Elsevier Science Limited, China
9. DeStefano R, Hooper J, Kelly B, 2009. *Muscle Medicine. The Revolutionary approach to Maintaining, Strengthening, and Repairing Your Muscles and Joints*, Fireside, New York
10. Williamson, C, 2007. *Muscular Retraining for Pain-Free Living*, Trumpeter Books, Boston Massachusetts.
11. Miicheli L, Jenkins M, 1995. *The Sports Medicine Bible*, Harper Collins Publishers, New York.
12. Simons S, Simons L, Travell J, 1992. *Myofascial Pain and Dysfunction. The Trigger Point Manual - Volume 1, The Upper Half of the Body* (2nd Edition), Williams & Wilkins, Maryland USA. Illustrations by Barbara Cummings
13. Hwang M, Kang Y, Kim D, Shin J (2005) Referral Pain Pattern of the Abductor Pollicis Longus Muscle. *American Journal of Physical Medicine and Rehabilitation*. 84(8):593-7. Sited by PubMed. ID: 16034228. Retrieved 4/6/10.
14. Finando D, 2005. *Trigger Point Self-Care Manual for Pain-Free Movement*, Healing Arts Press, Rochester Vermont.
15. Abbott Centre for Neuromuscular Therapy, 2010. Accessed 4/6/10 <http://abbottcenter.com/bostonpaintherapy/wp-content/uploads/2010/01/thmbextflex.jpg>

After completing her Diploma of Remedial Massage and working as a Remedial Massage Therapist for a while, Jodie returned to college to further her education. She now holds an Advanced Diploma of Myotherapy. Jodie has gained experience in a number of fields and has worked with a range of different health care professionals. She is passionate about getting results with her clients and has a strong focus on injury prevention and rehabilitation. Currently, Jodie works in a sports clinic on the Mornington Peninsula and sees a number of clients from home.

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CBHS Health Fund Ltd	This fund recognises all AMT practitioner levels.
A.C.A Health Benefits Fund Cessnock District Health Benefits Fund CUA Health Limited Defence Health GMF Health GMHBA Heath Care Insurance Limited Health Partners HIF WA Latrobe Health Services (Federation Health) Mildura District Hospital Fund Navy Health Fund Onemedifund Peoplecare Health Insurance Phoenix Health Fund Police Health Fund Queensland Country Health Ltd Railway & Transport Health Fund Ltd St. Luke's Health Teachers Federation Health Teachers Union Health Transport Health Westfund	ARHG recognises all AMT practitioner levels. They require you to use their provider number. This number is AWOXXXXM, where the X's are your 4-digit AMT membership number.
NIB	This fund will recognise members with HLT50302/07 Diploma of Remedial Massage; HLT50102/07 Diploma of Chinese Remedial Massage; HLT50202/07 Diploma of Shiatsu and Oriental Therapies; Advanced Diploma of Remedial Massage (Myotherapy)
Victorian WorkCover Authority	This fund recognises Senior Level 1 and 2 members.
Australian Unity GU Health	These funds recognise members with HLT40302/07 and all Senior Level One and Two members.
HCF Manchester Unity	These funds recognise members with HLT50302/ HLT50307 Diploma of Remedial Massage Advanced Diploma of Applied Science (Massage) Diploma of Health Science (Massage Therapy) 21511VIC/21920VIC Advanced Diploma in Remedial Therapy (Myotherapy). Existing HCF providers remain eligible. Manchester Unity will recognise HLT50202/07 Diploma of Shiatsu.
MBF NRMA SGIC (MBF Alliances) SGIO (MBF Alliances)	These funds recognise members with the HLT 50302/07 Diploma of Remedial Massage. You must send a signed consent form to AMT. Existing Senior Level One and Two providers remain eligible.
Australian Health Management Group Medibank Private	These funds recognise Senior Level One & Two members.
HBF	HBF recognises Senior Level 2 members.
ANZ Health Insurance (HBA) Cardmember Health Insurance Plan (HBA) CSR Health Plan (HBA) HBA (formerly AXA) HealthCover Direct (HBA) Mutual Community (HBA) Overseas Student Health Cover (HBA) St George Protect (HBA) VSP Health Scheme (HBA)	These funds recognise members with HLT 50302/7 Diploma of Remedial Massage and HLT 50102/07 Diploma of Chinese Medicine Remedial Massage. Existing providers remain eligible.
The Doctor's Health Fund	Doctors' Fund recognises members with HLT 50302/07 Diploma of Remedial Massage, Advanced Diploma of Applied Science (Remedial Massage), Advanced Diploma of Soft Tissue Therapies, Advanced Diploma of Remedial Massage (Myotherapy) and Bachelor of Health Science (Musculoskeletal Therapy). All Senior Level One and Two members remain eligible. They require you to use their provider number. This number is AMXXXX, where the Xs are your 4-digit AMT membership number.

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.

## To be eligible to remain on the above Health Fund lists you must:

1. Be financial and have a commitment to ongoing education (ie: an average of 100 CEUs per year)
2. Provide your clients with a formal receipt, either computer generated, or with rubber stamp or address label clearly indicating practitioner's name, AMT member number (eg: AMT 1-1234), practice address (no PO Box numbers) and phone number. Client's name, date of treatment, nature of treatment (ie: Remedial Massage), and particular health fund provider number may be handwritten.
3. Provide AMT Head Office with a practice address (or business address for mobile practitioners; no PO Boxes) - failure to supply these details to us will result in your name being removed from health fund listings.
4. Notify AMT HO of all relevant practice addresses.

**Please check the AMT website for further information on specific Health Fund requirements:**

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



# Calendar of Events

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

September 2010		CEUs
4	Outcomes Training for Remedial Massage Therapists. Presented by WorkCover NSW. North Sydney. Ph: 1800 801 905	20
4-5	Pregnancy Massage. Presented by Catherine McInerney. Melbourne. Ph: 03 9532 8144	60
4-5	Neurostructural Integration Technique Introductory. Presented by Michael Howse. Echuca. Ph: 0417 047 412	70
4	Northern Rivers Branch Workshop. Shoulder Pain and Scapula Stability. Presented by John Bragg. Tweed Heads. Ph: 02 9517 9925	35
5	Northern Rivers Branch Workshop. Lower Back Pain and Pelvic Stability. Presented by John Bragg. Tweed Heads. Ph: 02 9517 9925	35
17-19	Infant Massage Training. Presented by IMIS. Sydney. Ph: 1300 137 551	120
19	Hunter Branch Meeting. Adamstown. Ph: 02 4953 2252	15
24-26	Functional Assessments and Corrections of the Upper Body (Onsen Vol.4). Presented by Jeff Murray. Sydney. Ph: 07 5599 2514	105
25	Shoulder Pain and Scapula Stability. Presented by John Bragg. Sydney. Ph: 0410 434 092	35
25-26	Remedial Cupping. Presented by Bruce Bentley and Shirley Gabriel. Tasmania. Ph: 03 9576 1787	80
26	Neck and Headache Pain. Presented by John Bragg. Sydney. Ph: 0410 434 092	35
28	Illawarra Branch Meeting. Presentation. Corrimal. Ph: 0417 671 007	15
October 2010		CEUs
2-3	Remedial Cupping. Presented by Bruce Bentley and Shirley Gabriel. Melbourne. Ph: 03 9576 1787	80
5-9	Somatic CST 1. Presented by Patricia Farnsworth. Sydney. Ph: 1800 101 105	160
6	South Sydney Branch Meeting. Hurstville. Ph: 0411 039 819	15
8	Riverina Branch Meeting. Kyabram. Ph: 0419 575 037	15
9-10	Pregnancy Massage. Presented by Catherine McInerney. Adelaide. Ph: 03 9532 8144	60
9-10	Myofascial Cupping. Presented by David Sheehan. Sydney. Ph: 03 9481 6724	70
9-11	Traditional East-West Cupping. Presented by Bruce Bentley. Brisbane. Ph: 03 9576 1787	105
16-18	Traditional East-West Cupping. Presented by Bruce Bentley. Melbourne. Ph: 03 9576 1787	105
23-24	Remedial Cupping. Presented by Bruce Bentley and Shirley Gabriel. Sydney. Ph: 03 9576 1787	80
23	Sciatica, Piriformis Syndrome and Hip Pain. Presented by John Bragg. Sydney. Ph: 0410 434 092	35
24	Leg and Knee Pain. Presented by John Bragg. Sydney. Ph: 0410 434 092	35
26	Illawarra Branch Meeting. Formal Meeting. Corrimal. Ph: 0417 671 007	15
29-31	Infant Massage Training. Presented by IMIS. Cairns. Ph: 1300 137 551	120
29-31	AMT Annual Conference. Canberra. Ph: 02 9517 9925	150
November 2010		CEUs
4-6	Fundamentals of Touch. Presented by Art Riggs. Sydney. Ph: 0402 059 570	120
6-7	Remedial Cupping. Presented by Bruce Bentley and Shirley Gabriel. Melbourne. Ph: 03 9576 1787	80
6	Outcomes Training for Remedial Massage Therapists. Presented by WorkCover NSW. Wollongong. Ph: 1800 801 905	20
7 & 14	Ortho-Bionomy Fundamentals (Phase 4). Presented by Anthony Swan. Canberra. Ph: 0412 286 385	70
8-9	Integrative Deep Tissue Massage. Presented by Art Riggs. Sydney. Ph: 0402 059 570	80
13	Lower Back Pain and Pelvic Stability. Presented by John Bragg. Sydney. Ph: 0410 434 092	35
13-15	Fundamentals of Touch. Presented by Art Riggs. New Zealand. Ph: 0402 059 570	120
14-15	External Injury. Presented by Bruce Bentley. Melbourne. Ph: 03 9576 1787	80
14	Scoliosis. Presented by John Bragg. Sydney. Ph: 0410 434 092	35
18	Mackay Branch AGM. Mt Pleasant. Ph: 07 4955 2553	15
19-21	Infant Massage Training. Presented by IMIS. Perth. Ph: 1300 137 551	120
20-21	Chi-Acupressure. Presented by Zhang Hao. Strathfield. Ph: 02 9629 1688	75
20-21	Remedial Cupping. Presented by Bruce Bentley and Shirley Gabriel. Sydney. Ph: 03 9576 1787	80
20-21	Pregnancy Massage. Presented by Catherine McInerney. Brisbane. Ph: 03 9532 8144	60
20-21	Myofascial Cupping. Presented by David Sheehan. Coolangatta. Ph: 03 9481 6724	70
20-22	Traditional East-West Cupping. Presented by Bruce Bentley. Sydney. Ph: 03 9576 1787	105
21	Hunter Branch Meeting. Adamstown. Ph: 02 4953 2252	15
25-29	Somatic CST III. Presented by Patricia Farnsworth. Sydney. Ph: 1800 101 105	175
25-28	Advanced Deep Tissue Massage. Presented by Art Riggs. Sydney. Ph: 0402 059 570	160
26-28	Functional Assessments and Corrections for the Upper body (Onsen Vol.4). Presented by Jeff Murray. Echuca. Ph: 0419 575 037	105
28	ACT Branch Meeting. Venue TBA. Ph: 0408 238 274	15
30	Illawarra Branch Meeting. AGM and Dinner. Corrimal. Ph: 0417 671 007	15

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