

## President's Message

By Alan Ford

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Hi everyone. I hope and trust you have successfully progressed through yet another flu and cold season unscathed. Winter 2012 was a ripper here in the national capital with lots of sub zero mornings to kick start the day. However, over the past few weeks, I have been able to take advantage of some glorious sunshine to go out walking during my lunch hour. Whilst out and about, I have been giving considerable thought to the launch of the AMT Code of Practice, which is on track for the upcoming Annual Conference on the Sunshine Coast.

I was enormously gratified to see from the feedback received that an overwhelming majority of respondents approved of the Code of Practice and strongly support its implementation. I interpret this broad acceptance and endorsement as a positive sign that our beloved industry is evolving and we have established a new benchmark for professional practice.

The review of the Code of Practice feedback is now complete. Comments and suggestions from AMT members, massage therapy educators and allied health professional bodies, including government agencies across Australia, have been incorporated in the Code. Some significant points of concern have been addressed with the full support of the AMT Board.

One point of concern raised by a number of AMT members was the use of testimonials to help promote a business.

After long consultation and debate, it was agreed that the use of testimonials would not be in the best interests of the massage therapy profession and therefore would be prohibited under the Code. This decision reflects the current regulatory standards for allied health professionals registered under the Allied Health Practitioner Regulation Agency and is an acknowledgement that we are ready to be judged by the same kinds of standards and requirements.

With the conference only a month or so away, it is not too late to get into some great workshops and pick up valuable tips to add to your expanding knowledge base. Please, don't miss this great opportunity to network, be educated and informed, and relax all at the same time. Art Riggs, one of the best international presenters we have ever had in Australia, is back again presenting a breakout session on the ribs and a post conference workshop on pelvic balance. Art will also be presenting two workshops in Sydney at the end of October (Cultivating a powerful and soft touch and Working with common injuries and complaints). These workshops are filling up fast so, if you are thinking of registering, I recommend that you get in soon.

See you on the sunny Sunshine Coast!

■ amt



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## Secretary's Report

by Rebecca Barnett

*"It is not the critic who counts: not the man who points out how the strong man stumbles or where the doer of deeds could have done better. The credit belongs to the man who is actually in the arena, whose face is marred by dust and sweat and blood, who strives valiantly, who errs and comes up short again and again, because there is no effort without error or shortcoming, but who knows the great enthusiasms, the great devotions, who spends himself for a worthy cause; who, at the best, knows, in the end, the triumph of high achievement, and who, at the worst, if he fails, at least he fails while daring greatly, so that his place shall never be with those cold and timid souls who knew neither victory nor defeat."* Theodore Roosevelt

I know it is unusual for me to use the cheap rhetorical device of starting a piece with a quote from a famous person but I hope you'll indulge me just this once. It is no small testament to the blood, sweat and tears that have been poured into the drafting and, now, redrafting of the AMT Code of Practice that these sentiments made me burst into spontaneous tears when I read them a few days ago. My sincere and heartfelt thanks go to all the brave, hardworking souls who have given their time, knowledge and commitment to the formulation of the Code. Three years, countless hours of research, and dozens of discussions and debates have fueled its creation so it is an enormous relief to have the beast so close to completion. Did I mention the occasional beer?

Not surprisingly, the main focus of the AMT Board over the past few months is the completion of the Code of Practice review in preparation for its launch at the AMT conference.

Having encompassed the concerns and comments of members in the revision, we are extremely confident that the final document will be welcomed and will issue in a new era of mature, professional practice.

We are still in the process of drafting a standard for complaint handling to complete the Code of Practice. This last piece of the puzzle will help therapists to navigate through the challenging process of dealing with a complaint from a client. Receiving a complaint, be it informal or formal, can be a confronting experience but it can also be an opportunity to identify how we might be able to improve the quality of the services we provide. Handled well, a complaint can lead to profound and positive changes in the way we practice, enhancing the therapeutic and clinical relationship with the client. The best practitioners are in a constant state of reflection and evolution, always expanding their knowledge base and finding ways to improve their clinical and ethical practice.

Much of this territory will be featured in the plenary sessions at the upcoming AMT conference, with Professor Michael Weir placing the AMT Code of Practice in the broader regulatory framework for healthcare practitioners. Peter Johnstone, from the Queensland Health Quality Complaints Commission will talk about how complaints are an opportunity for improvement and Jeff Shearer will present on ethical marketing. Breakout sessions for the conference are booking out rapidly so, if you are still thinking about attending, you need to get your registration in quick smart!

### Health Training Package review

The 07 training package is currently being reviewed in preparation for the release of a new version in 2014. AMT Directors Desley Scott and Annette Cesar are on the Subject Matter Expert Group charged with reviewing the HLT40307 Certificate IV in Massage Therapy Practice and HLT50307 Diploma of Remedial Massage, so you can be confident that AMT will be directly and intimately involved in shaping the next iteration of our primary qualifications.

### Upgrading qualifications

AMT is aware that at least one Registered Training Organisation has been distributing advertisements saying that HLT02 qualifications have been 'superceded' and urging therapists to upgrade to HLT07. Please be reassured that all HLT02 qualifications are still recognised and valid, and there is no need to upgrade to an 07 qualification unless you specifically want to. The same will apply to 07 qualifications when the new version of the training package is released in 2014.

AMT will always keep you informed of any changes to standards and currency of qualifications. Please do not rely on the marketing material of colleges for current or accurate information.

Your main obligation in terms of currency is to keep up to date with continuing education, senior first aid and insurance. This is especially important for therapists with pre-HLT qualifications, as AMT can only continue to grandfather you with the health funds if you stay up to date at all times.

AMT will always endeavour to give you early notice of any potential changes. When in doubt, give Head office a call. Please don't allow information from a third party to upset your applecart!

## DEADLINE

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## Fascial Fitness - A new approach to train your fascial web

by Divo G. Müller, Robert Schleip



Conventional sports training has mainly focused on the classical triad of muscular strength, cardiovascular fitness and neuromuscular coordination. However, most overload injuries in sports occur in collagenous tissues. Thus, the logical approach would be to train the connective tissues. While some alternative training activities such as yoga, Pilates, Continuum Movement, Tai Chi, Qi Gong and martial arts, already take the fascial network into their practice, fitness training still generally focuses on muscles. However, fitness training that focuses on the fascial network could be of great value to athletes, dancers and others. If the fascial body is well trained, optimally elastic and resilient, then it can be relied on to perform effectively, thereby helping to prevent injury.

In a recent *Men's Health* magazine, the author of *Anatomy Trains*, Tom Myers, posed the question 'What if everything we thought we knew about muscles was wrong?' Tom said, "For many people, fitness is still all about lifting weights to build bulk. But what does that make you fit for? You are fit if you can adapt to the demands of your environment with ease and imagination."

While the importance of fascia is often discussed, the latest insights from fascia research have never been specifically put into practice.

To build up an injury resistant and elastic fascial body network, it is essential to translate current insights from fascia research into a practical training program. Working together with sports experts and movement therapists, we have developed Fascial Fitness as a system for fostering a more resilient (stronger and more elastic) collagen tissue network through tailored exercises.

The intention of this article is to encourage massage, bodywork and movement therapists to consider and incorporate the principles presented here in their work.

### Fascial Fitness training principles

First, we can learn valuable lessons from our early childhood, watching kids spontaneously jumping, skipping and bouncing at play. Children are able to move effortlessly as they use the elastic recoil properties of the fascia rather than working out their muscles.

Fascial Fitness allows us to orchestrate our movement gracefully: utilising the elastic recoil property of fascia; finding the oppositional movement before initiating movement; slowly and dynamically stretching without jerky movements; creating as little noise as possible; varying the movement; giving it time and building proprioceptive awareness.

We have outlined the six principles of Fascial Fitness below.

#### 1. Preparatory countermovement

Kangaroos can hop much further and faster than can be explained by the force of the contraction of their leg muscles. Scientists have discovered that a spring-like action is behind this unique ability - the so-called 'catapult mechanism'. Here, the tendons and the fascia of the legs are tensioned like elastic bands. The release of this stored energy is what makes the amazing jumps possible.

These animals are also capable of impressive leaping as well as running abilities, though their musculature is not especially powerful. Scientists also discovered that the same mechanism is found in humans.

The goal of fascial fitness training is to stimulate the fascial fibroblasts to lay down a more youthful and kangaroo-like fibre architecture. This is done through movements that load the fascial tissues over multiple extension ranges while utilising their elastic springiness. In other words, we use the catapult mechanism. Before performing the actual movement, we start with a slight pre-tensioning in the opposite direction. This is like using a bow to shoot an arrow: just as the bow needs sufficient tension for the arrow to reach its goal, the fascia becomes actively pre-tensioned in the opposite direction. In a sample exercise called 'the flying sword', the pre-tensioning is achieved as the body's axis is slightly tilted backward for a brief moment, while there is a simultaneous upward lengthening (Figure 1). This increases the elastic tension in the fascial bodysuit and, as a result, allows the upper body and the arms to spring forward and down like a catapult as the weight is shifted in this direction.

The opposite is true for straightening up - the mover activates the catapult capacity of the fascia through an active pre-tensioning of the fascia of the back. When standing up from a forward bending position, the muscles on the front of the body are first briefly activated. This momentarily pulls the body even further forward and down and, at the same time, the posterior fascia is loaded with greater tension.

The energy stored in the fascia is dynamically released via a passive recoil effect as the upper body 'swings' back to the original position.



To be sure that the individual is relying on the dynamic recoil action of the fascia rather than on muscle requires a focus on timing, much the same as when playing with a yoyo. It is necessary to determine the ideal swing, which is apparent when the action is fluid and pleasurable.



▲ **Figure 1:** Training example: Elastic Wall Bounces. Imitating the elastic bounces of a gazelle, soft bouncing movements off a wall are explored. Proper pre-tension in the whole body will avoid any collapsing into a 'banana posture'. Making the least sound and avoiding any abrupt movements is imperative. Once these qualities have been mastered, progression into further load increases can eventually be explored by stronger individuals e.g. bouncing off a table or windowsill instead of a wall. The person pictured should not progress to higher loads yet, as his neck and shoulder region show slight compression in the image on the left.

## 2. The Ninja Principle

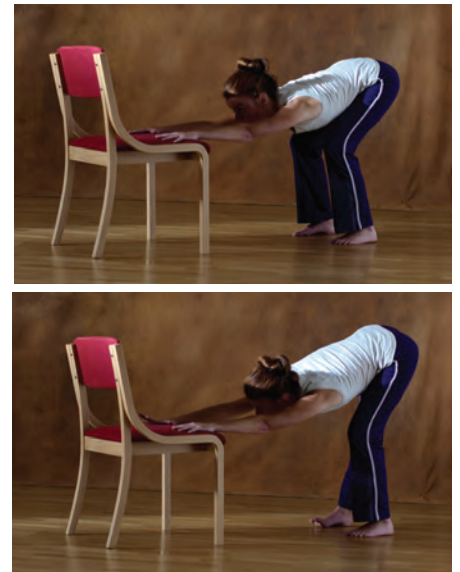
The legendary Japanese warriors who reputedly moved silently and left no trace inspired this principle. When performing bouncy movements such as hopping, running and dancing, special attention needs to be paid to executing the movement as smoothly and softly as possible. A change in direction is preceded by a gradual deceleration of the movement before the turn and a gradual acceleration afterwards, each movement flowing from the last. Again, we should avoid jerky movements (see Figure 1).

Normal stairs can become training equipment, employing gentle stepping. Movement with 'as little noise as possible' provides the most useful feedback – the more the fascial spring effect is used, the quieter and gentler the process will be. It may be useful to reflect on the way a cat moves as it prepares to jump – first it sends a condensed impulse down through its paws in order to accelerate softly and quietly, landing with precision.

## 3. Dynamic stretching

Rather than static stretching, a flowing stretch is suggested. In fascial fitness there is a differentiation between two kinds of dynamic stretching: fast and slow. The fast variation may be familiar to many people as it was part of physical training in the past. For several decades this bouncing stretch was considered to be generally harmful to the tissue but the merits of the method have been confirmed in recent research. Although stretching immediately before competition can be counterproductive, it seems that long-term and regular use of such dynamic stretching can positively influence the architecture of the connective tissue, becoming more elastic when correctly performed. Muscles and tissues should first be warmed up, and jerking or abrupt movements should be avoided. The motion should have a sinusoidal deceleration and acceleration shape at each direction turn. This goes along with a smooth and 'elegant' movement quality perception. Dynamic, fast stretching has even more effect on the fascia when combined with a preparatory countermovement. For example, when stretching the hip flexors a brief backward movement should be introduced before dynamically lengthening and stretching forwards.

The long myofascial chains are the preferred focus when doing slow dynamic stretches. Instead of stretching isolated muscle groups, the aim is finding body movements that engage the longest possible myofascial chains (e.g. Tom Myers' Anatomy Trains meridians). This is not done by passively waiting, as in a lengthening classical Hatha yoga pose or a conventional isolated muscle stretch. Multidirectional movements with slight changes in angle are used. This might include sideways or diagonal movement variations as well as spiralling rotations. With this method, large areas of the fascial network are simultaneously involved.



▲ **Figure 2:** Training example: The Big Cat Stretch. This is a slow stretching movement of the long posterior chain, from the finger tips to the sit bones, and from the coccyx to the top of the head and down to the heels. The movement goes in opposing directions at the same time – think of a cat stretching its long body. By changing the angle slightly, different aspects of the fascial web are addressed with slow and steady movements. In the next step one rotates and lengthens the pelvis or chest towards on side (here shown with the pelvis starting to rotate to the right). The intensity of the feeling of stretch on that entire side of the body is then gently reversed. Note the feeling of increased length afterwards.

## 4. Proprioceptive refinement

Proprioception is our sixth sense, our body and movement sense. Without it, we could not feel our bodies. (According to Mosby's Medical, Nursing and Allied Health Dictionary, proprioception is the sense of the relative position of neighbouring parts of the body and strength of effort being employed in movement).

There are at least six times as many sensory receptors in our fascial tissues than in the muscles. It has been found that the classical 'joint receptors', located in joint capsules and associated ligaments, are of lesser importance for normal proprioception since they are usually stimulated at extreme joint ranges only and not during physiological motions.

On the other hand, proprioceptive nerve endings located in the more superficial layers are more optimally situated as, here, even small angular joint movements lead to relatively distinct shearing motions. Recent findings indicate that the superficial fascial layers of the body are in fact more densely populated with mechanoreceptive nerve endings than tissue situated more internally.

For this reason, a perceptual refinement of shear, gliding and tensioning motions in superficial fascial membranes is encouraged. In doing this, it is important to limit the filtering function of the reticular formation as it can markedly restrict the transfer of sensations from movements that are repetitive and predictable. To prevent such a sensory dampening, the idea of varied and creative experiencing becomes important. Using fascial refinement, various qualities of movement are experimented with e.g. extreme slow motion, very quick micro-movements that may not even be visible to an observer, and large macro movements involving the whole body. It is common to place the body into unfamiliar positions while working with the awareness of gravity or possibly through exploring the weight of a training partner.

The micro-movements (Figure 3) are inspired by Emily Conrad's Continuum Movement. Such movement is active and specific, and can have effects that are not possible with larger movements. In doing these coordinated fascial movements, it appears possible to specifically address adhesions, for example between muscle septa deep in the body. In addition, such tiny and specific movements can be used to illuminate and bring awareness to perceptually neglected areas of the body.

### 5. Hydration and renewal

The video recordings of live fascia in *Strolling Under the Skin* (by Dr Jean-Claude Guimbertau) have helped our understanding of the plasticity and elasticity of water-filled fascia.



▲ **Figure 3:** Training example: Octopus Tentacle. With the image of an octopus tentacle in mind, a multitude of extensional movements through the whole leg are explored in slow motion. Through creative changes in muscular activation patterns, the tensional fascial proprioception is activated. This goes along with a deep myofascial stimulation that aims to reach not only the fascial envelopes but also into the septa between muscles. While avoiding any jerky movement quality, the action of these tentacle-like micro-movements leads to a feeling of flowing strength in the leg.

This awareness has informed the slow dynamic stretching and fascial refinement work described above. An essential basic principle of these exercises is the understanding that the fascial tissue is predominantly made up of free moving and bound water molecules. During the strain of stretching, the water is pushed out of the more stressed zones similar to squeezing a sponge. With the release that follows, this area is again filled with new fluid which comes from surrounding tissue and the lymphatic and vascular network. However, the sponge-like connective tissue can lack adequate hydration at neglected places. The goal of exercise is to refresh such places in the body with improved hydration through specific stretching to encourage fluid movement. Proper timing of the duration of individual loading and release phases is very important.

As part of modern running training, it is often recommended that running should be interspersed with short bursts of walking. There is good reason for this: under strain, the fluid is pressed out of the fascial tissues and these begin to function less optimally as their elastic and springy resilience slowly decreases. The short walking pauses serve to rehydrate the tissue, as it is given a chance to take up nourishing fluid. For an average beginning runner for example, the authors recommend walking pauses of one to three minutes every 10 minutes. More advanced runners with more developed body awareness can adjust the optimal timing and duration of those breaks based on the presence (or lack) of that youthful and dynamic rebound - if the running movement begins to feel and look more dampened and less springy, it is time for a short pause. Similarly, if there is a noticeable return of that gazelle-like rebound after a brief walking break, then the rest period was adequate.

This cyclic training, with periods of more intense effort interspersed with purposeful breaks, is recommended in all facets of fascia training. The person training then learns to pay attention to the dynamic properties of their fascial 'bodysuit' while exercising and adjust the exercises based on this new body awareness. This also carries over to an increased 'fascial embodiment' in everyday life. Preliminary anecdotal reports also indicate a preventive effect of fascia-oriented training in relation to connective tissue overuse injuries.

### 6. Sustainability: the power of a thousand tiny steps

A bit of eastern philosophy might help to illustrate this principle: to be supple and resilient like a bamboo requires the devotion and regular care of the bamboo gardener. He plants his seeds over a long period of time without any visible positive result. Only after enduring care does the first bamboo seedling become visible as it pushes its way toward the sky. Then it grows steadily upwards until it dwarfs its neighbours in height, flexibility and resistance to damage.

We suggest that training should be consistent and that only a few minutes of appropriate exercises, performed once or twice per week, is sufficient for collagen remodelling. The related renewal process will take between six months and two years and will yield a supple, flexible and resilient collagenous matrix.

For those who do yoga or martial arts, focus on a long-term goal is nothing new. For the person who is new to physical training, such analogies can go a long way to convincing them to train their connective tissues, combined with a little knowledge of modern fascia research. Of course, fascial fitness training should not replace muscular strength work, cardiovascular training and coordination exercises. Instead it should be thought of as an important addition to a comprehensive training program.

### Conclusion

We can now appreciate the complex role of the connective tissues and apply the latest research findings in our approaches to exercise and fitness.

In the 70s the trend was power, in the 80s it was aerobics, in the 90s neural coordination and in the 00s it is the core. Could a fascia-oriented fitness approach be the next trend?

The new approach of Fascial Fitness is not an attempt to replace conventional sports training but to complement it with recommendations for brief (3-10 minute) specific loading exercises performed once or twice per week. Loading includes end-range stretches (active as well as passive) and 'bouncing' movements that use and strengthen the elastic recoil properties of collagenous tissues.

International interest in Fascial Fitness workshops has been more than overwhelming. Most of the recent courses have been booked out. Divo Muller will travel to Australia in January 2013 and conduct Fascial Fitness workshops in the Gold Coast (12-13 Jan) and Sydney (15-16 Jan). To find out more about Fascial Fitness see [www.fascialfitness.de](http://www.fascialfitness.de)

### References

Schleip R, Mueller DG. Training principles for fascial connective tissues: scientific foundation and suggested practical applications. *J Bodyw Mov Ther* 2012 (article in press, doi:10.1016/j.jbmt.2012.06.007).

### About the authors

*Divo G. Muller is one of the first internationally authorised Continuum teachers in Europe. She is a Somatic Experience practitioner, author of a book, numerous articles and a DVD, which teaches a specially designed movement approach for women, based on Continuum. Divo teaches regularly all over Europe as well as in Brazil and New Zealand. She offers a unique movement program in her Studio Bodybliss in Munich.*

*Robert Schleip PhD, is an International Roling Instructor and Fascial Anatomy Teacher. Robert has been an enthusiastic certified Rolfer since 1978. He holds a Masters in psychology and has been a Certified Feldenkrais Teacher since 1988. He earned his PhD with honours in 2006 and shortly thereafter established the Fascia Research Project at Ulm University and has a lab of his own. He was co-initiator and organiser of the first Fascia Research Congress at the Harvard Medical School in Boston, USA in 2007.*

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## Considering a Career in Paediatric Massage?

by Tina Allen | Liddle Kidz Foundation

Many massage therapists are looking for ways to specialise in their practice. One of the reasons that the field of infant and paediatric massage is so exciting is that, like oncology and palliative massage, it affords the opportunity to work as a respected healthcare provider within the medical mainstream.

Babies and children simply love to be touched. In fact, they thrive on it. It is a crucial part of their healthy growth and development. Normal affectionate touching is important but a regular routine of infant massage can offer additional benefits to both the caregiver and the child. Nurturing touch promotes physiological, neurological and psychological development and function.

### Benefits of Paediatric Massage

A child who has been hospitalised or diagnosed with a debilitating medical condition may have a complex range of symptoms. These symptoms are often accompanied by pain, anxiety, loneliness and fear. It therefore makes sense that healthcare staff in medical facilities look to paediatric massage as a treatment for some of these secondary symptoms.

Research has shown that massage therapy can ease both the physical symptoms and the emotional discomfort associated with paediatric medical conditions. Immediately after receiving massage, children with mild to moderate juvenile rheumatoid arthritis experience decreased anxiety and a drop in their cortisol levels. For young patients with autism, the aversion to touch decreases with massage and their ability to focus increases. Paediatric patients with cystic fibrosis report feeling less anxious, and their pulmonary function and ability to breathe improves.

For the massage therapist or other healthcare professional considering paediatric massage as a treatment option, there are many factors to take into account to ensure you are providing age specific and developmentally appropriate therapy.

Specific training in paediatric massage is required to feel fully confident working with children in medical institutions.



### Considering Paediatric Massage

If you are considering paediatric massage as a speciality, some initial adaptations in your practise will be helpful. The following five "P's" are the keys to successful therapeutic massage sessions for both the paediatric patient and the practitioner.

#### 1. Permission

Permission should always be obtained from the child. Within the confines of hospital walls, it is not always possible for a child to consent to or refuse treatment. Empowering the child to have a voice in their medical care is possible through the use of massage therapy.

Before any touch therapy session with a paediatric patient, you must receive approval from their attending physician to ensure the child's safety. Never perform massage therapy for a paediatric patient prior to receiving medical consent to do so, as some medical conditions carry contraindications to touch therapy. It is always best to receive medical advisement prior to each and every session, in case of any medical changes.

#### 2. Pace

Keep in mind that therapeutic touch sessions with children are often much shorter than those with adult clients. Even healthy children have shorter attention spans and tolerance to nurturing touch.

You may only be providing therapy for 15-20 minutes for younger patients. You may find that, with some diagnoses, massage therapy is recommended more than once a day.

#### 3. Pressure

Paediatric massage is adapted for each individual client on a specific case-by-case basis. It is important to build rapport and trust in your professional relationship with each child. Let children know that they can direct the amount of pressure used during the massage. Also, be prepared for the child to test out the control they have in directing the amount of pressure used. It is important that the child knows they can trust you, and that you will listen to their requests. Once they trust you, they can relax and just feel the many benefits of the massage.

The very experience of having some control over their bodies becomes more important for children who are chronically ill or hospitalised. For these children, their day-to-day existence in the hospital is full of experiences of adults doing things to them - often painful and uncomfortable - without their permission. It is very empowering for a child to have the ability to direct their therapeutic session, including sometimes even refusing it.

#### 4. Positioning

Some chronically ill children are confined to their hospital bed, while others may be in a wheelchair or have the ability to move from their bed with ease. It is important to be able to adapt to a variety of scenarios.

Practise different positions including supported side lying, supine and semi-reclined. These three positions seem to work very well, as you can keep eye contact and notice any facial gestures your young client may make which will alert you to any discomfort. Of course, it is always possible to provide massage in other positions too, such as sitting in a wheelchair, standing or lying in another position that is more comfortable for the client. The key is placing your hands on the child in a way that they feel most comfortable with. This will increase the therapeutic and relaxing benefits or your time together.

#### 5. Parents

To many paediatric patients and their families, paediatric massage is often seen as the medicine they need to heal so it becomes more important to consider including parents in your sessions. You can't provide therapy for the child every day, so teaching the parents some techniques will help to encourage this healthy bond between parent and child. Additionally, many parents feel helpless within the medical system. Passing along something they can use will help them to relax as well, which will also translate to the young client.

At the beginning of the session remind the parent that your focus will be on the child and that you will be happy to discuss the session or answer any questions at the end of the treatment. Show parents some simple techniques to help them relax, such as taking some deep breaths or rolling their shoulders. Explain the importance of relaxing prior to touching their child. Then show them some simple techniques they can use without harming their child.

#### How to incorporate Paediatric Massage into your practice

Providing touch therapy is within the scope of practice of many healthcare providers including physicians, nurse practitioners, nurses, physical therapists and occupational therapists.

However, massage is not frequently practised by these practitioners because of time constraints or lack of comfort and familiarity with providing massage therapy.



Unfortunately, not all health facilities have the services of healthcare professionals trained in paediatric massage. With emerging research and the development of integrative paediatric programs, there is an increasing need for practitioners with specialised experience in paediatric massage therapy. Numerous studies demonstrate the effectiveness of paediatric massage therapy when safely provided by trained healthcare practitioners. However, neither standard medical training nor your initial training in massage therapy provides you with the customised training necessary to best serve this population. As stated previously, specific training is required so you feel fully confident and competent to provide paediatric massage in the primary healthcare setting.

#### Inside the healthcare environment

Massage therapy can enhance a child's healthcare experience. The number of children receiving a variety of CAM therapies in the medical setting is steadily growing as more healthcare practitioners become educated in the area and parents read the research findings supporting these kinds of interventions. As in any therapy provided for the care of children, safety and efficacy is of the utmost importance. Physicians, other healthcare staff and parents will look to the massage therapist for careful scrutiny of a child's healthcare needs prior to providing massage therapy and in devising an effective treatment plan. When working with paediatric clients, we may first ask parents for the child's health history. In addition, communication with healthcare personnel provides the massage therapist with essential information to develop an effective plan and approach to care.

For the therapist wishing to work in the medical environment, careful collaboration with healthcare staff is imperative and taking the time to nurture those relationships is especially important. Simply asking a physician to sign a medical release will not be all that is required when working with children with a variety of medical needs. Not all medical personnel have a background or training in the indications, precautions or contraindications to the use of paediatric massage. Professional therapists must do their due diligence prior to the child's massage session.

Time, compassion and patience are some of the most useful qualities to lead you down the road to becoming a successful paediatric massage therapist.

*Tina Allen is the Founder and Director of the Little Kidz Foundation. She is an international author, lecturer and authority on infant and paediatric massage therapy. Tina has been inducted into the Massage Therapy Hall of Fame and has received recognition as the International Massage Therapist of the Year. She travels in a tour bus 365 days a year teaching courses internationally and is the proud mother of Otis. Contact her @ [www.LittleKidz.com](http://www.LittleKidz.com).*





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## MIMT students provide massage to Relay For Life participants

by Neville Goddard



Melbourne Institute of Massage Therapy Cert IV students Lynelle Hamer, Joshua Dorn, Stacey Skurnik, Anne Whincup and Neville Goddard provided massage to participants in the 'Relay For Life' event held in Greensborough on Saturday 24 and Sunday 25 March.

Relay For Life is an overnight, community event where teams of 10 or more keep a baton moving in a relay-style walk or run to raise funds for the Cancer Council. The event brings the community together for a night of fun, entertainment, celebration and remembrance.

It is an opportunity to get together with the community to celebrate cancer survivors, remember lost loved ones and fight back against cancer.

Massage recipients ranged from young children receiving massage for the very first time to seasoned veterans.

The student massage practitioners gained valuable experience with a wide range of clients in a real-world 'non-clinical' setting (an athletic track pavilion alongside the silent auction).

Relay participants and volunteers were universally grateful for the massage they received and over \$150 was contributed to the fundraising efforts of the weekend. Congratulations to the students involved for not only helping to raise money for a great cause but simultaneously raising awareness of the benefits of massage.

Thanks to MIMT for supporting the event by contributing disposable table and face sheets.



## How much does a massage cost the therapist?

by Dave Moore

I am in the middle of reviewing my charges ... something I haven't done for a number of years. This is very remiss and has resulted in me robbing myself.

Basically, I realised that my charges hadn't even kept up with inflation (the value of everything drops by around 3.5% per year). In my case, the value had dropped by around 20% in the 5 years since I last adjusted my fees. A quick check on the reserve bank's online inflation calculator - <http://www.rba.gov.au/calculator> - gave me a starting point and a bit of a fright.

This whole process was also triggered by a plumbing emergency that cost \$300 per hour! It made me seriously interrogate why most massage therapists are charging so little, myself included.

So, I decided to do a complete rethink on what it actually costs to be a massage therapist and use that as a basis for what I should charge my clients ... after all I am running a business, not a charity. I hope you might benefit from my efforts and stop robbing yourself in the process too. You should only need to do this once unless you change your pattern of business, in which case you will need to reflect the changes. From then on an annual update can be done using the RBA inflation calculator.

Please bear in mind that this is only a guide to help you run your business. I am not an accountant - what follows is based on my training in Project Management, which I have applied to my own practice. I have tried to make it quite flexible so you can adapt it to suit your circumstances. The key point is to be aware that a massage business is much more than just massaging clients.

First of all, we need to do a 'Work Breakdown Analysis', trying to identify everything we do as a Professional Massage Therapist so we can work out the value to our business.

Take a look at the list below, and calculate how much **time per day** you spend on each of the activities listed on average. You may think of other activities that should be included so please add them to the list:

- Working with clients during their actual appointment, including greeting/farewell, assessment, taking/updating history, the treatment etc.
- Taking /processing bookings
- Handling phone and internet enquiries
- Writing-up clinical notes and treatment plans
- Self care
- Waiting/rest between clients (not meal breaks)
- Promotion of your business
- No shows – time wasted
- Laundry
- Clinic cleaning and tidying
- Changing linen between clients
- Travel time (if a mobile service)
- Paying bills
- Maintaining accounts
- Buying supplies
- Stock control
- Research, reading up on conditions and treatments, checking your assessments etc.

When you add all of this up ... wow! It quickly becomes evident how much time per day you are putting into your business compared with the time you spend actually doing massage. Let's call this **Clinical Hours**.

Multiply your **Clinical Hours** by the number of days per week you work, and multiply that result by 48 to give you the number of clinical hours you work in a year, allowing four weeks for vacation, public holidays and sickness etc. Let's call this **Annual Clinical Hours**.

Now work out your time spent per year on:

- training and self education (classes, workshops, AMT conference etc). Don't forget to include travelling time.
- other meetings and massage business related events.

Let's call this **Annual Auxiliary Working Time**.

Add together your **Annual Clinical Hours** and your **Annual Auxiliary Working Time** to determine your **Total Annual Hours Worked**. I bet you are surprised by the result.

Now for the financial dimension.

I believe your clients need to pay you for all this time. So how much is your time worth? An untrained waiter gets around \$17 per hour. I sincerely hope that you think you are worth more than that.

Multiply what you think your time per hour is worth by your **Total Annual Hours Worked**. That is your **Gross Annual Labour Cost**.

But wait, there's more ...

So far, we have only looked at labour but we need to consider other costs. How much per year does your massage business outlay on:

- Taxes
- Bank and Credit Card charges
- Government charges such as business registration
- Fees paid to others such as accountants, lawyers etc

- Rent (even if you work from home there is a cost associated with your room)
  - Replaceable assets such as towels and uniforms
  - Tools and massage equipment
  - Depreciation costs of massage table, computer, washing machine, office equipment, furniture, cabinets etc
  - Clinic management or accounting software (initial cost or license fee)
  - Consumables, massage oils, tape, writing materials, cleaning products
  - Insurance
  - Advertising and promotion
  - Professional association fees
  - Ongoing self education
  - First aid certification
  - Phone, data, SMS, water, electricity, security etc
  - Accommodation, fares and travel related expenses, fuel, insurance, etc
- Add these up then deduct any income such as interest earned and tax rebates. Let's call this result **Annual Running Costs**.

Remember, these costs need to be met before you make any money for yourself. You may be able to claim some of them back in tax, which will then come in as Income in the next financial year. (Please check this with your tax accountant. This is only a generalised method of helping you identify how much your business costs so you can decide if your fees are appropriate.)

Now for the cruncher ...

Add together your **Gross Annual Labour Cost** and **Annual Running Costs**. We will call this the **Total Annual Cost of Doing Business**. This is how much money you need to turn over per year to run your practice and pay yourself a reasonable wage. Obviously most of this comes from your clients so you will need to take your **Annual Cost of Doing Business** and divide it by the number of clients you see per year. Don't faint. That final figure is how much you should be charging your clients. The question is - are you?

If not, how do you plan to survive in the long term?

*Originally starting out as a Rock N Roll roadie/entertainment electrician, Dave Moore finally grew up and has spent the last 20 years in senior operations and project management positions for a number of major national and state organisations. A key element of much of this work has been in budgeting and costing of services and projects. Dave became a practicing therapist and active AMT member in 1999 and was elected to the AMT board in 2008, taking on the role of Treasurer in 2012.*

*The advice given in this article is general in nature and does not constitute financial advice.*

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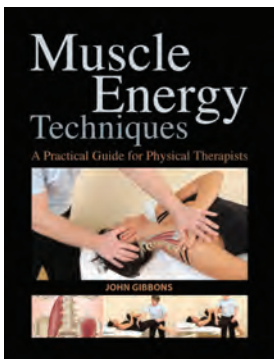


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## Book Review

by Colin Rossie



*"Muscle Energy Techniques:  
A Practical Guide for Physical Therapists"*

Author: John Gibbons.

Lotus Publishing, 2012. 192 pages.

ISBN 978 1 905367 23 8

A few years ago there was a move towards greater inclusiveness in the bodywork field. Books and professional articles were being written that referred all-inclusively to manual therapy rather than individual disciplines such as physiotherapy, physical therapy, osteopathy, chiropractic or massage therapy. Research articles and treatment results were being reported and discussed in the broader context of application to all manual therapies. This inclusive approach was perhaps best exemplified by the 2010 book *"The Science and Clinical Application of Manual Therapy"* by King, Janig and Patterson<sup>1</sup>. Chapters 12 to 15 of this book discussed a separate manual therapy modality – osteopathic, chiropractic, physical therapy and (in chapter 15) therapeutic massage and bodywork, according each their due recognition and status. The authors noted that massage is a profession that is increasing its profile in health services sector, that its "development as a profession began late in the 20th century with great strides having been made in the last few decades. It is definitely still 'under construction' as a profession..."

Given the increasing standards for massage in North America and Australia and the large volume of research being undertaken in this field, the 'arrival' of massage therapy as a profession is now past immanent.

However, there seems to have been a shift in the cultural landscape of manual therapy back towards greater exclusivity. Recent titles have been receiving subtitles such as "for physical therapists" or "a massage therapists guide to" but both basically refer to techniques and methods that are applicable across all manual modalities. The subject of this review is one such recent publication in this category. A rather disappointing publication it is, too.

Of the 192 pages in the book, 17 are blank, 9 announce no more than the number of the chapter following, and 1 is an advertisement for the author's courses in Great Britain. That brings us down to 165 pages of content, 9 of which are less than half a page, bringing the solid content down to around 160 pages. The frontispiece, contents, preface, acknowledgements, index and bibliography consist of a further 9 pages. Enough of the accounting now though (well, almost ...).

Chapters 1-3 (Pages 7 through 26) are devoted to recapping basic anatomical terminology. Chapter 1 takes up 4 pages of space, in large font and double spaced, to describe 24 terms, with no illustrations and mostly single line descriptions. Chapter 2 is devoted to planes of body motion: 6 pages, profusely illustrated but basic and simplistic in tone. Chapter 3 consists of 10 pages of anatomy and physiology, again at a level that would have been covered for practitioners of all disciplines in their first few anatomy lessons. The simplistic tone and lack of relationship to the rest of the book's content is a little baffling.

Why these 20 pages were included in this book is beyond me, given that the book's subject matter is aimed at something above basic entry-level practice. Also, in chapter 3, there is a reference to a 1954 article by Huxley and Hansen which does not appear in the bibliography.

The next 10 pages (chapter 4) give a basic, if simple and workable, explanation of Muscle Energy Technique. It is uncomplicated and therefore easy to grasp but if you want to fully understand the mechanics of MET and its development and application, I would suggest Leon Chaitow's *Muscle Energy Techniques*<sup>2</sup>. Fred Mitchell Sr, the osteopath who pioneered a lot of MET in the 1940s and 50s, is also acknowledged in Chapter 4 but his original works do not appear in the bibliography<sup>3,4</sup>.

Chapters 5 and 6 attempt to give a therapeutic rationale underlying MET treatment, discussing areas such as muscle imbalance, core muscle theories, myofascial slings and posture. It is passable, though a little torturous. While contemporary researchers and theorists like Lee, Richardson and Chek are referred to, these chapters would have benefited by referring more to the work of pioneers like Janda, Lewit and Rolf, as well as contemporary theorists like Kolar, Leibensen and Myers.

Actual descriptions of techniques begin on page 60 and continue to page 184. Given that many of the blank pages (11), quarter to half pages (7) and chapter heading pages (3) are in this section, the actual number of pages describing techniques are less than 110. 23 of these 110 pages consist of a muscle illustration and description of origin, insertion, action and innervation that could have occupied far less space. Several pages (4) consist of assessment sheets, lowering the number of pages devoted to technique even further.

The 80 pages left consist of basic descriptions with lots of photographs of the author performing the techniques. Many pages have large blank areas around the photographs, illustrations and tables.

In essence, the book provides a workable description of some basic MET but none of it is rocket science. It reads like tricked up and padded out notes for a two-day workshop which I suspect it essentially is.

If this book is meant for physical therapists as distinct from the rest of the manual therapy community, then it would constitute a sad indictment on that field of endeavour. Most of the content is at the standard of entry-level massage therapy. In fact, if a massage student hasn't surpassed this level at graduation then they should not be allowed to graduate and practice.

It is \$30 cheaper than Leon Chaitow's book on MET but would be really lucky to have 20% of its content. Given that Chaitow's book also comes with a comprehensive DVD, it represents far better value.

#### VERDICT:

Given that Fred Mitchell's books are long out of print, rare and expensive, I would say that Leon Chaitow is the way to go if you are interested in learning MET from a book. Better still, get along to one of Jeff Murray's Onsen courses or watch for classes offered by Alison Bell. The course notes that Jeff provides are far more comprehensive on theory, assessment and technique than the contents of John Gibbon's book. It may be cheap but don't waste your dough.

#### References

1. King, H.H., Janig, W. & Patterson, M.M. 2011 *The Science and Application of Manual Therapy* Elsevier Churchill Livingstone, Edinburgh. ISBN 9780702033872
2. Chaitow, L. 2006 *Muscle Energy Techniques* 3rd edition, Elsevier Churchill Livingstone, Edinburgh ISBN 978-0443101144
3. Mitchell, F.L. & Mitchell, P.K.G. 1995 *The Muscle Energy Manual Concepts and Mechanisms, the Musculo Skeletal Screen, Cervical Region Evaluation and Treatment* Volume 1, MET Press, ISBN 978-0964725010

4. Mitchell, F.L. & Mitchell, P.K.G. 1998 *The Muscle Energy Manual: Evaluation & Treatment of the Thoracic Spine Lumbar Spine & Rib Cage* Volume Two, MET Press ISBN 978-0964725027

#### PRICE:

Under \$25.00 online from places like Book Depository, Bookfari, Fishpond; a bit dearer from Amazon.

#### POSITIVES:

- The large font and frequent double spacing makes it good for the sight impaired
- Plenty of good illustrations and photographs, though some are a little superfluous
- May be good in your first year at massage college but consult the other sources that I refer to for a fuller understanding

#### NEGATIVES:

- Condescending in tone
- Poor layout and design means too many trees were needlessly sacrificed to produce this book. With better layout of illustrations and slightly smaller font, the book could have been a third of the size
- Very basic

*Colin has over 25 five years experience as a bodyworker. After graduating from the TAFE Diploma of Health Science, he became a Certified Advanced Rolfer and Rolf Movement practitioner. He has assisted Art Riggs, Tom Myers, Bethany Ward and Larry Koliha during their visits to Australia, and presented workshops for AMT on a wide range of subjects including scoliosis, posture, and Myofascial Treatment of the cervical spine and upper girdle. He also operates a busy practice in Lilyfield.*

## AMT NEW MEMBERS

#### NSW

Elizabeth Anderson, Julie Ashby, Cecile Beams, Vanessa Blyth, Melissa Boyne, Peter Cartledge, Natasha Cartwright, Shaw Hoa Chien, Karen Cicco, Angelina Clerc-Hawke, Chantal Davies, Aurora De-Campo, Sarah Flanagan, Annette Gunn, Jing Hou, Linda Keene, Gahyeon Kim, Deling Li, Xiao Ying Lu, Hiu Wing Ma, Margaret Markus, Giuliano Melileo, Josephine Mirabito, Cheree Moncur, Katherine Mullard Boehringer, Maree O'Connell, Martin Peters, Phatnari Potent, Li Xian Qiu, David Rogers, Joanne Rosier, Paul Rowland, Beiqun Shen, Linda Yu Shi, Ting Ting Shi, Daniel Swainston, Louise Wilson, Barry Wu, Hui Qiong Wu, Xuanfang Xu, Qin Yuhong, Wei Zhang, Xi Zhao, Ling Zhong

#### QLD

Kristy-Lea Burke, Davina Gail Charles, Kristen Perry, Kylie Thurlow

#### SA

Amie Williams

#### VIC

Cathy De Boni, Sally Devine, Nicole Ferguson, Esther Galvin, Leonie Panozzo, Kylie Ross, Varisa Sinbandhit, Helen Tavakkoli, Owen Taylor

#### WA

Sue Ellen Eaton

## News from the regions



### Blue Mountains by Jo Wilkinson

There has been plenty of change in the Blue Mountains Region, with an entirely new Regional Executive Committee comprising Sue Mitchell, Alison Maynard and myself now serving as Chairperson, Treasurer and Secretary respectively. We would like to express our thanks to the outgoing committee, Karin Darwen, Judi Lambert and Lynne Rymer, for all the work they put in during their time 'in office'.

Our June 25 meeting was quite well attended. The guest speaker was Nick Hood, local branch member, who discussed promoting business via social media. Nick's presentation was interesting, informative and comprehensive ... and I'm sure it has resulted in quite a number of members setting up Facebook pages for their own businesses. It is an area we will probably revisit in the future as members become more familiar with the social networking environment.

We are introducing a new initiative in the region – a series of Networking Meet & Greet sessions, specifically in towns within our geographic area that may have been overlooked in recent times. The first of these will take place in Richmond and will be followed by sessions in Bathurst and Katoomba. We are looking forward to the opportunity of 'meeting & greeting' members from all over the region in these informal and relaxed gatherings over the next 5 to 6 months. Hope to see you all there!



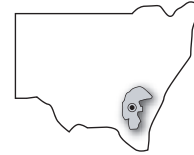
### Hunter by Paul Lindsay

The business section of our May meeting included an update on happenings at Head Office by AMT Secretary, Rebecca Barnett. Issues discussed included various ways to obtain CEUs, qualifications being issued by some massage schools no longer registered by ASQA, therapists mentoring students when they are not familiar with modern requirements, and the success of the AGM / Trivia night for networking. The discussion was followed by a presentation by Colin Rossie on 'Body Reading'. Colin gave a comprehensive overview of various methods of evaluating posture to determine underlying muscular problems.

Our July meeting was our Annual General Meeting. The elected officers were:

- **Chairperson** – Kristin Osborn
- **Secretary** – Paul Lindsay
- **Treasurer** – Cherith McInnes
- **Catering Officer** – Jean Pearce

We were unable to run our intended workshop on 'Myofascial Moves' owing to the illness of the presenter, James Walsh. We wish James a speedy recovery. Another workshop will be scheduled for later in the year.



### ACT by Karin Cavanagh

Despite the bitter ACT winter, discussion at the branch has been heated. Once again, the draft Code of Practice reared its thorny head at our last meeting, with much input from various attendees. We have a special meeting date set aside on 2 September to discuss the Code of Practice with AMT President, Alan Ford and Secretary, Rebecca Barnett. If you have even one question about the Code, please come along. Don't miss this opportunity to discuss the document with some of its creators.

On 16 September, Jeff Murray will be visiting our branch to present an Onsen Muscle Therapy workshop. This is definitely an event not to be missed!

#### Upcoming meetings:

**2 September** – special meeting – Code of Practice

**16 September** – meeting and Jeff Murray Onsen Therapy Workshop

**11 November** – meeting and Sara Dukic Dry Needling Workshop (TBC)

**17 February (2013)** – meeting/workshop





## Riverina by Jodee Shead

We held our local AGM in Rochester and now have a newly appointed Chairperson in the region. I would like to warmly thank Nicole McKenzie for filling the role of Chairperson over the last three years and welcome Siebren DeBoer to the role. Siebren has been our treasurer in past years and has always been an active member in the region.

The office bearers for Riverina are:

**Chairperson** – Siebren DeBoer

**Secretary** – Jodee Shead

email: moweld@bigpond.com

**Treasurer** – Warren Curnick

email: curnickft@bigpond.com

On 27 July, ten enthusiastic Riverina members attended a Wet Lab at Charles Sturt University. From all accounts, the presentation was excellent and well worth the visit. On 18 and 19 August, Michael Stanborough presented a 2-day workshop on Myofascial release.

A small workshop with Kay Fredericks has been confirmed in Corowa on the 16 September from 12 - 3pm.

On the 23rd November, Andrew Hendy is hosting our Christmas gathering at his home in Cobram. At this meeting, we will be organising the first 6 months of 2013 so please bring your diaries!

Hope to see more members at Riverina meetings and workshops.



## Sydney South by Maria Earley



At our June meeting, Andrew Schwartz facilitated an open forum on 'How to market your own business'. The following ideas were tossed around, having worked successfully for massage therapists:

- Volume discounts
- Search engine optimisation (SEO)
- Package specials
- Themed newsletter

Other marketing strategies used by local therapists include:

- establishing a Facebook page
- writing newsletters regularly
- maintaining an electronic database
- taking a listing in Natural Therapy Pages
- having your own website
- paying for a Google adwords campaign.

The branch held its Annual General Meeting on 1 August. The following office bearers were elected:

**Chairperson** – Rene Goschnik

**Secretary** – Anthony Gould

**Treasurer** – Position open

**Librarian** – Jenny Della Torre

Tamara Rogelja will be the guest speaker at our next meeting on 3 October. Tamara is a Certified Practitioner of Pilates Mat (Polestar Pilates). She has an ARAD Advanced accreditation at the Royal Academy of Dance and a Diploma of Dance from the Australian Ballet School.

We will also have our end of year meeting/Christmas party on 5 December. For catering purposes, please contact Maria.

Email: maria\_l\_earley@hotmail.com or

Mobile: 0419 241 258.



## Perth by Leigh-ann Hunter

A big thank you to all those members who attended our recent Wet Lab. I think most would agree it was a fascinating morning.

The Chairperson and Treasurer of the branch have invested many hours getting the Perth region up and running to provide networking and CEU opportunities for local members. We really need your support and attendance at meetings to ensure the region thrives. Without your support, we are unable to run workshops and offer you CEUs. I hope we will see you soon!

We are trying to reach out to all AMT members in the Perth region so if you would like to be included on our local regional distribution list for notices and events, please email me at emma-holly@bigpond.com.au

# Health Fund Status

HEALTH FUNDS AND SOCIETIES	CRITERIA
CBHS Health Fund Ltd	This fund recognises all AMT practitioner levels.
ACA 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 AW0XXXXM, where the X's are your 4-digit AMT membership number.
Australian Unity GU Health	These funds recognise members with HLT40302/07 and all Senior Level One and Two members.
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.
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.
ANZ Health Insurance (HBA) Cardmember Health Insurance Plan (HBA) CSR Health Plan (HBA) HBA (formerly AXA) HealthCover Direct (HBA) MBF Mutual Community (HBA) NRMA Overseas Student Health Cover (HBA) SGIC (MBF Alliances) SGIO (MBF Alliances) St George Protect (HBA) VSP Health Scheme (HBA)	BUPA recognises members with HLT5030207 Diploma of Remedial Massage, HLT50102/07 Diploma of Chinese Medicine Remedial Massage, HLT50202/07 Diploma of Shiatsu and Oriental Therapies, 21920VIC or 21511VIC Advanced Diploma of Remedial Massage ( Myotherapy).
Australian Health Management Group Medibank Private	These funds recognise Senior Level One & Two members.
HBF	HBF recognises Senior Level 2 members.
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 2012		CEUs
1-2	Somatic CST 1. Presented by Patricia Farnsworth. Adelaide. Contact 1800 101 105. Part of a 5 day programme, commencement date 18/08/12	140
2	Leg and Knee Pain. Presented by John Bragg. Katoomba. Contact 0410 434 092	35
7-9	Oncology Massage Module 2. Presented by Lizzie Milligan. Sydney. Contact Kylie 07 3378 3220 or 0410 486 767	120
8-9	Somatic CST 3. Presented by Patricia Farnsworth. Adelaide. Contact 1800 101 105. Part of a 5 day programme, completion date 23/09/12	175
10	Blue Mountains Branch Meeting. Wentworth Falls. Contact Sue Mitchell 0419 289 607	15
14-16	Oncology Massage Module 2. Presented by Kate Butler. Northcote. Contact Kylie 07 3378 3220 or 0410 486 767	120
15-16	Somatic CST 3. Presented by Patricia Farnsworth. Adelaide. Contact 1800 101 105. Part of a 5 day programme, completion date 23/09/12	175
16	Hunter Branch Meeting. Adamstown. Contact 02 4953 2252	15
16	ACT Branch Meeting. Wanniasa. Contact 0408 238 274	15
20-22	Oncology Massage Module 1. Presenter Kate Butler. Melbourne. Contact Kylie 07 3378 3220 or 0410 486 767	120
21-23	Infant Massage Training. Presented by IMIS. Perth. Contact 1300 558 608	120
23	Massage for Asthma and Breathing Pattern Disorders. Presented by John Bragg. Katoomba. Contact 0410 434 092	35
23	Somatic CST 3. Presented by Patricia Farnsworth. Adelaide. Contact 1800 101 105 Part of a 5 day programme, commencement date 08/09/12	175
24-28	Somatic CST I. Presented by Patricia Farnsworth. Sydney. Contact 1800 101 105	160
25	Illawarra Branch Meeting. Presentation. Corrimal. Contact Linda White 0417 671 007	15
October 2012		CEUs
2-6	Somatic CST IV. Presented by Patricia Farnsworth. Sydney. Contact 1800 101 105	210
3	South Sydney Branch Meeting. Hurstville. Contact 0419 241 258	15
19-21	AMT Annual Conference. Sunshine Coast. Contact 02 9517 9925	150
19-21	Somatic CST 2. Presented by Patricia Farnsworth. Adelaide. Contact 1800 101 105	100
19-21	Oncology Massage Module 2. Presented by Tania Shaw. Buderim. Contact Kylie 07 3378 3220 or 0410 486 767	120
20	Mid-North Coast Branch Meeting. Port Macquarie. Contact Jeannie 0402 322 755	15
21	Lower Back Pain and Pelvic Stability. Presented by John Bragg. Katoomba. Contact 0410 434 092	35
26-28	Infant Massage Training. Presented by IMIS. Gold Coast. Contact 1300 558 608	120
26-30	Advanced Certificate in Integrated Cupping Therapy. Presented by Bruce Bentley. Brisbane. Contact 03 9576 1787	175
26-28	Master Class in Traditional East-West Cupping. Presented by Bruce Bentley. Brisbane. Contact 03 9576 1787	105
27-28	Cultivating a Powerful and SoftTouch: Strategies for Treatment with Deep Tissue Massage and Myofascial Release. Presented by Art Riggs. Sydney. Contact 02 9517 9925	70
27-28	Chinese Cupping Therapy. Presented by Master Zhang Hao. Strathfield. Contact 02 9629 1688	75
27-28	Neurostructural Integration Technique Introductory. Presented by Marianne Grainger. Perth. Contact 0407 036 047	70
29	Cultivating a Powerful and Soft Touch Practice Day. Presented by Art Riggs. Sydney. Contact 02 9517 9925	35
29-30	Modern Cupping. Presented by Bruce Bentley. Brisbane. Contact 03 9576 1787	70
30-31	Working with Common Injuries and Complaints in a Bodywork Practice. Presented by Art Riggs. Sydney. Contact 02 9517 9925	70
30	Illawarra Branch Meeting. Formal Meeting. Corrimal. Contact Linda White 0417 671 007	15
November 2012		CEUs
2-4	Oncology Massage Module 1. Presented by Lizzie Milligan. Sydney. Contact Kylie 07 3378 3220 or 0410 486 767	120
2-6	Neurostructural Integration Technique Basic. Presented by Michael Howse. Canberra. Contact 0417 047 412	175
3-4	Somatic CST 4. Presented by Patricia Farnsworth. Adelaide. Contact 1800 101 105. Part of a 5 day programme, completion date 18/11/12	210
10-11	Blue Mountains Branch Networking Meet & Greet. Bathurst. Contact Sue Mitchell 0419 289 607	15
10-11	Somatic CST 4. Presented by Patricia Farnsworth. Adelaide. Contact 1800 101 105. Part of a 5 day programme, completion date 18/11/12	210
11	Curly Customers, Muscles that Confound. Presented by John Bragg. Katoomba. Contact 0410 434 092	35
11	ACT Branch Meeting. Wanniasa. Contact 0408 238 274	15
15-17	Oncology Massage Module 1. Presented by Kate Butler. Melbourne. Contact Kylie 07 3378 3220 or 0410 486 767	120
16-18	Infant Massage Training. Presented by IMIS. Melbourne. Contact 1300 558 608	120
16-18	Oncology Massage Module 1. Presented by Tania Shaw. Buderim. Contact Kylie 07 3378 3220 or 0410 486 767	120
17-21	Advanced Certificate in Integrated Cupping Therapy. Presented by Bruce Bentley. Melbourne. Contact 03 9576 1787	175
17-19	Master Class in Traditional East-West Cupping. Presented by Bruce Bentley. Melbourne. Contact 03 9576 1787	105
17-18	Chi-Acupressure Massage. Presented by Master Zhang Hao. Strathfield. Contact 02 9629 1688	75
17-18	Neurostructural Integration Technique Introductory. Presented by Robert Monro. Brisbane. Contact 07 3269 7250	70
18	Hunter Branch Meeting. Adamstown. Contact 02 4953 2252	15
18	Somatic CST 4. Presented by Patricia Farnsworth. Adelaide. Contact 1800 101 105 Part of a 5 day programme, commencement date 03/11/12	210
20-21	Modern Cupping. Presented by Bruce Bentley. Melbourne. Contact 03 9576 1787	70
22-26	Neurostructural Integration Technique Basic. Presented by Ron Phelan. Ocean Grove. Contact 03 5255 5229 or 0419 380 443	175

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