

President's Message

by Annette Cassar

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So much has happened over the last few months. The 24th Annual Conference at Penrith Panthers League Club is almost upon us. This year's conference theme is 'Connective Perspectives'. It is an opportunity to connect with each other, explore the connection between fascia and function, learn more about research and clinical practice, and enhance your standards of practice and professionalism. Don't miss out - register online now.

AMT head office personnel have been run off their feet in the wake of Medibank Private's announcement that it would close its books to new provider locations at the beginning of September.

AMT staff members have been in dialogue with people at Medibank Private constantly and are working closely with them to keep the lines of communication open and to establish a strong case for Medibank Private to reopen its books ASAP. AMT staff have handled this situation efficiently by getting the word out to all members to be vigilant about their insurance and first aid certificate renewals.

AMT released an updated research database at the beginning of July. Originally released in January 2013 in connection with the federal Chief Medical Officer's review of the Australian Government Rebate on Private Health Insurance for natural therapies, AMT has committed to updating this invaluable resource twice a year.

We will continue to make the database publicly available to therapists, educators, legislators, third party payment providers and members of the public via the AMT website.

The newly-released version of the database contains several significant innovations. It includes a summary of the current state of the evidence and hyperlinks to free text research available on the web ... now accessible to you at the click of a button! You will find the classified research database in the practice resources section of the AMT website. We have also produced the 'State of the Evidence' summary as a discrete download. This could be a valuable marketing tool for your practice. I encourage you to make use of it.

It is with great regret that the Board has accepted the resignation of Vice-President, Desley Scott. Desley has contributed so very much over the past years, including her invaluable input regarding the Code of Practice. She will be sorely missed.

We would like to welcome Dana Scully to the AMT Board. The Board is especially grateful for her presentation, on behalf of AMT, to the Natural Therapies Review Advisory Committee (NTRAC). Thank you Dana, I know you have a lot to offer and we are very appreciative.

I look forward to connecting with you at this year's annual conference. ■amt



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From the Editor ...

by Kat M Boehringer

By now, most of you are acutely aware of the tide of events propelling the complementary and alternative medicine professions toward their scientific validation. At the recent launch of the Australian Research Centre in Complementary and Integrative Medicine (ARCCIM), I was privileged to hear an address from the federal Chief Medical Officer, Professor Chris Baggoley. What stuck with me were his comments regarding the current natural therapies review process and, in particular, his wonderment at the task faced by some presenters of defending centuries old traditions in a mere 15 minutes.

Although he was referring to the tradition of Ayurveda, I couldn't help but draw a parallel to our own profession – the tradition of touch. Massage is arguably one of the oldest known therapies, boasting a long history in many cultures around the world that dates back thousands of years.

Until recently, our knowledge of massage therapy was primarily gained through clinical observation and experience.

Now we are being asked to scientifically test and explore this clinical knowledge. What does that mean for us as massage therapists? And how do we navigate our way through this changing landscape?

In this issue of *In Good Hands* we continue our theme of exploring the role of research within the massage profession.

In her 'how to' series, Dana Scully gives us a tour of a valuable research database, the Cochrane Library, and chats to *IGH* about the new AMT research forum, how to overcome the hurdles of research literacy, and the clinical value of research in our practices.

Presenter at the upcoming AMT conference, Thuy Bridges gives us a sneak peak into the world of kinesio taping, and shares some of her own research findings.

We examine the evidence behind massage as an effective treatment for posterior shoulder tightness, and guest reviewer Tyraus Farrelly gives us the lowdown on a DVD about treatment strategies for rotator cuff injuries.

I interview our new AMT president, Annette Cassar, who talks about the role of research in laying the foundations for government recognition – and offers some handy tips on how to run a successful business!

Lastly, I delve into the world of fascia, sharing my journey and insights about a recent fascia workshop, in preparation for our upcoming conference theme, 'Connective Perspectives'.

Don't forget to read our secretary's meaty report and discussion of the responsibility of each and every member as the new era opens.

So glad you are on board for this edition and I look forward to hearing from you – letters and suggestions are very welcome.

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Secretary's Report

by Rebecca Barnett

It is sometimes hard to escape the feeling that the nascent profession of massage therapy is being pulled in two distinct and contradictory directions. On the one hand, we continue to make giant strides forward in terms of achieving mainstream acceptance as a primary health intervention. We have articulated benchmark professional standards in the AMT Code of Practice and we have a solid clinical evidence base that clearly demonstrates the efficacy of massage in the treatment of a broad range of health conditions and populations.

However, we continue to face significant challenges, some of which threaten the solid foundations we have worked so hard to build over the past decade. Standards of training are under serious threat due to a combination of factors, including government funding cuts and the deregulation of the Vocational Educational and Training (VET) sector. A small number of unscrupulous RTOs threaten our reputation and credibility by giving out suspect qualifications on the basis of spurious RPLs or by fast tracking students through programs of dubious value.

Despite these sorts of external challenges, our greatest threat continues to come from within. As practising therapists, we have developed a strong sense of entitlement around being recognised as service providers within the mainstream health care system. Although we have made significant inroads in the consumer driven domain of private health insurance, we are yet to conquer the Everest of Medicare benefits, the Enhanced Care Plan and GST exemption. But are we engaged enough in the maintenance of professional standards to earn that level of mainstream recognition?

To what extent do we need to take personal and individual responsibility for propelling the massage therapy profession further into the primary care domain?

It can be pretty dispiriting listening to some therapists whine about having to undertake continuing education on the one hand and then, on the other, complaining that massage therapy isn't included under the Enhanced Care Plan. This kind of contradiction points to the need for all of us to critically examine our actions, behaviours, beliefs and attitudes, and the extent to which these either support or stymie the advancement of the massage therapy profession.

Do you keep your knowledge and skills up to date by undertaking good quality continuing education? Is your record keeping up to scratch? Are your infection control procedures sound? Do you take comprehensive client histories and appropriately assess before you commence treatment? Do you regularly reflect on your professional practice and identify ways to improve the standard of care that you deliver? If the answer to any of these questions is no, then we probably are yet to earn the right to call ourselves health professionals. The holy grail of Medicare recognition will remain elusive.

AMT works tirelessly to advance the standing of massage therapy but we also rely on members to operate according to benchmark standards. Our advocacy is only as strong as the individual member's commitment to professionalism and professional standards of practice.

Over the past few months, AMT has given priority to projects that serve our vision to establish massage therapy as an allied health profession.

We need you to support AMT's endeavours and swim with the tide, so that we can meet the external challenges and threats to the advancement of our profession.

Review of the private health insurance rebate for natural therapies

The Natural Therapies Review Advisory Committee (NTRAC) has met twice since my last journal report. AMT was invited to the NTRAC meeting on May 1 to present the key points from our submission to the Chief Medical Officer (CMO). It was possibly the most important 15-minute presentation in AMT's long history, an unprecedented opportunity to showcase the impressive evidence base for massage therapy in front of the most senior public health bureaucrat in Australia. You basically can't go any higher!

AMT's presentation received glowing reviews from members of the NTRAC committee and was warmly received by the CMO, Professor Chris Baggoley. Sincere thanks to Dana Scully and Derek Zoritz for representing AMT so ably and professionally at this auspicious occasion. The response of NTRAC committee members was extremely gratifying and our reward was a pearler of a question from the CMO regarding a specific study about massage and cancer. That degree of engagement with the evidence presented by AMT is very encouraging. We have since provided the CMO with the updated version of the classified research database and will continue to cooperate with the review.

AMT's presentation notes are still available for download from the AMT website. The notes include citations for Level 1 and 2 evidence for the efficacy of massage therapy in the treatment of major health conditions experienced by Australians. It is a useful overview of the research for all practitioners.

NTRAC met again on August 8. AMT was extremely fortunate to connect with Professor Baggoley immediately after this meeting, at the launch of the Australian Centre for Research in Complementary and Integrative Medicine (ARCCIM). Professor's Baggoley's speech at the launch was incredibly encouraging. He spoke warmly and respectfully about the role that complementary health practitioners play in the health system: consultations by complementary practitioners now exceed GP consultations in Australia. That's a significant statistic and one that strongly suggests that we are doing a whole lot better than we may think at marketing our services to the general public. (Medibank Private gave out \$30 million in benefits for remedial massage last year, again implying that Australians are actively seeking the services of AMT members!).

Happily, I had the opportunity to bend the CMO's ear and get an up-to-the minute report on the progress of the natural therapies review. It is unclear at this stage if a change of government will affect the work of the review committee but what is certain is that the review process will take substantially longer than the original one-year brief. The CMO flagged the fact that the January 1, 2014 deadline will be extended to allow the National Health and Medical Research Council (NHMRC) the necessary time to complete its evidence review. This is probably not terribly surprising given that the NHMRC review of homeopathy, which commenced in April 2012 and was due to be completed in June this year, has been extended till April 2015. With multiple modalities on the table, the CMO anticipates a lengthy process. Massage therapy will be in the last cluster of modalities reviewed by the NHMRC, essentially because it is the largest body of work and has the largest evidence base to appraise.

Needless to say, AMT will continue to keep you updated about the progress of the natural therapies review.

Australian Centre for Research in Complementary and Integrative Medicine (ARCCIM)

As I mentioned above, ARCCIM's official launch was held on August 8. ARCCIM is an initiative of Jon Adams, Professor of Public Health at the University of Technology in Sydney. He established ARCCIM in 2012 to address the obvious need for public health and health services research in complementary and integrative medicine. Research undertaken by the Centre focuses on complementary medicine practice and use, the interface between complementary and conventional practitioners, and assessing implications for policy, practice and patient care.



In the spotlight: Federal Chief Medical Officer, Professor Chris Baggoley, CEO of the Public Health Association, Michael Moore, AMT Secretary Rebecca Barnett, and AMT journal editor Kat M Boehringer at the ARCCIM launch. Photo courtesy of <http://www.sydneyeventphotography.com.au/>

We all owe a huge debt of gratitude to Jon for the work he has done to ensure that complementary practices such as massage therapy are given due consideration in public health discourse. With millions of consultations occurring annually, credible research is clearly needed to inform policy makers on how best to integrate the various kinds of health services to maximise patient outcomes.

Jon assembled a stellar cast of speakers for the launch, testament to the influence that ARCCIM is starting to wield in the arena of public health policy. AMT is partnering with ARCCIM to conduct practice-based research into the experiences of massage therapy patients in Australia.

We look forward to reporting on the progress of this research at the AMT Annual Conference in October and the next edition of the AMT journal. It is extremely gratifying for AMT to be associated with a world-class group of researchers, with the aim of furthering our understanding of patient behaviours, perceptions and experiences of massage therapy.

Medibank Private News

By now you will be aware of Medibank's recent announcement that, from September 1, it will not accept new requests from remedial massage therapists for Medibank Private numbers. Medibank has taken this action in the context of explosive growth in the number of provider locations registered over the last three years. There are now over 42,000 remedial massage provider locations registered on Medibank's books. That's a lot of locations and a lot of provider numbers.

Understandably, Medibank's decision has caused great angst and concern. It will impact graduates who complete their training after September 1 and already-qualified therapists who are relocating or wishing to add extra practice locations. However, it is important to note that it is business as usual for therapists with stable practice addresses.

Although Medibank's decision is a considerable blow to the industry, it does provide us with an opportunity to look at the very serious issue of health fund fraud and professional practice standards. Over the past six months, Medibank has conducted a series of audits of registered remedial massage providers in NSW, Queensland and Victoria. It has also been closely examining unusual claiming patterns (where specific providers register very high numbers of claims against their Medibank provider numbers). In the course of these investigations, Medibank has uncovered significant areas of non-compliance with its gazetted standards and clear evidence of fraudulent claiming patterns. Clearly, this needs to be addressed as it drags the entire massage therapy profession down by association.

With such a large number of provider locations registered on its system, Medibank clearly must find ways to better manage the risks associated with the abuse of provider numbers, including ensuring that its members receive quality services from qualified, ethical practitioners. In this context, it is perhaps a little more understandable that Medibank will use this temporary closure to further analyse the providers and locations currently registered on its system and clean out old and invalid locations or suspect providers.

AMT is in close dialogue with Peter Dunn, National Ancillary Operations Manager for Medibank Private. We are working cooperatively and constructively to pave the way forward for Medibank to reopen its books. We met with Peter on August 7 to discuss Medibank's concerns and proposed criteria for recognition of remedial massage providers in the future. I am cautiously optimistic that these negotiations will result in a positive outcome and there will be a return to business as usual with Medibank soon. Please stay tuned and watch for announcements via the AMT website, email notifications and Facebook.

In the meantime, you can cooperate with the process by ensuring that your practice details are up to date with AMT. This is especially relevant if you believe that you may have old provider addresses still registered with AMT. The more we can clean up our internal data, the stronger our case will be with Medibank. Please also remember to check the practice details we send through to you when you are renewing your membership and notify us of updates to help us keep our system up to date.

You should also:

- ensure that you are current in respect of CEUs, insurance and first aid. If you fall off the Medibank provider list for any reason, we will not be able to add you again.

- check when your insurance renewal is due. Many AMT members renew their insurance in September and October so it is crucial that you renew on time and send AMT a copy of your Certificate of Currency as soon as you receive it.
- check to ensure that your first aid certificate is current. If you need to renew your first aid qualification, make sure you send a copy of the new certificate to AMT.
- attend good quality continuing education workshops and AMT accredited events, and send copies of your certificates to AMT Head Office.
- be diligent with all aspects of your client file management. This includes taking a comprehensive client history and keeping detailed session notes.
- stay abreast of developments in the industry. This includes making use of AMT's high quality research resources, which are designed to help you to ensure your knowledge is current and your treatments are evidence-based. If you haven't done so yet, download a copy of AMT's research database, which is available in the Practice Resources section of the AMT website.

AMT is:

- in dialogue with Medibank regarding its provider recognition criteria. We are also working to have the AMT Code of Practice recognised as a benchmark set of standards for the provision of remedial massage therapy services.
- working with our insurance underwriters to ensure that the process of insurance renewals is more streamlined.
- sending out regular reminders to AMT members whose insurance or first aid certificate is due for renewal. During the upcoming busy insurance renewal period, we will commit to increasing the frequency of these reminders.

- providing evidence-based practice resources to AMT members to help them market their practice. Along with the classified research database, AMT provides evidence-based massage therapy flyers and other useful practice documents in the practice resources section of the AMT website.

HICAPS

HICAPS has confirmed that, commencing September 1, it will issue provider numbers to new remedial massage providers wishing to use HICAPS in their business.

Remedial massage therapists will need to provide the following documentation to HICAPS:

- details of their professional association membership
- evidence that they hold a senior first aid certificate
- evidence that they carry an appropriate level of professional indemnity insurance
- evidence of relevant tertiary qualifications held

This information will be distributed to the participating health insurers which may contact the provider directly for clarification.

Existing users of HICAPS will continue to use their current Medibank Provider number and will not require a new number to be issued.

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Collaborating with Cochrane

by Dana Scully

For many seemingly large tasks, we often get stymied at the starting block. For me, the trouble usually begins with a fairly benign question: where do I start? I have found that a simple place to begin any research-oriented task is in The Cochrane Library at <http://www.thecochranelibrary.com> (Figure 1)

The Cochrane Library is part of The Cochrane Collaboration, an internationally-recognised organisation that compiles health information into systematic reviews for practitioners and laymen alike.

Systematic reviews, sometimes and somewhat inaccurately known as meta-analyses, are compilations of best evidence with respect to specific search topics; as such, they incorporate a plethora of information into a single comprehensive review. These reviews are time-savers. In addition, they are available either as full-length papers or - for the time-constricted researchers amongst us - as summaries.

There are various ways to search for information in The Cochrane Library, but by far the easiest is to use the basic search bar in the upper left hand corner of the home screen. Just type your search term into the empty white box and hit the 'go' button.

Let's start with a general search term like 'massage'.

A small drop-down box will appear (not shown in illustration) as you type, offering common search terms. If your search term appears, click into it. If it doesn't, keep typing. Your particular search term may still appear in the drop-down box; it just might not be a commonly queried term.

The results page supplies the title, author/s, and date of reviews available, as well as refining tools to modify your search. (Figure 2)

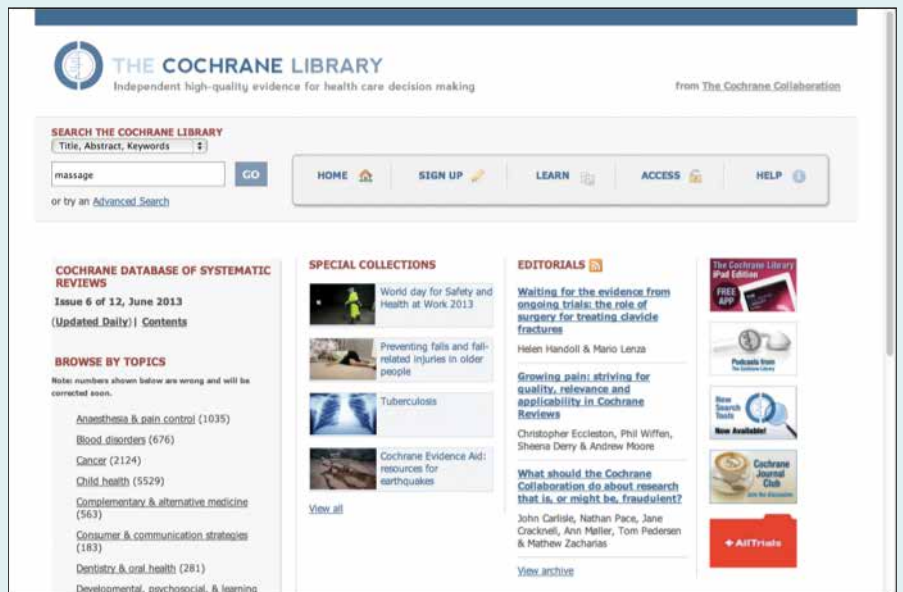


Figure 1: A Cochrane Library home page

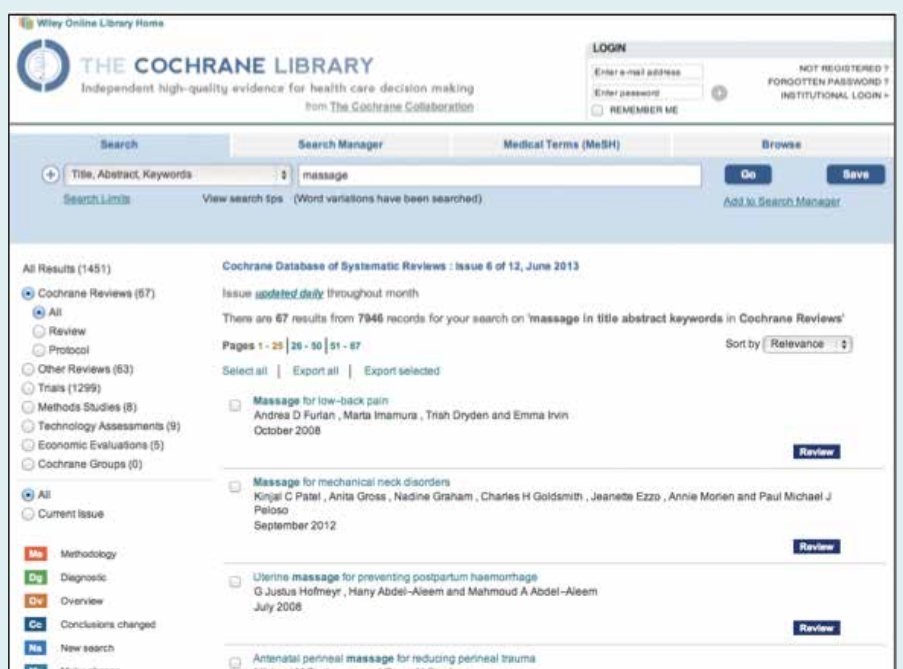


Figure 2: A Cochrane Library results page

If a review is available in relation to your search term, it will be noted on the right hand side of the entry in a dark blue box with the word 'review' inside. (If this box is absent, the entry will link you to an abstract but will not allow you access to the review unless you become a member of The Cochrane Collaboration - for a fee. If this entry is one about which you want more information, don't despair. Take note of the publication details contained in the references and try to find them in PubMed or through your local library.)

'Massage' is a large category. It has returned 67 likely results, but close to 8000 that match the search term in a title, an abstract, or a keyword. Sixty-seven entries are a lot to review, so click into the circled plus sign in the blue bar at the top of your results screen. Another line appears, allowing you to refine your search and receive entries more specific to your search term/s.

The Search tab allows you to:

- change the category of data that will be searched by clicking into the up and down black arrows on the right of the 'Title, Abstract, Keywords' bar
- change where your terms will be searched by clicking into the up and down black arrows on the right of the 'Search All Text' bar
- add another search term bar or delete an existing bar by clicking into the minus or plus symbols on the far left of your search term bar
- add or change Boolean terms (AND, OR, NOT) to limit the data being searched (Figure 3)

Because 'massage' returned so many entries, let's refine it to include one of the most common client presentations: low back pain. Type 'low back pain' into the long white bar underneath 'massage'. (Figure 4)

Forty results were returned, each featuring 'massage' and 'low back pain' in the title or in the abstract or in the keywords.

If you are time-poor, forty results is still quite a lot. Clicking into 'Search Limits' (underneath the Boolean phrases bar) will allow you to further refine or limit the products (see explanation below), status, date and/or word variations that will be searched. (Figure 5)

Figure 3: A Cochrane Library search tab

Figure 4

Figure 5: A Cochrane Search Limits box

When starting out, the main search limits to be aware of are the following product types:

Cochrane Reviews and Protocols:

Reviews are the most common search query in the Cochrane Library. 'Cochrane Reviews' are the systematic reviews mentioned previously that provide a compilation of information in one resource, thereby allowing busy therapists quick and painless access to up-to-date and reliable information. By contrast, 'protocols' constitute an action plan of sorts; an outline detailing how systematic reviews will be or have been compiled. They provide insights into how a specific review was conducted and enable therapists to delve deeper into the workings of a specific review - and whether or not it is appropriate for his or her purposes.

Other Reviews: 'Other Reviews' are 'other' systematic reviews, those not compiled by the Cochrane Review Board, but maintained in their database.

Trials: 'Trials' are essentially experiments that test specific interventions. Not all trials are registered, but the Cochrane Central Register of Controlled Trials (aka: CENTRAL) has established one of the most comprehensive and accessible registers available. Studying individual trials is often more time-consuming than studying systematic reviews, but they can yield valuable results, making the time spent well worth it in the end.

Economic Evaluations: 'Economic Evaluations' are just that: estimates of how much an intervention may cost, usually compared to another intervention. Such evaluations currently have limited utility for massage purposes but, in the ever-expanding world of research, arguably their relevance will become more significant in the near future.

In addition to the limitation inherent in the product types, a few other limiters are available: '**Word Variation**', '**Status**', and '**Dates**'. These are self-explanatory, but the most important is '**Dates**'. Currency is important in any search for information. It is recommended that most searches be contained within the last ten years.

Search limits

By default, your search will be of all Cochrane databases, all document statuses, for all years, unless you change these limits the panel below

Product types <input checked="" type="checkbox"/> Cochrane Reviews <input type="radio"/> All <input checked="" type="radio"/> Review <input type="radio"/> Protocol <input type="checkbox"/> Other Reviews <input type="checkbox"/> Trials <input type="checkbox"/> Methods Studies <input type="checkbox"/> Technology Assessments <input type="checkbox"/> Economic Evaluations <input type="checkbox"/> Cochrane Groups	Status Limit search to the following: <input type="checkbox"/> New (all products) For Cochrane Reviews only <input type="checkbox"/> New Search <input type="checkbox"/> Conclusions Changed <input type="checkbox"/> Major Change <input type="checkbox"/> Commented <input type="checkbox"/> Withdrawn	Dates Please provide years (in the format yyyy e.g. 1967) or leave the field blank 2008 to 2013
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☐ Word variations will not be searched (e.g. "paid" will not find pay, days, paying, paved)

Apply Clear Cancel

Figure 6

Wiley Online Library Home

THE COCHRANE LIBRARY
Independent high-quality evidence for health care decision making
from The Cochrane Collaboration

Home > Evidence Based Medicine > Evidence-Based Health Care > The Cochrane Library > Abstract

Message for low-back pain
 Andrea D Furlan¹, Marta Imamura², Trish Dryden³, Emma Irvin⁴
 Editorial Group: Cochrane Back Group
 Published Online: 16 JUN 2010
 Assessed as up-to-date: 9 JUL 2008
 DOI: 10.1002/14651858.CD001929.pub2
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 Published by John Wiley & Sons, Ltd.

Abstract

Background
 Low-back pain is one of the most common and costly musculoskeletal problems in modern society. Proponents of massage therapy claim it can minimize pain and disability, and speed return to normal function.

Objectives

Figure 7: A Cochrane Review abstract

To limit our search, click into the box next to 'Cochrane Reviews' and also click the radio dot next to 'Review'. We want to find something relatively current, so let's look at the past five years: type in 2008-2013 to refine the date. Click 'Apply' in the lower right hand corner. This will close the box, but the results won't change until you click the dark blue 'Go' button in the upper right hand corner of the blue search tab. (Figure 6)

Now thirty-four results have been returned. Further refining may be in order; but at this point, you get the gist of it.

Now, let's get into the meat of our search. Click your cursor into the **aqua coloured title** of the first entry. This is a hyperlink to the abstract. (Figure 7)

Abstracts in themselves contain a good deal of information: the name of the review, the authors, and dates, and even 'how to cite' are provided for you. But by far the most important fields are the plain language summaries and links to the article.

Scroll down to find the **'Plain Language Summary'**. And it truly is in plain language—no research jargon, p-ratios, or charts here. It contains a quick overview of the systematic review.

For a more detailed review, scroll back up the page. You'll see the following:

Click into either View Full Article (HTML) or PDF Full (####K). (Figure 8)

This is what we've all been waiting for—the full systematic review which provides a compilation of the best evidence available on your topic, in this case 'massage AND low back pain'. You'll find the abstract and the plain language summary here, too, in addition to the objective of the paper, the methods employed in researching the topic, the results of the review, a discussion of the results, the author's conclusions, references, data analysis, and more. As promised, systematic reviews are veritable goldmines of information on health topics and easy starting points for any search. (Figure 9)

Play around with the tools. Don't be afraid to have a go. If all else fails, close your web browser, wait a minute, and start all over again. No harm, no foul.



Figure 8



Figure 9: A Cochrane Review title page from the HTML or PDF hyperlink



Dana Scully has been a member of the AMT since 2001. She recently completed her Bachelor of Health Science in Complementary Medicine through Charles Sturt University. Dana is passionate about health care and member education.

Astute researchers will notice other tabs and tools. This article covers only the basics, but once you've mastered those, try the others. The Cochrane Library has put together an extensive review of these at <http://www.thecochranelibrary.com/view/0/SearchManual.html>, but again, the best way to learn is to just get stuck in.

No longer are we trapped by indecision about where to start a search. The Cochrane Library's basic search bar provides an easy and accessible beginning for even the most time-constricted therapist. With just a few clicks on our computer, we have access to comprehensive and reliable reviews about a number of health topics, making searches fast, easy, and effective. Collaborating with The Cochrane Library makes 'where to start a search' a no brainer.

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AMT Research Review Forum

In our last issue of *In Good Hands*, AMT launched its Research Review Forum, an online discussion group aimed at expanding members' research literacy. The forum examined an article about practitioner bias and how it affects our industry. Forum facilitator and new AMT board member, Dana Scully chatted to *In Good Hands* about the challenges of understanding research, and its application in our practices ...

Would you be willing to give up your belief in the benefit of CAM therapies after being handed scientific evidence that proved they were ineffective? How open-minded are you about new research data that may be of clinical significance? These were some of the questions raised in AMT's previous Research Review Forum. The forum asked members to evaluate a recent study, which found that keeping an open mind might be difficult for practitioners whose training and experience have strongly influenced their beliefs about what constitutes a legitimate treatment.

According to facilitator Dana Scully, the forum generated a positive response from members, and helped to improve confidence in research skills.

"So far, members have been interested and responsive," Dana said. "One member said she thought the article did a good job of demonstrating how our prior learning and experiences can bias us. Personally, I think the thing I've taken away from this article is that I need to keep my thoughts open, and not be afraid to trial new theories."

Although the forum generated interest, Dana said it also highlighted that some members seemed intimidated by research and found reading research time-consuming.

"One of the most common responses is how daunted members feel by the jargon and the stats in research articles. This is to be expected when learning and honing any new skill, whether it's research or riding a bike. No one is ever good at it the first go, but you keep at it and eventually the training wheels come off," Dana said.

Although she has a love of research, Dana said it wasn't always easy for her, and she knows firsthand how intimidating research can seem.

"As a practising massage therapist working alone some years ago, I wanted to improve my skills to better aid my clients. But there were only so many classes I could take ... and afford. I read as much as I could from books, but I still didn't feel I was really gaining any knowledge. I was just reiterating the same things that I'd learned at TAFE," Dana said.

"I finally enrolled in university. It was at Charles Sturt that I had my eyes opened. Books are fantastic but online journal articles are the true wonders of the information age! I learned the how and why of research and delved deeper into evidence-based medicine and research."

"But it wasn't easy... no one sat me down and said, 'This is where you can find the information you are seeking; just follow these simple steps and you're there.' That's why my personal goal is to make research easy for our membership."

For Dana, research is an integral part of a massage therapist's practice.

"I know many argue that an evidence-based practice is not in the best interests of complementary therapies but for massage therapy, it is.

"A plethora of information that supports our practice is available to those who know how to find it - a lot of it is free. Unfortunately many of us don't know how to find it," she said.

"In the end I think *all* members want to find research that can be transferred from a research article to their clinical practice. In the forum, we have started with papers that *seem* to be less clinical to teach the rudiments of research and to make the research experience less intimidating for those at the beginning of the research education spectrum. We will be getting into grittier subjects with more clinical applications as we progress."

Whether you are new to research, or have a PhD in research methodologies, Dana encourages you to log on to the forum to improve your research literacy and to connect with other members.

"Along with the quarterly 'how to' articles in our own *In Good Hands* journal, the Research Review Forum hopes to inform our membership about the strong evidence base that supports our modality and, eventually, to engage members in robust debates about the uses of that evidence to advance our profession."

"The forum will work with a few participants, but it will work better with many. I encourage everyone to stop by and have a look. Read the article and make comments.

"It's the dialogue, even when people differ in their views, that helps us all gain a greater understanding of our amazing modality."

Each edition of the journal contains a link to a research article that members can access online at no cost. After reading the article, members can join the online forum at www.amt.org.au/forum to discuss the article. As a bonus, five CEU points will be awarded for thoughtful comments that examine the relevance, merits (or otherwise), and practical application of the research. Discussions are open for one month following the release of *In Good Hands*.

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The next AMT Research Review article can be found using The Cochrane Library. Log in to

<http://www.thecochranelibrary.com>

Using 'massage' AND 'low back pain', find the review for *Massage for Low Back Pain* by AD Furlan, M Imamura, T Dryden, and E Irvin. Read the plain language summary either in the abstract or the full article. Also, using 'massage' AND 'fibromyalgia', find *Massage Therapy for Fibromyalgia Symptoms (Structured Abstract)* by L Kalichman.

Read the full massage and low back pain review and search for available full reviews about massage and fibromyalgia. There are many reviews about fibromyalgia but they don't necessarily specify either search term in the title.

Post your comments to AMT's Research Review Forum September discussion thread, with your name and member number.



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A Case Study of the Bridges Protocol: Using Kinesio Tape to Improve the Load Transfer through the Pelvis

by Thuy (Twee) Bridges

BACKGROUND

Motion control of the pelvic girdle during everyday function requires the coordination and activation of various muscle groups in order to achieve what is considered 'optimal biotensegrity'. This refers to the co-activation of muscle groups in order to provide minimal compression or tension loading while expending the least amount of effort.⁶ The efficiency of the pelvic girdle's function is dictated by good management of this compression or tension load and reflects the relationship between three systems which govern the stability of the joint: the passive system (form closure); the active system (force closure); and the control (motor control) system.⁹

A quick aside to briefly outline those concepts:

Form closure: *The shape and histology of the sacroiliac joint (SIJ) gives it stability. The sacrum is stabilised by the innominates because of its wedged shape. An SIJ with more texture and more ridges and depressions is hypothesised to be more stable since it has a higher friction coefficient.*

Force closure: *External forces are needed to assist in stabilisation. Soft tissue structures such as ligaments, muscles (and fascia) compress the joint increasing friction. This is critical for sacral movement during ambulation.*

Motor (or neurological) control: *This describes the coordination of the elements at a neurological level. It becomes even more critical if there are other deficiencies in the system (eg if there is increased laxity as is common during pregnancy).*

To assist patients to achieve efficient pelvic girdle function, I have developed a protocol that marries the validated theories of other researchers with my own clinically relevant testing system.

My ultimate goal was to apply the protocol to treatment options to produce immediately worthwhile effects for patients.

My case study began by considering the Active Straight Leg Raise (ASLR) test, which examines the ability of the patient to transfer load through the pelvis in a supine lying position. This test has been validated for reliability, sensitivity and specificity for pelvic girdle pain after pregnancy.^{1,2,7,8,11} Impairments in the ASLR have correlated strongly with increased mobility of the pelvic joint.^{7,8} ASLR testing has been used to identify non-optimal stabilisation strategies to transfer load through the pelvis. Modified tests that provide supplementary forces to stabilise the pelvis have also been described. These tests implicate joint laxity or stiffness that lead to new joint positions and exaggerated or reduced joint compression.¹¹

During testing, improvement of the performance to effort ratio indicates the forces that need to be addressed during treatment to restore efficient neuromuscular control.



Baseline ASLR testing



Example of supplemented ASLR testing

ABOUT KINESIO TAPE

The Kinesio Taping Method has been used to stimulate immediate effects on neuromuscular function independent of patient training. The activating mechanism is thought to occur through stimulation of skin and fascia.⁴

The effect is to change the activity of mechanoreceptors in the areas influenced by the tape. The primary role of the tape is to return the underlying skin, fascia, lymphatic and neuromuscular activity to homeostasis.⁵ The expectation is that this normalisation of mechanoreceptor activity results in decreased perceived effort during activity such as an active straight leg raise.

My case study explored whether Kinesio Taping can facilitate biomechanics to decrease the reported effort in the ASLR test. My hypothesis was that such improvement would be the basis for providing new direct clinical treatment options in managing pelvic girdle pain and low back pain.

METHOD

Twenty subjects with symptoms in the lumbo-pelvic region were recruited and assessed for ASLR effort.

Initially, subjects were asked to self-report their perceived effort during the ASLR test on a scale of 0 - 5 with 0 regarded as requiring no effort and 5 regarded as requiring maximal effort. This initial assessment provided the baseline measurement against which future recordings could be compared.

In the next step, a number of supplemented ASLR tests were conducted involving the therapist's application of compression through the innominates and along force tension lines. A total of nine different supplemented tests were conducted along different fascial or muscular lines that were considered to have the potential to offer improvements.

When the patient identified a particular direction of force facilitation as beneficial - that is, that less effort was required - the new rating was recorded.

In the final step, Kinesio Taping was applied in priority order to the tension lines that indicated improvements in the various tests and the new ASLR self-reported measure was assessed after each taping application. It should be noted that most patients received only one or two taping applications and the most any patient received was three taping applications. This is consistent with what a clinician would normally do during a treatment session.

RESULTS

The patients, recruited due to their existing lumbo-pelvic symptoms, reported immediately substantial worthwhile effects such as decreased effort and decreased symptoms. The taping strategies typically improved the patients' perceived effort to match or almost match the best-reported measure that had been achieved when the therapist applied an external force with their hands (the supplemented testing described above).

Of the 20 subjects, one was omitted from the case study because the reliability of scoring perceived effort was poor; and two more were omitted because the supplemented ASLR tests did not yield significant improvements in perceived effort (it was clear that there were other factors at play outside of the lumbo-pelvic region itself).

The 17 remaining subjects were the subjects of this case study. The ASLR test was performed on both legs of each patient and a total of 29 limbs tested positive for a perceived deficit in function during the baseline tests.

Of the 29 subject limbs, 25 reported improvement (ie a decrease in effort) in subsequent testing after one Kinesio Taping intervention.

Where a reported improvement (decrease in effort) was not reported after the first taping application, the force tension line with the second highest priority was then taped and, if required, the third highest priority.

A decrease in the perceived effort of all 29 subject limbs was reported by the third application of Kinesio Tape. Of these, the results for 21 subject limbs were equal to or better than the best self-reported score achieved on the basis of manually applied compression during the supplemented ASLR test.

Kinesio taping interventions:



ASIS



Anterior diagonal (left to right shown)



Multifidus



Posterior diagonal (right to left shown)



PSIS



Pubic symphysis



Abdominal fascia

CONCLUSION

This case study indicates that the application of Kinesio Tape, in conjunction with the assessment protocol that I developed, can produce effective and immediate changes in reported effort during load transfer across the pelvis as measured by the ASLR test. The simple and light nature of the taping application can reinforce in patients an appreciation of the functional value of subtle changes in tissue tone and improved proprioception.

This testing and taping protocol can also be used to direct the clinician with regard to establishing priorities for the particular patient's exercise rehabilitation program and planning to achieve functional effects.

The protocol could have a significant impact on managing low back pain, which affects approximately 80% of the adult population, as well as directing sports performance training for athletes with back pain.

This study demonstrates how a case study (albeit with multiple participants) can be conducted within a single practitioner setting without external funding. It should be acknowledged that there are many limitations with this research due to the absence of randomisation into control and intervention groups, no 'blinding' of patients or observer and the small size of the sample.

Despite this, the study suggests the exciting potential of the use of taping to facilitate load transfer.

FOOTNOTE

Although some subjects in the case study reported zero perceived effort, I noted that these patients sometimes deployed compensatory strategies. For such patients, an alternative testing method is being explored and will be the subject of further development.

Additional tests have also been explored for elite athletes who do not report expenditure of effort during the ASLR test but would like to improve performance and/or endurance.

In the cases where subjects noted no improvements in perceived effort in the supplemented testing, it is suggested that the source of symptoms for these subjects is likely to be attributable to something other than a deficit in force closure mechanisms. Although the supplemented ASLR tests directs the therapist to consider directions of force application when forces are in deficit, the tests do not provide relevant clinical information when the forces are already excessive.

In cases where subjects reported no change in perceived function on the basis of the supplemented ASLR tests, it is suggested that the subject be tested for either additional tissue tension/length deficits in muscles and structures that were not implicated during the testing procedure, or for joint compression as a potential source of the perceived deficit.

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Thuy (Twee) Bridges is the director of PhysioWISE, which incorporates two Sydney based physiotherapy and pilates clinics. Thuy's philosophy has always been "There's more to fixing people than a university degree." Thuy is an international instructor for the Kinesio Taping Association, and an associate teacher for Tom Myers' Anatomy Trains. She has a passion for undertaking clinically relevant research.

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Practitioner Profile



After experiencing the powerful healing benefits of massage, Annette Cassar was so impressed, she turned it into a career. Now, almost two decades later, she is at the forefront of the profession, leading the massage therapy industry towards validation and government recognition. Our new AMT president shares her vision with *In Good Hands* ...

How did you get started as a massage therapist?

I had a shoulder injury and was advised to have massage in addition to physiotherapy treatment. I was so impressed with the results that I applied to TAFE as a mature age student.

What is your favourite part of the job?

I get a real sense of accomplishment when clients, who have had problems for some time, get up from the table feeling much better and then continue to improve.

Do you have a particular interest or specialisation within the field?

When I first started out, I was a volunteer at Nepean Hospital's Cancer Centre, assisting in respite for carers. I also massaged on the 2G Ward for terminal patients. Through my husband's cancer I know firsthand how beneficial oncology massage is. This is still my passion and I would like to go back when time permits.

Pregnancy massage is a speciality we promote in my business. I have developed a good relationship with the local obstetricians and have my brochure at their medical practices and in Nepean Public and Nepean Private Hospital's antenatal clinics.

You have operated a successful massage business in South Penrith for the past 18 years. What has sustained you throughout this time?

During these years, I have had a great team of therapists to assist in expanding my clinic. The therapists I look for have a great work ethic, are loyal and have a solid basis of training through TAFE.

Having a passion about health and wellbeing is also very important. I believe that making a commitment to your clients, endeavouring to meet their needs, and giving them options for early, evening and weekend appointments are important.

What changes have you seen in the industry?

The whole profile of the massage industry has improved during the past 18 years. The work done by the Association of Massage Therapists has paved the way for us to be recognised as health professionals. Health fund recognition, and recognition by other health professionals such as doctors, physiotherapists, chiropractors and osteopaths, means ever changing roles for us. Research is now becoming an important part of quantifying the benefits of massage. Massage is no longer regarded as pampering; it is now seen as delivering health benefits.

What do you see as particular challenges to the industry?

A major challenge to the massage industry is to make sure all RTOs (Registered Training Organisations) are teaching core subjects and that national standards are maintained. RTOs should deliver courses in a time frame deemed reasonable according to the course structure.

What is your vision as president for AMT and what steps are you taking to achieve this?

My vision as president is to lead the board, staff and members toward validation of the massage profession

and to keep moving forward with the Association's objectives, such as becoming recognised by the Australian government as providing a legitimate health service. AMT's submission to the Chief Medical Officer in respect to natural therapies was a big step toward validating the clinical efficacy, safety and benefits of massage.

Validation could pave the way to achieving GST exempt status for massage therapy services and achieving recognition as delivering the same level of efficacy as physiotherapy, chiropractic and osteopathy.

AMT has a big focus on research. What do you see as the relationship of research to the development of the profession?

AMT considers massage therapy to be an evidence-based health intervention. Research into massage therapy will assist in laying the foundation for government recognition.

What changes would you like to see in the massage therapy profession in Australia?

I would like to see massage therapy recognised as a stand-alone, legitimate health service exempt from GST and the inclusion of massage treatments on the Enhanced Care Plan.

The 2013 AMT conference will be held this October in Penrith. What are you most looking forward to?

Penrith Panthers is a fantastic venue and we have a great line-up of highly respected presenters. I look forward to meeting Tina Allen and learning more about paediatric massage. Desley and Tamsin will be looking at the Code of Practice, which I think is going to be a very important part of the conference. Most importantly, I look forward to meeting the members and making myself known to everyone.

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Letter to the Editor

I recently received an email from my mentor and friend, Mel Cash, who relayed some rather disturbing news concerning our industry. Mel is based in London and is the principal of the London School of Sports Massage; he has authored several books on massage and soft tissue treatment.

To quote Mel: "Here in the UK, the National Health Service cannot afford to pay for the treatment of minor soft tissue problems anymore and it is now up to the private sector. Private health care is also feeling the pinch and cannot take care of the needs of an entire population, so something has to go. First on the list will be non-life-threatening musculoskeletal problems.

"Physiotherapists, in the main, are no longer taught the soft tissue skills we use, (and as a result) can't effectively deal with all those minor problems that we (as massage therapists) can easily fix.

"Despite a great Olympics, the recession is hitting the poor hardest and because nothing in sport is free anymore, fewer people are playing sport so sporting injuries are now just a small part of what we do and teach. As a result, we are developing the remedial side of our business to a much greater degree. I trust that Australia will not follow the same path as the UK."

I also trust that our Executive and their staff are on top of these trends, especially the suggestion of reticence of the private health sector to include soft tissue treatment.

Ian Coppard
Mackay Branch Secretary

Letter to the Editor

Concerns were raised at our April meeting regarding unfair work requests from a local day spa franchise. One of our branch members reported that the spa was asking her (and others in the clinic) to perform remedial massage while only being qualified at Certificate IV level. "Just push a little harder," was the instruction, according to the member.

I would like to warn members that, if they were to proceed and perform a 'remedial' massage in this situation, they would be liable - not the spa operators.

The same member also reported that she was asked to perform four hours of massage with no break, followed by a 15-minute break and then another four-hour shift. No time was allotted for writing up client files.

If you find yourself in a situation like this, you are within your rights to say no. I advise members to consult their code of conduct, and invite them to phone AMT if they are given a hard time.

Ross Housham
Melbourne Branch Secretary

The e-Journal^{club}

Congratulations to:
BRIGITTE DAMBIEC
Winner of our June
e-journal club prize.

Thanks to Lippincott,
Williams and Wilkins for
donating the prize.

AMT NEW MEMBERS

ACT

Merryn Brown, Fiona Davis,
Rachel Edmunds, Run Lin Ni,
Christine Webster

NSW

Christopher Abbott, Skye Barlow,
Lindsey Beattie, Gao De Cai,
Luke Cartledge, Hung Yin Chan,
Jie Chen, Xiang Chen, Zihao Chen,
Shuk Fan Cheung, Nancy Dawson,
Laura De Giorgio, Yun Ding,
Daveena Doyle, Gabrielle Earls,
Jingzhe Fang, Takahiko Fukutomi,
Hui Juan Gao, Yunxiang Gao,
Melita Gaze, Xinmei Ge, Emma Grezl,
Rufus Herman, Ba Thang John Hoang,
Xiuqiong Huang, Bridget Lilian Iffland,
Sachiko Inuzuka, Katherine Jesser,
Kim Johnson, Jie Kang, Hongtuo Kuang,
Yanhong Lan, Wallace Lau,
Vicki Ting Yan Leung, Michael Lewis,
Guiyun Li, Xiang Lin Li, Bee Ai Lim,
Grahame Lott, Simone Lotter,
Wen Jie Lu, Hongying Luo,
Xue Song Marina Ma, Lynette Nicholas,
Jessica Norris, Stacey O'Brien,
Timothy Porter, Claire Roszkiewicz,
Channarong Ruangpui, Saik Saw,
Lina Song, Chao Tan, Lisa Theodore,
Yau Li Ting, Hannah Todd, Suling Tong,
Pauline Van Der Weegan,
Catherine Vaubell, Natasha Vincent,
Katja Walker, Bin Wang, Yang Wang,
Feng Xian Webster, Xiao Wen Wei,
Junyi Xiao, Jihong Xing, Xiaomeng Xu,
Suwen Zhang, Xiaorong Zhang,
Yan Zhang, Tingting Zhou

QLD

Yi-Chieh Chang, Bichun Chen,
Judith Haling, Amy Harrington,
Gail Love, Supatra Meetham,
Lisa Williams, Catherine Anne Wright

VIC

Camille Sahaja Adams, Sandra Cerrato,
Lyn Coleman, Kim Damon,
Benjamin Draper, Dani-Ela Kayler,
Joanne Tribe, Lafo Tuala

WA

Rachel Armstrong, Belinda Diprose,
Subhadra Gerard, Teneille King,
Jennifer Rae

Massage Boosts Shoulder Range of Motion and Function

by Kat M Boehringer

Shoulder massage has been shown to effectively boost shoulder range of motion and function among people with stiff shoulders, according to recent research.

The study, 'Effects and predictors of shoulder massage for patients with posterior shoulder tightness' published in the BMC (Biomedcentral) Musculoskeletal Disorders journal, involved an eighteen-minute shoulder massage applied twice a week for four weeks, and resulted in a significant increase in range of motion, function, and muscle tightness in patients with posterior shoulder tightness.

The study addressed an absence of evidence in identifying relevant target structures. "Although soft tissue massage of the posterior shoulder tissues is often included in rehabilitation of individuals with posterior shoulder tightness, glenohumeral internal rotation ROM deficit, and/or impingement syndrome, evidence to support treatment protocols is limited," state the study's authors.

"Since the effects of massage on muscle and connective tissue were based on ROM measurement in the majority of studies, the effect of massage on specific muscle tightness is not clear. It is important for clinicians to precisely target the involved anatomical structure (muscle or capsule) that is the source of the joint restriction."

The study involved 43 women and 17 men with an average age of 54 years, identified as having glenohumeral internal rotation limitation and posterior shoulder tightness. The trial was conducted in a hospital-based outpatient practice. The patients were randomly assigned to either the massage group or the control group with 30 patients in each group.

Patients in the massage group received treatment from a physical therapist on the posterior deltoid, infraspinatus, and teres minor of the involved shoulder for 18 minutes (about six minutes for each muscle) two times a week for four weeks. The techniques included three minutes of petrissage and three minutes of rolling on soft tissue, with the patients in prone position with arm by their side. The treatments were provided by two therapists who had at least eight years experience in manual therapy.

"Massage was an effective treatment for patients with posterior shoulder tightness."

The same therapists also performed sessions on the control group by applying light hand touch on the muscles for ten minutes, two times a week for four weeks.

Among the outcomes measured in this study were glenohumeral internal rotation ROM, functional status, and muscle tightness. A computerized myotonometer was used to measure the transverse tightness of the muscles, and each of the subjects was examined by a physical therapist to establish glenohumeral internal ROM and muscle tightness in the three muscles.

With the patient in a prone position, the subject's arm was moved passively to the cessation of movement (firm end-feel) of internal rotation with the arm held at 90 degrees abduction by the tester. The recorder placed a hand-held goniometer with two arms parallel to the forearm and trunk respectively, and documented glenohumeral internal rotation ROM. During the test, the scapula was palpated at the lateral border and stabilised by hand.

These measurements were aborted and restarted if the subject was unable to relax or if the scapula could not be stabilised effectively. Patients were also asked to complete a self-reported Flexilevel Scale of Shoulder Function (FLEX-SF) questionnaire where they answered a single question to classify their level of function as low, medium or high.

Analysis of the data generated by the study showed an improvement of overall mean internal rotation ROM by 20.4 degrees after four weeks of massage on the posterior deltoid, infraspinatus, and teres minor – an approximate 66 per cent improvement. The study also showed that patients who exhibited less duration of symptoms, less limitation, and more muscle tightness before the treatment benefited the most.

"Massage was an effective treatment for patients with posterior shoulder tightness," they continue, "but was less effective in patients with longer duration of symptoms, higher functional limitation, and less posterior deltoid tightness."

■amt

Authors: Jing-lan Yang, Shiau-yee Chen, Ching-Lin Hsieh, and Jiu-jenq Lin (2012) Effects and predictors of shoulder muscle massage for patients with posterior shoulder tightness. BMC Musculoskelet Disord. 2012; 13: 46.

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PMCID: PMC3339516

DVD Review

by Tyraus Farrelly

Rotator Cuff Injuries



Producer: Complementary Health Seminars

Presenter: Stuart Hinds

Duration: Approximately 47 min

Price: \$69 + P&H

Contact: www.comphs.com.au
or 03 9481 6724

Rotator Cuff Injuries is an educational DVD presented by Stuart Hinds for Complementary Health Seminars. Hinds is a lecturer in remedial soft tissue techniques at Victoria University, and was part of the Australian soft tissue team for the 2000, 2004, 2008, and 2012 Olympics. The DVD covers an overview of the shoulder joint and the rotator cuff, along with special tests, assessment and treatment for the region.

The overview section, which is in lecture format, begins with a detailed explanation of the function, structures and layers of the rotator cuff, and the common associated injuries. Hinds talks in depth about the five layers that make up the rotator cuff insertion into the glenohumeral joint. At times, due to a lack of visual aids, I found the explanations hard to follow; however, the level of information is good in this section.

The remainder of the DVD includes practical demonstrations of special tests, assessment and treatment strategies in a clinical environment.

The special tests section includes the Empty Can Test, Neer's Impingement Test, the Hawkins-Kennedy Test, Speed's Test for the long head of the biceps, the Crossover Test, and the Anterior Apprehension Test. These tests cover the most common rotator cuff conditions likely to be seen by massage therapists. Hinds demonstrates each test in a comprehensive but easy to understand manner and stresses the importance of working with, and referring to, other modalities and therapists. It has to be remembered that these tests are specific to the rotator cuff, and are not a comprehensive testing procedure for the entire shoulder complex.

The assessment section covers passive, active and resistive range of motion (ROM) tests and discusses scapulohumeral rhythm. A demonstration explaining the ratio of scapula to humeral ROM would have been a worthwhile addition at this point. Expected ROM for each shoulder movement would have also been helpful.

The final section outlines regional treatment strategies. Hinds starts by treating the prime movers, then works progressively deeper into the stabilising muscles of the shoulder complex. He uses broad superficial strokes and more specific techniques, including trigger point therapy and myofascial release, and explains how to best access each muscle. Muscles included in the treated were the 'SITS' muscles, teres major, coracobrachialis, deltoid, pectoralis major and minor, and latissimus dorsi. There is also a discussion about other important muscles affecting the shoulder complex. Unfortunately, a rehabilitation component covering relevant stretches, strength and stabilisation exercises is not included.

A Final Word

Due to a lack of adequate visual aids, it can, at times, be difficult to understand the detailed anatomical breakdown of the rotator cuff that is presented. A lot is left to the imagination and the presentation relies on the viewer's previous anatomy knowledge. As I was watching this DVD on my laptop, trying to imagine the anatomy in my head, I dragged the DVD to one half of the screen and typed 'shoulder anatomy' into a YouTube search. The top three results yielded comprehensive, animated anatomy tutorials of the shoulder. These were exceedingly helpful, and the inclusion of something similar into this DVD would have made what is arguably a good educational resource a whole lot better. The treatment section would have benefited from the inclusion of muscle and trigger point charts or screen pop-ups to complement the outlined protocol.

On the whole, Hinds is a very knowledgeable therapist and educator, and he presents in a clear and easy to understand manner. The DVD contains a wealth of information on rotator cuff conditions, their assessment and treatment.

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Tyraus Farrelly is a senior level two AMT member and has completed a TAFE Associate Diploma of Health Science. He has worked as head massage therapist for the Illawarra Steelers and the St George Illawarra Dragons, and was the head consultant therapist for the Australian National Martial Arts team during the World Karate Championships. He currently runs a full time clinic in Wollongong, with a focus on sports and occupational injuries. He specialises in trigger point therapy and myofascial dry needling.

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

Workshop Review – A Massage Therapist's Perspective on 'Anatomy Trains: Myofascial Meridians for Therapists'

by Kat M Boehringer

Venue: Endeavour College,
George St, Sydney
Dates: 12-14 July 2013
Presenter: James Earls
Cost: : \$750 or \$690 early bird

Fascia is fashionable. Like the Diane von Furstenberg of the anatomy world, it has been touted as the 'new big thing' among physical therapists, massage therapists, and bodyworkers alike as they take careful note of new studies on this topic and the possible implications for their professional fields.

Enter the words 'fascia' and 'therapy' into a Google search and you are bombarded with a plethora of hits including articles on functional fascial taping, fascial stretching, fascial trains, and fascial manipulation, to name a few. In fact, in an upcoming book, director of the Fascia Research Group at Ulm University and keynote speaker at this year's AMT conference, Dr Robert Schleip, highlights the exponential rise in articles on fascia during the last decade.¹

'I was handed the science behind what I always imagined my work to be about.'

So what is all the hype about this loose connective tissue that hugs, binds, glides and connects our muscles, muscle bundles, blood vessels and nerves in one continuous, sometimes thick, sometimes gossamer-like inner garment?

As massage therapists, we handle fascia every day in our practices. During my massage training, I was introduced to the basic concept of fascia, and learned myofascial release techniques. I even purchased a copy of Thomas Myers 'Anatomy Trains' - although it sat on my bookshelf, unread for years.

Wanting to prepare for this year's AMT conference theme 'Connective Perspectives' and deciding that my idea of fascia was limited at best, I finally dusted off my copy of 'Anatomy Trains' and headed to a workshop in the hope of gaining a more informed perspective.

'Anatomy Trains: Myofascial Meridians for Manual and Movement Therapists' is the brainchild of author and bodyworker, Thomas Myers. The book outlines his idea of the myofascial meridians - or common fascial pathways of tension - and the workshop, by the same name, closely follows the concepts developed in the book.

I attended a recent Anatomy Trains workshop conducted by UK born presenter, James Earls. James has been practicing bodywork for more than 20 years, and has trained directly with Thomas Myers. Together, they co-authored 'Fascial Release for Structural Balance', a guide to the assessment and manipulation of fascial patterns.

If you are familiar with the Anatomy Trains book, chances are you found the first three chapters a hearty slog. Day one of the workshop pretty much followed suit. We were instantly catapulted into the emerging world of fascia and the research behind it. Concepts such as 'fascia as a continuous three dimensional web', 'the tensegrity of fascia', and 'fascia as the richest sensory organ' came thick and fast. Although lunchtime was a welcome reprieve, my interest had been well and truly piqued. I was finding fascia, well ... fascinating!

After lunch we took a jump out of single muscle theory - a concept that dominated the majority of my previous massage training - into what James called three- or even four-dimensional movement theory.

With it, we stepped away from my old friend the reflex arc, toward the idea of fascial enervation and the dispersal of mechanical force throughout the body. I found the concepts both interesting and challenging.

Everything I thought I knew about gait analysis, core stability, and even the nitty gritty cellular function of collagen fibres, was systematically uprooted. At one point, James blew me away by calling the SCM muscle a hip flexor. He showed us a textbook anatomical view of the muscles of the lateral thigh only to exclaim, "It's all a lie!"

'We gained a vivid understanding of the hydrophilic nature of the fascia.'

And the new perspectives didn't stop there. Many times throughout the three days my brain felt as though it was making desperate attempts to recalibrate as I shed my old skin and stepped into something a 'little less comfortable'. The feeling was reminiscent of my old university days in the arts when I stumbled my way through the linguistic theories of Deleuze and Guattari: although I found the theory fascinating, somewhere in those first few hours of class it dawned on me that I would have to experience a paradigm shift before I could begin to integrate much of this information.

Going beyond the physical effect of treating the fascia, we were introduced to the idea that tension influences the body on a cellular level through the work of American cell biologist Don Ingber. Ingber has traced the continuity of the extracellular matrix through the cell membrane all the way to the nucleus, demonstrating the transfer of mechanical information.

This paved our way into the concept that releasing tension in a person's body has the potential to change other things in aspects of his/her physiology, not to mention his/her emotional being. I concur with James' sentiments that this can be viewed as an "important and humbling aspect of this work."

Personally, I have always had an intuition that treatment amounted to more than a superficial albeit physical amelioration of my client's mechanical and physical dysfunction. Single muscle theory and compartmentalised treatment had always felt stifling. Anatomy Trains' 'whole systems' approach definitely appealed to me. At the workshop I felt I was handed the science behind what I always imagined my work to be about - I had microscopic and photographic confirmation of what I had always intuitively felt I was doing.

Putting the theory into practice was perhaps the most challenging aspect of the course for me. As we worked through the assessment and techniques for each of the anatomy trains, it became even more evident that my shift in thinking wasn't at an end.

We began by assessing the anatomy trains in static postures. Instead of reading the client's body relative to the floor, we were taught to assess the body in relationship to itself, for example, by comparing a posterior or anterior tilt of the pelvis in relation to the femur rather than to the floor. We also looked at the idea of primary and secondary curves throughout the body. These techniques freed our analytical vision and opened up more places to work.

For me, this was a double-edged sword - as my scope of treatment expanded, the proliferation of options about where to work suddenly became confusing, and even overwhelming. At times it became difficult to grapple with the very aspect that is attractive about a wholistic approach to treatment - wholism. While the theory is invigorating and enticing, the practical application is definitely challenging to apply, or at least more difficult to apply with certainty.

The last two days of the workshop had a strong practical component. Day two began with a graphic dissection image of 'fascia man' (warning: for the faint of heart, the workshop featured a lot of dissection images), demonstrating the layer of fascia under the adipose tissue, followed by French plastic surgeon Jean Claude Gimeberteau's endoscopic video of a patient's in vivo, loose fascia with its moist, changing, spider web-like strands. We gained a vivid understanding of the hydrophilic nature of the fascia.

'At times it became difficult to grapple with the very aspect that is attractive about a wholistic approach to treatment - wholism.'

This launched us into assessing the fluidity of the human structure - the body in movement. When assessing what Myers coined 'the superficial backline', we investigated the foot, comparing movement in the heel and forefoot. We were looking for the 'stuck bits', using the rationale that where we need to work is often where we don't see or feel the stretch.

During this demonstration, one frustrated student commented, "I just can't see it!" Frankly, I was in the same boat. James replied that this kind of diagnosis was not something you can learn in one weekend:

"The assessments can be seen as a four dimensional test, and it can be a challenge to see the logic. We are seeing the body as a system, training the eyes to see the lines of vector or force. It's a big jump. By taking clients through relatively complex moves it gives us insight into how they might move outside our clinic rooms. Our job is to make sure clients are successful outside our rooms."

Along with the new theory and ways of assessing, I was often struck by the language James employed. Touch was seen as a 'communication between two intelligent systems'. We were 'suggesting to the tissue: wouldn't you be more comfortable if you let go?' and 'speaking softly to muscle spindles, encouraging them back into position.'

Before assessing a client for postural imbalances, we were asked to find three positives about their overall structure. I was surprised by how difficult something so seemingly simple was for me. I had my eyes opened to the fact that I had only been trained to search out the negatives. This alone had far reaching implications for my practice; challenging me to look at the ways I had been working and communicating with my clients. But as challenging as it was, it was also profoundly enriching.

Retesting became re-education: our clients were allowed to feel where he or she could or could not move, rather than being told by the therapist. We were doing a lot more 'off the table work', involving our clients much more in their own treatment. One student, a massage therapist, commented about the difficulty associated with this approach because it would not conform to client expectations of passivity and time 'on the table'. James' reply was: "The more a client is involved, the less the expectation that you will make them better". This was certainly food for thought.

One major benefit of the workshop for me was the refinement of my touch. I learned to properly sink and lock in to the fascia, to feel it melting under my touch, and to adapt my stroke to keep in contact with the 'fascial wave'.

And while fascial work was a lot lighter than I had previously imagined, I came away with a clear indication of exactly how powerful the work could be when applied properly: after having my SCM muscle worked on with only one stroke, my right ear became blocked; when the work was finished, my sinuses felt fantastic.

Overall, the workshop was fast-paced and heavy on theory - just as I grasped one concept, we were already halfway through the next. James Earls' engaging and often humorous approach helped to make the information more digestible, and a good amount of question time was available which enabled time to breathe and integrate the information.

Another positive feature was the access to hands-on help throughout the weekend, through the assistance of two additional trainers.

The flyer promised "... skills that hands-on therapists, regardless of their modality, can use to see their clients more clearly and work more effectively". Although assessment and soft tissue techniques were included, the Anatomy Trains workshop didn't offer a prescriptive step-by-step strategy (although further training is available). In the words of presenter, James Earls, "... the practical work is less about technique and more about the principles to empower you to make up your own techniques."

At the end of three days, I am nowhere near approaching competence in Anatomy Trains assessment and therapy but I have come away with a head full of ideas and a few new tricks for the toolbox. Perhaps, more importantly, the workshop opened my mind to an innovative approach to assessing and treating – which, as often happens, has also created more questions than it answers. While I am yet to clearly identify what will translate into my practice at the day-to-day level, I have a much keener appreciation of - and way of viewing the composition and behaviour of - the tissues with which I work. ■amt

News from the regions

Blue Mountains

by Ariana McKay

The upcoming AMT conference, to be held locally at Penrith Panthers, was high on the agenda at our last branch meeting. AMT President, Annette Cassar said she hoped to see many of the Blue Mountains branch members attending. Another topical discussion was the possible inclusion of guest presenters at future meetings. Our new chairperson, Alison Maynard, commented on the importance of including guest presenters into the agenda to benefit from knowledge sharing, mentoring, and to further members' education. By the time the journal goes to print, we will have held our winter Meet and Greet, on August 14 at the Wentworth Falls Bowling Club. Our next branch meeting will follow on September 12, from 7pm at the Springwood Royal Hotel (to be confirmed). We look forward to hearing from guest speaker, *In Good Hands* editor, Kat M Boehringer.

Hunter

by Chloe Dirs

Paul Lindsay helped to keep the cold at bay at our May meeting with an energetic presentation on exercise analysis. We had our Annual General Workshop on July 28, which was presented by Jeff Murray. The topic was 'Lower Body Tricks of the Trade' and, as usual, the workshop was packed with information, and participants gained more 'tools' for their massage 'toolbox'. After our Annual General Meeting elections, we are happy to announce Kristin Osborn as Chairperson, Chloe Dirs as Secretary, Paul Lindsay as Treasurer, and Jean Pearce as our new catering officer.

Illawarra

by Linda White

The Illawarra branch enjoyed an educational exploration into the matrices of the human body with a visit to the University of Wollongong's anatomy laboratory in July. This two-hour experience, attended by 11 AMT members and three non-members, was an opportunity to examine specimens of the upper limb, abdominal cavity, neck muscles, and the lower limb. Russell Young, a biomechanics lecturer from the university, shared valuable knowledge about the importance of the structural, muscular and postural nature of the human body. Focus was on the lower limb, and the class was fortunate to be shown two knee joints including a specimen affected by arthritis, and one where the meniscus had all but worn away.

Matthew Whalan, a local physiotherapist and exercise physiologist, will be conducting two evening 'hands on' workshops on the lower limb in coming months. The workshops will explore disorders affecting lower back, hip, knee and ankle. The first presentation will be held on Tuesday, September 24, and the second on Tuesday, March 25, 2014. Both workshops will be held in the Bottlebrush Room of the Corrimal Community Centre, and will commence at 7pm.

The AMT Illawarra continues to see a steady growth in members attending meetings and presentations. It is rewarding and encouraging to see members, both old and new, working together as a team for the betterment of our profession.

Sydney South **by Rene Goschnik**

Director of the Australian Institute of Self Myofascial Release Therapy, Angelo Castiglione was the guest speaker at our June meeting in Hurstville. His presentation addressed the correct and most effective ways of using foam rollers for testing, application, and exercise for clients and practitioners.

Our branch is growing rapidly, with a record number of 49 members attending our August AGM. To accommodate our growing numbers, we added the positions of Assistant Secretary and Assistant Treasurer to our office. We welcome the newly elected team including Rene Goschnik as our Chairperson, Sujittra Makatham as Secretary, Anthony Gould as Assistant Secretary, Joanne Rosier as Treasurer, Denise Derrig as Assistant Treasurer, Jenny Della Torre as librarian, and Charlotte Hendriks as our new caterer.

The discussions at our AGM included the possible use of branch funds for an anatomy web lab excursion and for purchasing DVDs from the annual conference. A presentation from a kinesio taping instructor was also suggested for an upcoming meeting. Members voiced concerns regarding the current situation with Medibank Private and AMT board member, Michelle McKerron explained the process to reduce confusion and anxiety.

Tai chi master, George Lu has been confirmed as guest speaker for our next meeting, to be held on October 2; and our Christmas party and end of year meeting is scheduled to take place on December 4.

Since our first branch meeting in 2007, our meetings continue to foster great relationships and professional networking among fellow therapists. New members are always welcome.

For information please contact Anthony or Sujittra. AMT Head office can provide their contact numbers.

Mackay **by Ian Coppard**

Members who attended our quarterly meeting in May gained valuable insight about the role of massage and exercise programs in injury rehabilitation from one of our local exercise physiologists. Keiran Kawolski, from the Mackay Health and Hearts Clinic, gave an excellent presentation outlining specific exercise programs for people who are rehabilitating after accidents or operations, as well as for people who work in industries where poor posture is unavoidable. He explained how specific exercise programs could complement massage treatment for these people, with an emphasis on preventative programs. Although the meeting was reasonably well attended, we would like to see more members benefiting from the expertise of our guest speakers, as well as gaining CEU points for each meeting.

Melbourne **by Ross Housham**

The next branch meeting is to be held on Sunday, September 15 at 10.30am at the Elwood Leisure Centre. Our guest speaker will be new AMT president, Annette Cassar. Our AGM will follow, and we will be electing our new office bearers. Nominations are now open for the positions of Chairperson, Treasurer, and Secretary.

At our July meeting, Melbourne branch member Jodie demonstrated the activation of core muscles using an ultrasound machine. This was great to watch, and the ultrasound machine would be a useful piece of equipment in any practice.

Thanks to all those who responded to the questionnaire on preferred meeting dates and times. If you haven't yet responded but would like to, please email me at hello@seachangehealth.com.au indicating your preferred time. Time slots are: Monday-Friday 7pm and Saturday and Sunday 10.30am, 2pm and 7pm.

Riverina **by Jodee Shead**

May was a busy month for the Riverina branch. Our meeting – which was also our AGM – saw the announcement of our new treasurer, Casey Guiney. That same weekend, we hosted a myofascial workshop presented by Michael Stanborough.

By the time the journal goes to print our August meeting will have been done and dusted. We plan to watch and discuss Jeff Shearer's DVD (from the last conference) and to have a networking discussion about how to increase our businesses and client base.

Our September meeting will be held at the Echuca Hideaway B&B on the 21st.

Our guest speaker will be Michael Weir, who will be presenting a workshop and seminar about the legal aspects of massage therapy and the role of the Code of Practice. Please contact Jodee Shead at moweld@bigpond.com to confirm your place.

Our annual Christmas dinner celebration will be held on December 1, from 12 noon. We will be discussing the annual conference and organising the 2014 calendar for our branch.

Sunshine Coast **by Lesley Carter**

Only two branch meetings remain for 2013. Our August meeting, which will have taken place by the time the journal goes to print, will include a presentation by Craig Steer, a local podiatrist, who will talk about the role of remedial massage for lower limb tendinopathy. It is always good to get to know about other specialty areas so we can refer clients, if necessary.

Our final meeting for the year will be our AGM, on October 20. This is likely to be a full day, although the details are yet to be finalised. We welcome ideas and requests for our 2014 meetings, and look forward to providing interesting and helpful meetings for therapists on the Sunshine Coast.

Provider Recognition Criteria

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.

HEALTH FUNDS AND SOCIETIES		CRITERIA
ahm Health Insurance	Medibank Private	These funds recognise Senior Level One and Two members.
A.C.A Health Benefits Fund	Onemedifund	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.
Cessnock District Health Benefits Fund	Peoplecare Health Insurance	
CUA Health Limited	Phoenix Health Fund	
Defence Health	Police Health Fund	
Frank Health Insurance	Queensland Country Health Ltd	
GMF Health	Railway & Transport Health Fund Ltd	
GMHBA	Reserve Bank Health Society	
health.com.au	St. Luke's Health	
Heath Care Insurance Limited	Teachers Federation Health	
HIF WA	Teachers Union Health	
Latrobe Health Services (Federation Health)	Transport Health	
Mildura District Hospital Fund	Westfund	
Navy Health Fund		
Australian Unity		Australian Unity recognises members with HLT50302/07 Diploma of Remedial Massage, HLT50102/07 Diploma of Traditional Chinese Medicine Remedial Massage, HLT50202/07 Diploma of Shiatsu and Oriental Therapies, 21920VIC or 21511VIC Advanced Diploma of Remedial Massage (Myotherapy), Diploma of Health Science (Massage Therapy), Advanced Diploma of Applied Science (Remedial Massage) and Advanced Diploma of Soft Tissue Therapies. Existing Senior Level One and Two providers remain eligible.
BUPA		BUPA recognises members with HLT50302/07 Diploma of Remedial Massage, HLT50102/07 Diploma of Traditional Chinese Medicine Remedial Massage, HLT50202/07 Diploma of Shiatsu and Oriental Therapies, 21920VIC or 21511VIC Advanced Diploma of Remedial Massage (Myotherapy). Existing providers remain eligible.
CBHS Health Fund Ltd		CBHS recognises all AMT practitioner levels.
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). Existing providers remain eligible. They require you to use their provider number. This number is AMXXXX, where the Xs are your 4-digit AMT membership number.
GU Health		GU Health recognise members with HLT40302/07 and all Senior Level One and Two members.
HBF		HBF recognises Senior Level One and Two members.
HCF		HCF recognises members with HLT50302/07 Diploma of Remedial Massage, 21920VIC or 21511VIC Advanced Diploma of Remedial Massage (Myotherapy), Advanced Diploma of Applied Science (Massage) and Diploma of Health Science (Massage Therapy). Existing providers remain eligible.
NIB		NIB recognises members with HLT50302/07 Diploma of Remedial Massage; HLT50102/07 Diploma of Traditional Chinese Medicine Remedial Massage; HLT50202/07 Diploma of Shiatsu and Oriental Therapies; Advanced Diploma of Remedial Massage (Myotherapy)
WorkSafe Victoria		Worksafe Victoria recognises Senior Level One and Two members.

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

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 2013

4-6	Master Class in Traditional East-West Cupping. Presented by Bruce Bentley. Perth. Contact 03 9576 1787	105
7-8	Modern Cupping Therapy. Presented by Bruce Bentley. Perth. Contact 03 9576 1787	70
8	Massage for Asthma and Breathing Pattern Difficulties. Presented by John Bragg. Springwood. Contact 0410 434 092	35
12	Blue Mountains Branch Meeting. Springwood. Contact Ariana McKay 02 4758 8536	15
13-17	Advanced Certificate in Integrated Cupping Therapy. Presented by Bruce Bentley. Gold Coast. Contact 03 9576 1787	175
13-15	Master Class in Traditional East-West Cupping. Presented by Bruce Bentley. Gold Coast. Contact 03 9576 1787	105
13-15	Oncology Massage Module 2. Presented by Lizzie Milligan. Randwick. Contact Kylie 07 3378 3220 or 0410 486 767	120
14-15	Certificate of Pregnancy Massage. Presented by Catherine McInerney. Melbourne. Contact 03 9571 6330	60
14	10 Motions of the Hip & More. Presented by Dr. Paul Conneely. Perth. Contact 0410 382 179	35
14-15	Neurostructural Integration Technique Introductory. Presented by Marianne Grainger. Perth. Contact 0407 063 047	70
15	The Shoulder. Presented by Dr. Paul Conneely. Perth. Contact 0410 382 179	35
15	Hunter Branch Meeting. Adamstown. Contact 02 4953 2252	15
16-17	Modern Cupping Therapy. Presented by Bruce Bentley. Gold Coast. Contact 03 9576 1787	70
20-22	Oncology Massage Module 1. Presented by Tubi Oyston. Adelaide. Contact Kylie 07 3378 3220 or 0410 486 767	120
20-22	Oncology Massage Module 2. Presented by Deb Hart. Adelaide. Contact Kylie 07 3378 3220 or 0410 486 767	120
20-22	Oncology Massage Module 1. Presented by Hayley Moeller. Canberra. Contact Kylie 07 3378 3220 or 0410 486 767	120
21-23	Oncology Massage Module 1. Presented by Tania Shaw. Buderim, QLD. Contact Kylie 07 3378 3220 or 0410 486 767	120
21	Riverina Branch Workshop. Presented by Michael Weir. Contact Jodee Shead. Phone: 03 5482 6422	35
22	Leg and Knee Pain. Presented by John Bragg. Springwood. Contact 0410 434 092	35
24	Illawarra Branch Meeting. Presentation Evening. Corrimal. Contact Linda White 0417 671 007	15
25-27	Oncology Massage Module 1. Presented by Lizzie Milligan. Randwick. Contact Kylie 07 3378 3220 or 0410 486 767	120
27-28	Olsen Volume II Functional Assessment and Corrections of the Lower Body. Presented by Jeff Murray. Sydney. Contact 0427 310 510	100

October 2013

2	South Sydney Branch Meeting. Hurstville. Contact Anthony 0410 138 557	15
4-8	Advanced Certificate in Integrated Cupping Therapy. Presented by Bruce Bentley. Sydney. Contact 03 9576 1787	175
4-6	Oncology Massage Module 1. Presented by Lizzie Milligan. Sydney. Contact Kylie 07 3378 3220 or 0410 486 767	120
4-6	Master Class in Traditional East-West Cupping. Presented by Bruce Bentley. Sydney. Contact 03 9576 1787	105
7-8	Modern Cupping Therapy. Presented by Bruce Bentley. Sydney. Contact 03 9576 1787	70
11-13	Oncology Massage Module 1. Presented by Deb Hart. Perth. Contact Kylie 07 3378 3220 or 0410 486 767	120
11-13	AMT Annual Conference. Penrith, NSW. Contact 02 9517 9925	150
12-13	Modern Cupping Therapy. Presented by Bruce Bentley. Brisbane. Contact 03 9576 1787	70
16	North Shore and Northern Beaches Branch Meeting. Belrose. Contact Brenda 0410 353 913	15
17-19	Certified Infant Massage Teacher Training (CIMT). Presented by Tina Allen. Sydney. Contact 0001 818 209 1918	105
19-20	Modern Cupping Therapy. Presented by Bruce Bentley. Hobart. Contact 03 9576 1787	70
20-21	Touch Therapy for the NICU. Presented by Tina Allen. Sydney. Contact 0001 818 209 1918	70
20	Sunshine Coast Branch Meeting. Nambour. Contact Lesley 0403 647754	15
24-25	Certified Pediatric Massage Therapist (CPMT). Presented by Tina Allen. Sydney. Contact 0001 818 209 1918	70
24-26	Oncology Massage Module 2. Presented by Kate Butler. Melbourne. Contact Kylie 07 3378 3220 or 0410 486 767	120
25-26	Olsen Volume III Structural Assessment and Corrections of the Cervical and Thoracic Vertebrae. Presented by Jeff Murray. Sydney. Contact 0427 310 510	100
25-27	Oncology Massage Module 2. Presented by Hayley Moeller. Canberra. Contact Kylie 07 3378 3220 or 0410 486 767	120
26-27	Certificate of Pregnancy Massage. Presented by Catherine McInerney. Adelaide. Contact 03 9571 6330	60
26-27	Neurostructural Integration Technique Introductory. Presented by Wendy Eyles. Central Coast. Contact 0412 417 719	70
26-28	Oncology Massage Module 1. Presented by Tania Shaw. Mackay. Contact Kylie 07 3378 3220 or 0410 486 767	70
26-27	Touch Therapy for Autism Spectrum Disorders. Presented by Tina Allen. Sydney. Contact 0001 818 209 1918	70
26-27	Chinese Cupping Therapy. Presented by Master Zhang Hao. Strathfield. Contact 0416 286 899	75
29	Illawarra Branch Meeting. Formal Meeting. Corrimal. Contact Linda White 0417 671 007	15

November 2013

2-3	Neurostructural Integration Technique Introductory. Presented by Robert Monro. Brisbane. Contact 0448 428 020	70
3	Lower Back Pain and Pelvic Stability. Presented by John Bragg. Wollongong. Contact 0410 434 092	35
9-13	Advanced Certificate in Integrated Cupping Therapy. Presented by Bruce Bentley. Melbourne. Contact 03 9576 1787	175
9-11	Master Class in Traditional East-West Cupping. Presented by Bruce Bentley. Melbourne. Contact 03 9576 1787	105
10	Soft Tissue Therapy Congress 2013. Presented by Melbourne Institute of Massage Therapy. Heidelberg, VIC. Contact 1300 839 839	35
12-13	Modern Cupping Therapy. Presented by Bruce Bentley Melbourne. Contact 03 9576 1787	70
15-19	Neurostructural Integration Technique Basic. Presented by Ron Phelan. Geelong. Contact 0419 380 443	175
16-18	Oncology Massage Module 2. Presented by Tania Shaw. Buderim, QLD. Contact Kylie 07 3378 3220 or 0410 486 767	120
16-17	Chi-Acupressure Massage. Presented by Master Zhang Hao. Strathfield. Contact 0416 286 899	75
17	Hunter Branch Meeting. Adamstown. Contact 02 4953 2252	15

Work smarter, not harder!
and get great results

NeuroStructural integration Technique (NST)

Are you looking to learn a great technique?
Your back is worse than your client's back?
Are you feeling tired and worn out?
Hands and fingers starting to hurt?



NST - founded on Australian Tom Bowen's later more advanced work. NST incorporates the philosophy of De Jarnettes, Sacro Occipital Technique and is validated according to the principles of Applied Kinesiology.

NST allows you to access Bowen's astonishing intuitive powers via the philosophy and techniques you will learn at this workshop. Learn how to recode your client's visceral, musculoskeletal, fascial and nervous systems so the body can regulate itself, controlling pain and boosting energy levels. NST is the fast, smooth form of Bowen, consistently effective even in difficult cases. Non-invasive and generally a lighter touch compared to similar bodywork therapies. NST results are sometimes astounding, usually instantly noticeable and generally long lasting.

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2 day Introductory class – covers history, theory and spinal balance. A great start for those interested in learning this style of work. **70 CEU**

5 day Basic class – as per Introductory class plus all peripheral areas, shoulder, knees, ankles, pelvic, sacral, elbow/wrist, hamstrings, TMJ and much more. **175 CEU**

2 Day Introductory classes

Perth – September 14/15th, Nov 30/Dec 1 Marianne : 0407036047

Brisbane – July 20/21st, Nov 2/3rd Robert : 0448 428 020

NSW South, Central coast and western area - June 22/23rd, August 24/25th, October 26/27th Wendy : 0412417719

5 Day Basic classes

Launceston – June 28 – July 2nd Michael : 0417047412.

Melbourne – July 18-22, Geelong Nov 15-19th,

Sydney Nov 29-Dec 3 Ron : 0419380443

Your NST teachers



Ron



Michael



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