amt

in good hands

the journal of the association of massage therapists ltd september 2014

AMT's National Massage Therapy Awareness Week
September 8-15, 2014

President's Message

by Annette Cassar

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It's time to celebrate National Massage Therapy Awareness Week!

AMT's NMTAW runs from September 8-15. This year's theme is 'Connecting with your Community'. It is an opportunity to reach out to members of your community you might not ordinarily be in touch with. This year's focus also assists members to foster awareness of the benefits of massage therapy while enabling community members who may experience disadvantage to receive a much-needed massage.

I hope all our regional branches have organised a massage event in connection with a local community group, charity or are hosting a free public demonstration of massage.

An information kit has been created containing event ideas and suggestions about how to publicise the event in your local area's media. You can download the materials here: **http://www.amt.org.au/members/NMTAW-2014.html**

I would like to acknowledge and thank our journal editor, Kat Boehringer, for her hard work in putting the kit together.

By now, most members would already be familiar with AMT's new quarterly e-newsletter, 'Table Talk'. The e-newsletter comes out around mid-January, April, July and October. Each edition includes helpful tips, up-to-date news, a calendar of events, the latest from our Research Round-up, regional reports and more. It has been a great success and thanks to all who are involved with the publication of this document. The regional reports continue to be an integral, informative part of AMT's news, and help to keep everyone connected.

This year's annual conference, 'Building Healthy Massage Practices', will be held at Flemington Race Course in Melbourne from October 17-19. It is AMT's 25th conference and we would love as many members to come and celebrate this milestone with us and explore the interplay between massage practice, business strategies and client assessment and treatment planning.

Debbie Mayo-Smith is our keynote speaker. She is an exciting and highly motivated business presenter. Her presentations are informative and will canvass the necessary ingredients to build a better massage practice. Other guest speakers have a great wealth of information to pass on to us.

I look forward to seeing as many members as possible at the 25th Annual Conference in Melbourne.

Need CEUs?

Journal question - September edition

What shape is the psoas major muscle?

Please write your answer in the space provided on your CEU record sheet and retain it until you submit the form with your annual renewal. Blank CEU forms can be downloaded from: www.amt.org.au/members/all-about-CEUs.html

DEADLINE

Deadline for the December 2014 issue of In Good Hands is: 1st November, 2014

Please email contributions to: journal@amt.org.au or phone: 02 9211 2441

Please take note of our new address and contact details:

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Advanced Myofascial Techniques Workshops

The Advanced Myofascial Techniques workshops provide practising manual therapists with highly effective techniques, tests and procedures. Drawing on a wide range of disciplines, the focus is on fresh and interesting approaches that can be readily incorporated into your existing practice.

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- track subtle psycho-physiological and nervous system responses
- work more sensitively, safely, and comfortably at very deep levels.

You can choose a 1, 2 or 3-day program. Each 2-day workshop includes an optional 1-day specialty class, which may be taken on its own or after the 2-day program.

For more information and to register, download the flyer at www.amt.org.au

PRESENTERS

Bethany Ward

Larry Koliha

Secretary's Report

by Rebecca Barnett

2014 has been a challenging year for AMT and the massage therapy industry at large. The AMT Board has had some tough decisions to make in an environment laden with uncertainty and unknowns. Future-proofing the Association and AMT members has never looked so daunting or complex.

The Federal Government's austerity budget has shaken consumer confidence. While the creation of the government's Medical Research Future Fund may be a positive step for health research, cuts to the health spend in the area of preventive health will hit hard. It is also difficult to assess the likely impact of the proposed $7 GP co-payment on the massage profession.

Medibank's new educational requirements for remedial massage providers have had a profound impact on established practitioners, business owners and employers, recent graduates, currently enrolled students and Registered Training Organisations.

Massage therapy educators and program managers are also working in an uncertain policy environment: there are likely to be some casualties caused by new funding models due to be rolled out in 2015. How this will impact on the long-term viability of our Certificate IV and Diploma qualifications is unclear. Public sector providers that have long been the backbone of qualification delivery in regional areas of Australia, providing not only training but also critical social capital, will struggle to operate in a new 'commercial' environment. Without regional TAFE programs, hundreds of prospective students may not be able to undertake nationally-recognised qualifications, raising serious questions about access and equity.

To add to this somewhat gloomy picture, the review of the rebate on private health insurance for natural therapies is ongoing and the outcome remains uncertain.

And yet, in spite of all these barriers, challenges, and uncertainties, massage therapy continues to grow and extend its reach. People basically like massage. No amount of seemingly unfavourable government policy or health fund restrictions is going to change that wonderful, sustaining bedrock - the enduring, popular appeal of massage. Massage therapy has literally stood the test of millennia. It was there at the birth of western medicine and has remained inextricably interwoven with eastern medicine throughout its long history. I don't reckon it is going to disappear over the horizon any time soon.

A wise friend, who also happens to be a complementary medicine researcher, recently spoke about the public's enduring love affair with massage. He was somewhat bemused by the fact that, over the last 120 years or so, the modern profession of massage therapy has gone through a cycle of evolution and rebranding, changing its name, identity and status in the healthcare landscape in an apparently endless cycle of regeneration and renewal. (By way of example, the Australian physiotherapy profession evolved from a small group of massage therapists during World War 1. Even in the 1960s, Australian physios essentially were trained in massage).

In the lifecycle of massage therapy, it would seem that no matter what we seek to do in practice or how we brand ourselves - physio-, myo-, musculoskeletal, soft tissue therapy and everything in between - it's always massage therapy that the public returns to, over and over again.

Perhaps it's time we recognise that massage therapy is, in fact, the glorious adult butterfly and not a transitional phase. In a society increasingly suffering from the effects of somatic alienation, we should be incredibly proud of the unique role massage plays in healthcare delivery. It's an island of holism, human connection and nurture in a sea of mechanical reductionism.

Research study update

Having completed the workforce survey, we have now entered into the second phase of our joint research project with the Australian Research Centre in Complementary and Integrative Medicine (ARCCIM). This phase of the study examines patient use of massage therapy, including: patient perceptions and experiences of massage; how patients use massage to address their own health issues; and what role patients see for massage in the health system.

We are now asking AMT members in Brisbane, Canberra, Sydney, Melbourne and Perth to allow a research assistant to survey 10 consecutive clients for the study. Clients who do not want to be involved are able to refuse and the process will not interfere with your clinical practice.

If you are interested in being involved, you will need to complete the brief screening survey, which is online here: **https://www.surveymonkey.com/s/massage_phase2_invite**

I warmly encourage you to become involved with this phase of the project if you practice in one of the cities mentioned above. Given the manifold challenges the industry faces, we need the data from this research to support a coherent narrative that clearly articulates the crucial role that massage therapy plays in healthcare delivery.

Database redevelopment

Work on the new AMT database is now in its final stages. We're very much looking forward to delivering enhanced member services when we launch the new platform to members in late September.

The member portal will enable you to take charge of your own details - you'll be able to: check the status of your CEUs, insurance and first aid; update your own practice address information; complete renewals online; and upload all your documentation direct to the AMT server. Stay tuned for more news of the launch via the AMT website, email and social media. ■**amt**

My Favourite Practice-Building Secret

by Bethany Ward, MBA, Certified Advanced Rolfer®, Bodywork Instructor

Often, when we talk about practice building, we focus on things that seem a world away from massage therapy such as advertising and marketing, cold calling, networking, and placing ads. But quite often, when activities aren't in line with our passions, we neglect to do them. In my opinion, the best way to build a practice is to make our business a means of self-expression and personal development.

I have a favorite practice-building approach that allows me to focus on the things I love, and at the same time, expands my business. Surprisingly, it's a topic that I don't hear discussed very much, despite the fact that it helped me create a steady 20-client-per-week practice in six months, and a couple of months later, increased my practice to 25 clients with a six-week waiting list.

Before I cover this approach, I want to go over some important points regarding more common business development practices. (But, if you can't wait, just jump to the end!)

If you want a thriving practice . . .

1. Commit to life-long learning

In my opinion, developing your craft is your very best form of practice-building. The more skilled you are, the more clients refer you to their family and friends. But, until you have a self-sustaining practice (and in some environments, this may never be entirely possible), what other ways are there to build your practice?

2. Consider the obvious – marketing and advertising

There are thousands of books out there that will discuss marketing and advertising in detail, so I will briefly touch on a few points that are often overlooked:

Paid advertising

Paid advertising often has a low return on investment, so it's rarely my first recommendation for practice building, but it can work well if the right elements are in place.

I have created two busy practices from scratch. My first practice was in a medium-sized university town that wasn't particularly close to a city. Except for the university, there weren't a lot of employers in the town. Since my pool of potential clients was limited, I knew I would have to find my market.

As it turned out, the practice grew fairly quickly thanks to my weekly ad in the *Flagpole Magazine*, a local music and events publication.

Figure 1. Write educational articles. Explore one concept in detail. Make it relevant for readers, and include images.

If you are going to place a paid ad, *find a publication that reaches the population in your immediate vicinity*. I was in a university town so the publication I chose focused on that particular market. Secondly, make sure your ad *speaks to a segment that wants and, dare I say it, can afford your services*. (Note: Most of us are concerned about providing our services to those who need it, rather than only those who can afford it.

But, instead of being a low cost provider, my advice is to charge a little more for your services so you then have the flexibility to help special cases on an individual basis. Not to mention, if you make your fees too low, you may run the risk of burnout, which could result in you helping fewer people over the length of your career. This is food for thought.)

If you do choose to place an ad, *commit to a regular submission*. Well over a decade ago, I bought a small ad every week in a local publication at what was the equivalent of one bodywork session per week. Although my monthly output was fairly significant, my ad generated two or three clients per week. That adds up after a few weeks!

In addition to finding the proper publication, one of the reasons I think my ad worked was that I developed a *recognisable look and layout* but *changed the content each time*. You want people to start recognising you by encountering your business on a recurring basis. For example, in my ad, the fonts and the main large copy, "What's Rolfing?" stayed the same. But, in each issue, I answered the question differently with a different quote about Rolfing. I suspect that people tended to return to see what changed each week. Of course, the ad directed them to my website where they could learn more.

Website

I designed my website to be *informational* — this has been a key part of my marketing strategy over the years. Initially, I wanted to provide a resource for clients to learn about my form of bodywork but the approach had additional benefits. First, my comprehensive website lent credibility. Second, it saved me a bunch of time on the phone because I no longer had to answer a lot of questions for new clients.

Invest your time upfront creating a website that is easy to navigate, is uncluttered, and responds to client needs. It will develop the way you talk about the work, and it will require you to clarify policies, procedures and boundaries. This exercise in itself will strengthen your business model, creating a better experience for your clients and ultimately improving your bottom line.

Printed marketing materials

It always helps to *keep printed marketing materials low-cost and flexible*. Being able to design and layout your own materials means they can be living documents that allow for experimentation and ongoing development. With today's inexpensive high-quality printers, you can create professional looking materials for very little money. But make sure you spend time editing and attending to design details - the brochure represents you.

In addition to trifold brochures, I created small page-sized posters that had a pocket for my business cards and hung them in organic grocers, coffee shops, etc. I designed all of my materials with *meaningful images, clear copy, and as much whitespace as possible*. The fewer the words, the clearer your message, and the more likely it will be read.

Workshops

I also taught informational workshops at health food stores, health fairs and running clubs. *Although these were fun and excellent practice for learning to speak about bodywork, they were time-consuming and never really produced a lot of work*. It seemed that the people who attended these gatherings were seeking low-cost entertainment and didn't turn into clients. Of course, different things work well in different situations, so these kinds of workshops might be just the ticket for you. Or you may simply do them for your own professional development - from that perspective, they're an excellent use of your time.

Social Media

Obviously, the wave of the future in marketing is social media. This is beyond the scope of this article. *But the concepts — identifying and connecting with your target market and providing meaningful information in an easy-to-use manner — still stand!*

Before I discuss my favorite marketing approach, let's talk a little more about your target market. People tend to think this is determined by the product or service being offered. Although somewhat true, for many small business people, your market depends on you.

3. Identify who you like to work with

When I started my first practice, I used fairly traditional forms of marketing and advertising and I worked with whoever came to my door. It was great. I was new and this approach allowed me to work a lot and get the experience I needed to start developing my skills.

When I decided to move to a large city, I set a goal to intentionally create the practice of my dreams. Before I relocated, I sat with pen and paper and identified the kind of clients I most enjoyed having in my office.

Let's face it. Not all clients are created equal, and none of us are interested in, or suited to, working with all individuals. When you *identify the types of clients that you find it thrilling to work with — and those that you find less so* — you can make marketing and advertising decisions that bring you more of the "fun" clients.

Although many of my colleagues grumble about "Type A" clients (ambitious, assertive, driven folks), I realised that I generally enjoy working them! Why wouldn't I? We have a lot in common. Although some practitioners find these individuals a bit annoying or unenlightened, in my eyes, they're often highly motivated, proactive, disciplined, and eager to learn. They tend to like homework and give me good feedback. I even like that they can be skeptical and often ask a lot of questions.

When I teach someone like this about the fascial matrix or how to work with breath, I feel like I'm revealing an entirely new world. That's the kind of thing that keeps me jazzed about this work.

Of course, this is just a segment of my practice. But it's helpful to know this about myself as a practitioner. My soul searching also uncovered a deep interest in working with scoliosis, as well as a preference to working with adults.

4) Here it is, my favorite — often overlooked — marketing technique… WRITING!

My awareness about the clients I enjoy may have influenced me to pick up a copy of a local start-up publication, *Endurance Magazine*. The monthly journal was created for endurance athletes — runners, cyclists, swimmers and triathletes (a goal-oriented and highly disciplined segment, if there ever was one).

Knowing how valuable Rolfing bodywork can be for these athletes, I contacted the editor about writing an article explaining what Rolfing is and how athletes can use it to improve performance.

The editor took me up on my offer and I submitted an article that outlined the Rolfing ten-session series, summarising how the goals of each session could benefit athletes. It was a stand-alone article but it was well received so the editor asked me about writing more. I suggested I devote an article to each of the ten Rolfing sessions, exploring each concept or idea more fully. The idea was a success, and my articles became known as 'the bodywork column'.

I soon learned that writing articles was an extremely cost-effective way to generate clients. It costs nothing but your time and it works better than ad placement.

Why is writing often better than placing advertising?

People pay more attention to articles

Although I wrote the articles for free, I also bought a regular ad in *Endurance Magazine*. I did it to support the publication, even though I suspected that my articles generated more clients than the ad. New clients often mentioned my articles and I usually got three to five new clients every time an issue hit the stands. My suspicions were further supported one month when I included a coupon in my ad. To my amazement, my new clients mentioned and even brought in my article — but not a single one clipped the coupon or asked for the discount!

Figure 2. Find a local publication that targets a market you enjoy working with. For example, I enjoy working with athletes, so Endurance magazine was a good choice for me.

Readers trust you as a source

Additionally, an article takes up more visual space and holds a reader's attention longer than an ad. Fortunately or not, the public tends to view an article as relatively unbiased —especially if you write something educational.

Where I live, there are health publications and radio shows providing seemingly unbiased information from chiropractors, dentists and more. I have since found out that the authors and radio guests pay for the privilege.. These outfits would have you provide content and expect a fee. Why? Mass communications bring credibility.

I turned down a radio show opportunity when I found out it was actually a half-hour ad. I have never paid anyone to place an article. In my experience, journal and website editors are often desperate for good copy.

Writing articles that build your practice

Consider the readership

If you want your articles to bring you clients, make sure you're writing for a publication that gets into the hands of local readers.

A local print publication may reach more potential clients than a larger publication with a wider readership. With online articles, this is different, but still make sure your intended market is included among its readers.

Regularity

Like any form of marketing or advertising, repetition is key. One article is nice, but regular submissions are infinitely more valuable. If you provide good content, readers will look for you. Even if they don't read your articles, they'll have a sense of the kind of material you write about and start considering you as a specialist in your area. They may not need you now, but will remember you in the future.

Be passionate and creative

Even if you don't consider yourself a writer, you might want to consider a different kind of submission such as a *Tips and Techniques* piece. As 'new media' increasingly becomes the norm, today's readers are looking more and more for smaller, bite-sized entries. Your piece might only be 100 words but it can still teach something useful. Or if you're artistic you might like to create a comic. The key is that you teach something that is meaningful to you.

Don't sell, educate

If you write articles that feel like a long advertisement, you'll lose your audience. If you're going to have a regular presence in a printed or digital magazine, you have to commit to educating readers.

Writing is good marketing, but it should never feel like it. Make sure the byline at the end of each article states your credentials, website and telephone number so readers can contact you if they want.

Give readers information they can use immediately

I recommend teaching one concept per article. For example, if I have discussed hip flexors, I might share an interesting tidbit — such as how a tight rectus femoris could contribute to tight hamstrings — and then I'd discuss the consequences of this and provide a stretch or experiential exercise for my readers to try. When I give examples of stretches, I include pictures of myself doing the exercise both incorrectly and correctly. Then, in my conclusion, I might also mention a range of techniques and modalities that people often use to address that particular area (foam rolling, acupuncture, other forms of bodywork, etc.).

Include photos

Your article will get more attention if you include images. Although creating pictures may require 25 per cent or more of your writing time, they're responsible for the majority of your exposure. When it comes to images, the payback is well worth the effort.

Conclusion

A well-researched and written article lends credibility to you as a practitioner and further enhances the way bodywork is perceived. It also improves the way you think and speak about your work. When you're spending untold hours meeting a deadline instead of going out with friends, remember that writing is a self-imposed form of continuing education. In terms of both personal and professional development — not to mention building a thriving practice — I haven't found a better return on investment. ■amt

Bethany Ward (www.rolfusa.com) holds a master's in business administration and worked in marketing before finding her passion as a bodyworker and teacher. Along with fellow instructor Larry Koliha (www.rolfworld.com), Bethany will be presenting at AMT's 2014 Conference. Bethany and Larry are faculty members of Advanced-Trainings.com, which offers continuing education seminars internationally. They also teach at the Rolf Institute® of Structural Integration, Boulder, Colorado. After presenting in Melbourne this October, they will be teaching Advanced Myofascial Techniques workshops in Canberra, Sydney, and the Gold Coast. For classes and dates, go to ***www.amt.org.au/downloads/workshop-registrations/Advanced-Trainings-2014-workshops.pdf***

Open to All: Public Library of Science

by Dana Scully

If you could access current and useful research at the touch of a button, would you? Well, you can. The Public Library of Science, better known as PLoS, is an open-access research database, freely available to anyone with internet connection.

What is open-access?
Open-access (OA) is simply FREE use and re-use of print materials such as health resources and scientific articles. The Creative Commons Attribution License enables users to download, modify, copy, and distribute OA materials *as long as the original material is cited properly*. No fees are charged, either to institutions such as libraries or universities, or to the general public.

Open-access resources enable faster transmission of information and, ultimately, better education for all. Researchers can upload information to OA websites such as PLoS and be made available immediately to millions for research, education, and/or general knowledge purposes. Open-access information can thus be immediately used and built upon.

What is PLoS?
The Public Library of Science is a collection of OA online journals. PLoS peer reviews all submissions, but PLoS's point of difference is that it publishes ALL papers deemed to be *technically* sound. Many journals only publish papers with positive or interesting results. This may seem appropriate, but realistically, all papers, regardless of outcomes, have value and contribute to future research. If only 'positive' and 'interesting' results are published, researchers and the public will have a skewed perception that ultimately distorts evidence.

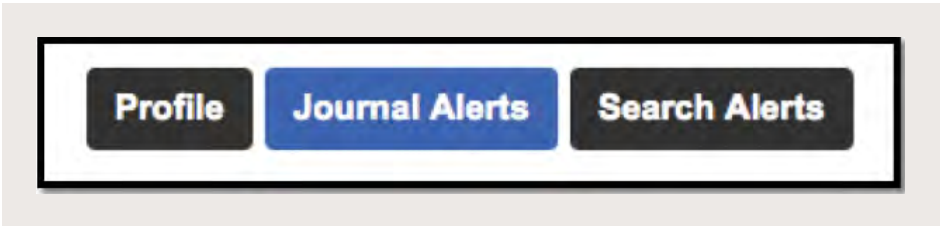
Currently PLoS has eight OA journals that can be accessed via its website at **http://www.plos.org**
Of note to massage therapists are:
PLoS ONE—publishes research in all areas of science and medicine
PLoS Biology—publishes research of 'exceptional significance, originality, and relevance in all areas of biological sciences'
PLoS Medicine—publishes research on wide-ranging human health topics such as the environment, society, disease, etc.

As mentioned, there are no fees for using PLoS, and you don't need to be a member to access the material contained in the various journals. Simply use the Search bar on the home page to locate relevant articles.

One Touch Access
Having said that, The Public Library of Science makes accessing current information even easier for those who decide to register as a user/member. Registered members are able to sign up for weekly *Journal Alerts*, which means that emails with links to the most current research are sent straight to your inbox every week. Simply go to the website at: **http://www.plos.org** and click into the *Create Account* button near the top right, follow the prompts, and hit *Submit*. Once you've verified your registration, click into the yellow *Sign In* button.

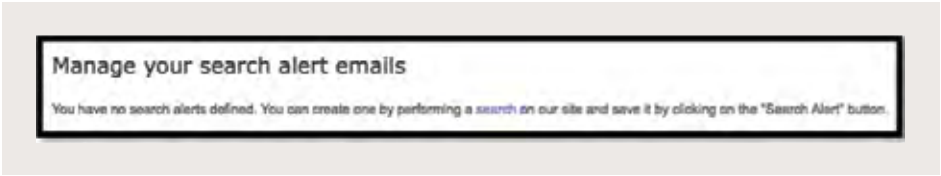
To set *Journal Alerts* click into *Profile* next to the yellow *Sign Out* button now at the top right of your screen.

From here, you'll see three tabs, *Profile, Journal Alerts,* and *Search Alerts*.



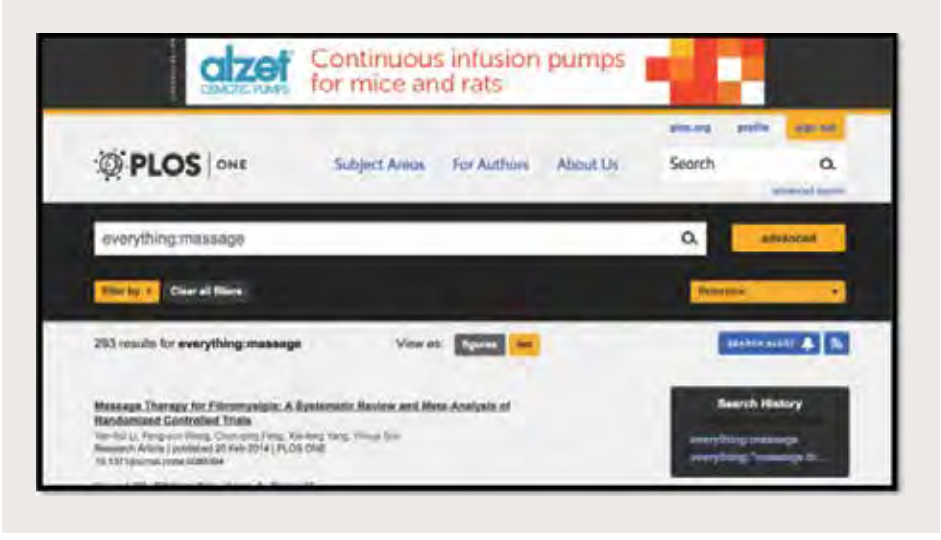
Click into *Journal Alerts*. Mark the radio dots next to the journals you wish to follow and hit *Save*.

From the Profile tab you can also perform an advanced search and/or create a Search Alert. Search Alerts will be sent to you whenever new research is available for the terms you encode. Click into the *Search Alerts* tab.

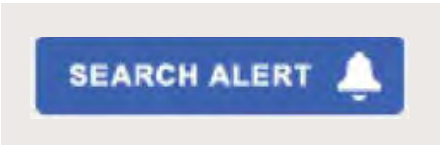


Create a Search by clicking into the blue word "search." The simplest way to create a Search is to use *All Fields* and enter your term such as Massage. You can use the filters if this returns too large a search.

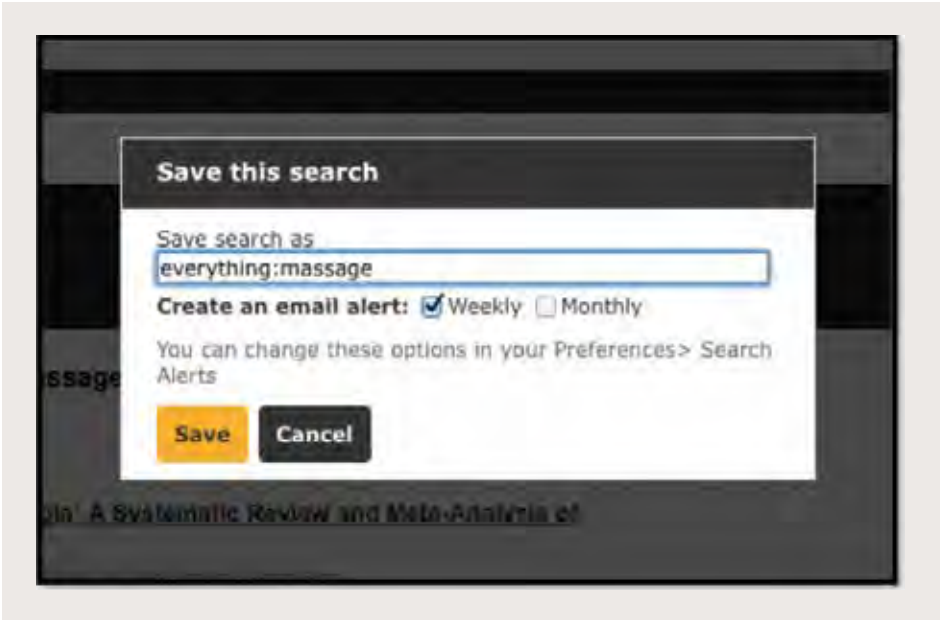
PLoS will bring up a page containing links to 'massage' research. A *Search Alert* can be created from this page.



Locate the blue *Search Alert* button near the middle of your screen.



A small pop-up will ask you to save your search.



Clicking *Save* will create a weekly (or monthly if you'd prefer) email whenever new research in your chosen topic is available.

Okay, so it's not one button quick, but with a few clicks of your computer keys it *is* pretty easy to access the Public Library of Science's open-access journals. PLoS makes accessing current information so easy that the library will even send your selected journals to you. All you need to do is log into the website at **http://www.plos.org** and follow the steps above. A few minutes of your time and current research comes to you. With open-access sites like PLoS, it's now even easier to stay up-to-date with advances in massage and health research.

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

September 2014 Research Review Forum

Welcome back to AMT's Research Review Forum!

In this quarter's *In Good Hands* you'll find an article on the Public Library of Science.

For five CEUs do ALL of the following:

- Read the how to in In Good Hands
- Go to the PLoS website and find an article in one of its journals
- Read that article
- Explain the PLoS article in this forum and discuss its relevance to massage therapy or your clinical practice
- Remember to cite the article properly

Can't wait to hear and discuss some of the meaty articles in the PLoS Journals with you!

Dana

Psoas Major Function
A Biomechanical Examination of the Psoas Major

by Joseph E. Muscolino
Illustrations by Giovanni Rimasti

PART TWO

In Part One of our two-part series, Joseph Muscolino described the biomechanical actions of the psoas major muscle, focusing on its actions on the hip joint. Part Two concludes his exploration into this little-understood muscle. Muscolino evaluates the psoas major's role as a spine stabiliser and its interaction with the sacroiliac joints …

"Perhaps no muscles are more misunderstood and have more dysfunction attributed to them than the psoas muscles. Looking at the multiple joints and the psoas major crosses, it is easy to see why."

PSOAS MAJOR SPINAL JOINT ACTIONS

Similar to the hip joint, the spine also allows motion in all three cardinal planes. Therefore the effect of the psoas major must be examined separately in each of these planes. The frontal and transverse plane spinal motions are relatively straightforward, so we will briefly discuss these first. We will then tackle the most controversial aspect of psoas major function: its effect upon the spine in the sagittal plane.

Frontal Plane

The frontal plane spinal action of the psoas major is fairly clear; it crosses the spinal joints laterally, so unilateral contraction would clearly create a pulling force upon the spine into lateral flexion to that side. This is supported by many sources[3, 5, 7, 15, 19, 20, 23, 25, 30] and can be seen by comparing the line of pull of the muscle relative to the axes of motion located at the center of each disc (Figure 11). Carol Oatis goes so far as to state that the psoas major is an"… effective lateral flexor of the trunk."[20]. However, some sources play down the psoas major's role in spinal lateral flexion. Shirley Sahrmann states that"…the lateral flexion moments…are small…" and Gray's Anatomy states that"… electromyography does not support… lateral flexion"[25, 29]. What, then, should we conclude? Although the spinal moment arm leverage of the psoas major in the frontal plane is nowhere near as large as that of the more laterally located muscles such as the quadratus lumborum or the lateral fibers of the abdominal wall muscles (external and internal abdominal obliques), given the large physiological cross section of the psoas major it should have sufficient strength to make a moderate or perhaps even strong contribution to lateral flexion motion.

Figure A

Figure B

Figure C

Open-Chain Spinal Motion by the Psoas Major

Motions of the spine by the psoas major are usually considered to be closed-chain motions because most commonly the (proximal) spine is mobile and moves toward the (distal) thighs, which are fixed. However, it is possible to conceive of the psoas major moving the spine in open-chain position vis-à-vis the lower extremities in which the thighs are the mobile attachments, and the upper spine is the fixed attachment. If, for example, the client is lying supine and contracts the psoas majors bilaterally, the thighs will flex toward the pelvis at the hip joints (Figure A). As the thighs continue to flex, via the concept of femoropelvic rhythm[14], the pelvis will then begin to posteriorly tilt at the lumbosacral joint (Figure B). As the thighs continue to flex and the pelvis continues to posteriorly tilt, because the lumbosacral joint only allows a few degrees of motion, the force of the psoas major contraction will continue up into the lumbar spine, sequentially moving each lumbar vertebra into flexion relative to the vertebra that is superior to it (Figure C). Thus we have the lower lumbar spine mobile and flexing relative to the fixed upper lumbar spine.

Transverse Plane

The role of the psoas major in creating spinal motion within the transverse plane does not seem to be strong. Most sources do not even mention its ability to rotate the lumbar spine. Of the few sources who do, it is stated to be a contralateral rotator [7, 19].

This would fit with the usual reverse action at the hip joint of lateral rotators of the thigh being contralateral rotators of the pelvis (see Figure 10) [14], only instead of contralaterally rotating the pelvis such that its anterior surface comes to face the opposite of the body, the lumbar vertebrae are rotated so that their anterior surfaces come to face the opposite side of the body. Perhaps the reason that the transverse plane motion of the spine is not commonly cited is that its leverage around the vertical axis for spinal rotation is small. Don Neumann states "Little, if any, leverage exists for axial rotation." [19]. However, it is worth adding that even if the psoas major has little leverage to axially rotate the trunk at the lumbar spinal joints, given its lateral rotation ability at the hip joint (discussed previously), its reverse action of contralaterally rotating the pelvis at the hip joint would contribute to turning the trunk to face the opposite side of the body (as long as the trunk stays fixed to the pelvis). In this case, the axis for rotation would be at the hip joint instead of the spine.

Sagittal Plane

Within the sagittal plane, the question is whether the psoas major creates flexion or extension of the lumbar spine.

Overview of the Controversy

Of all of the psoas major's functions, its effect upon the lumbar spine in the sagittal plane is by far the most controversial. Evaluating its pull on the lumbar spine in the sagittal plane is complicated by the fact that a different (mediolateral) axis of motion exists in respect of each of the lumbar spinal joints. It is further complicated by the fact that the lumbar spine curves within the sagittal plane; and depending on whether the lumbar spine has a normal lordotic curve, a decreased (hypolordotic) curve, or an increased (hyperlordotic) curve, the muscle's line of pull relative to each of these axes can change. The psoas major can affect directly the degree of the lumbar curve because it crosses these joints; and it can indirectly affect the lumbar curve by changing the posture of pelvic tilt across the hip joint.

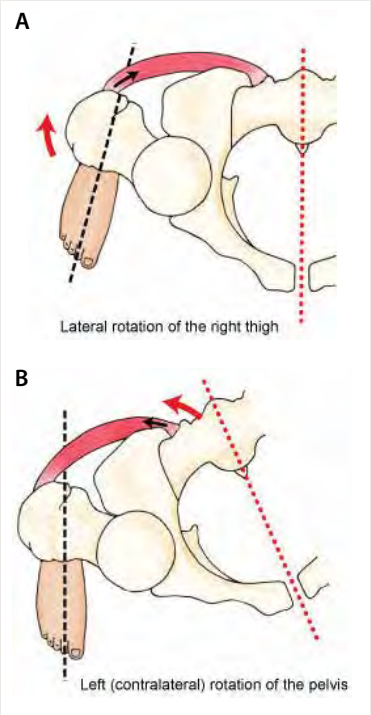


Figure 10. Transverse plane motion at the hip joint. **A,** Open-chain lateral rotation of the thigh at the hip joint. **B,** Closed-chain contralateral rotation of the pelvis at the same-side hip joint. *Reproduced with kind permission from Muscolino, J. E., Kinesiology: The Skeletal System and Muscle Function (2nd ed.). Mosby of Elsevier.*

Importantly, we need to consider that the degree of lordotic curve is affected by whether or not the person is in anatomic position or whether the spine is first flexed or extended. These possibilities mean that the action of the psoas major at one lumbar spinal joint might be different from its action at another lumbar spinal joint; and each of these actions might change as the position of the lumbar spine changes.

The psoas major is also a large muscle that can be considered to have upper and lower fibers, as well as anterior and posterior fibers. Consequently, many authors divide the psoas major into upper and lower parts; and others divide it into anterior and posterior parts.

Flexion versus Extension of the Spine

Scanning the literature, the controversy is immediately apparent.

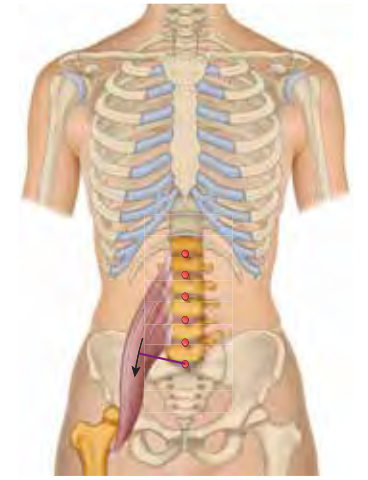


Figure 11. The frontal plane line of pull of the psoas major clearly passes lateral to the anteroposterior axes of motion at the lumbar spinal joints. Note: The axes have been drawn in with red dots, and the moment arm for the L5-S1 joint has been drawn in. *Reproduced with kind permission from Joseph E. Muscolino. Modeled from Muscolino, J. E., The Muscular System Manual: The Skeletal Muscles of the Human Body (3rd ed.). Mosby of Elsevier.*

Numerous sources describe sagittal plane spinal function of the psoas major by stating that it can either "flex," "bend," "pull the trunk anteriorly," or "raise it from a supine position" [3, 4, 6, 7, 9, 15, 16, 19, 20, 24, 27, 29, 30]. But in many of these cases, whether flexion of the "trunk" refers to flexion of the lumbar spinal joints or instead refers to anterior tilt of the pelvis at the hip joints (with the lumbar spine moving along with the pelvis) is not clear. Although some references state that it flexes/bends/pulls the trunk anteriorly, they also state that it increases lordosis [6, 7, 9]. This is a somewhat contradictory view because flexion of the lumbar spine essentially decreases lordosis given that lordosis is a curve of extension [14, 27]. Other sources state that the psoas major can extend the lumbar spine [2, 4, 19, 20, 23, 25, 27]. How can we reconcile these contentions?

Effectively, we need to return to the fundamental understanding of how a muscle functions: it creates a line of pull relative to the axis of a joint. If the psoas major has a line of pull that is anterior to a lumbar spinal joint, that line of pull will cause flexion at that joint; if the psoas major has a line of pull that is posterior to a lumbar spinal joint, that line of pull will cause extension at that joint. So let's examine the line of pull of the psoas major at the lumbar spine or, stated more accurately, let's examine the psoas major's lines of pull relative to the multiple lumbar spinal joints.

Upper versus Lower Fibers

Figure 12 shows a lateral view of the psoas major and lumbar spine. Although there is no exact definition, a "neutral pelvis and spine" posture in the sagittal plane when in anatomic position occurs when the sacral base angle is approximately 30 degrees [14, 19]. The sacral base angle is determined by measuring the angle formed by the intersection of a line drawn along the top of the sacral base and a horizontal line. In neutral position spine, we can see that the psoas major passes anterior to some of the axes and posterior to others; therefore, the psoas major can create both flexion and extension of the lumbar spine. Looking more closely, we see that, on the whole, it passes anterior to the lower lumbar spinal joints and posterior to the upper lumbar spinal joints. For this reason, many sources state that the psoas major flexes the lower lumbar spine and extends the upper lumbar spine [2, 9, 19, 20, 24, 25, 25]. Tom Myers states the opposite: that the psoas major extends the lower lumbar spine and flexes the upper lumbar spine. However, he adds that this is clinical speculation and not backed up by evaluation of the mechanical axes [16, 17].

Myers does add a fascinating explanation for why the psoas major is so capable of differing lines of pull for its upper versus lower fibers. He notes that the psoas major is actually a triangular muscle, not a fusiform muscle as it appears at first glance [17]. If a muscle is triangular in shape, the fibers are not parallel; instead they have different directions and therefore differing lines of pull.

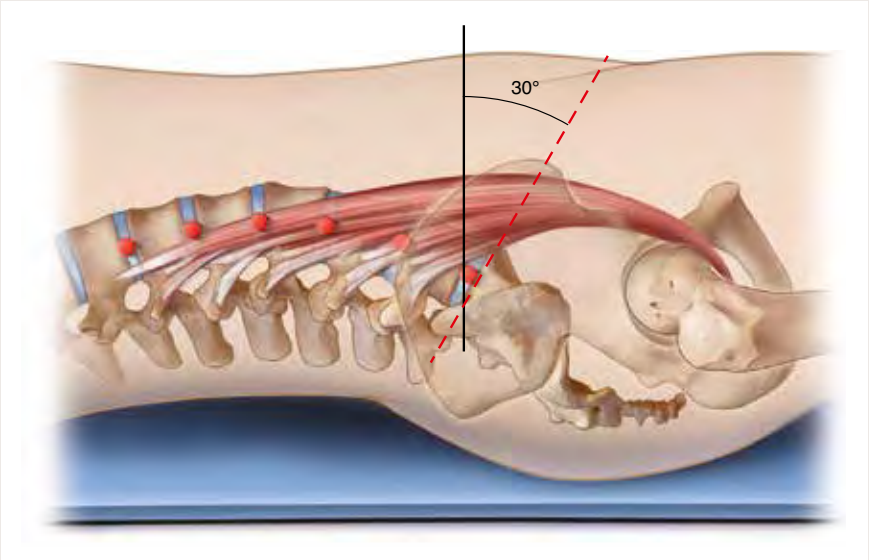


Figure 12. Right lateral view of the psoas major with a neutral pelvis/spine posture. The axes of motion at the joints are represented by red dots.

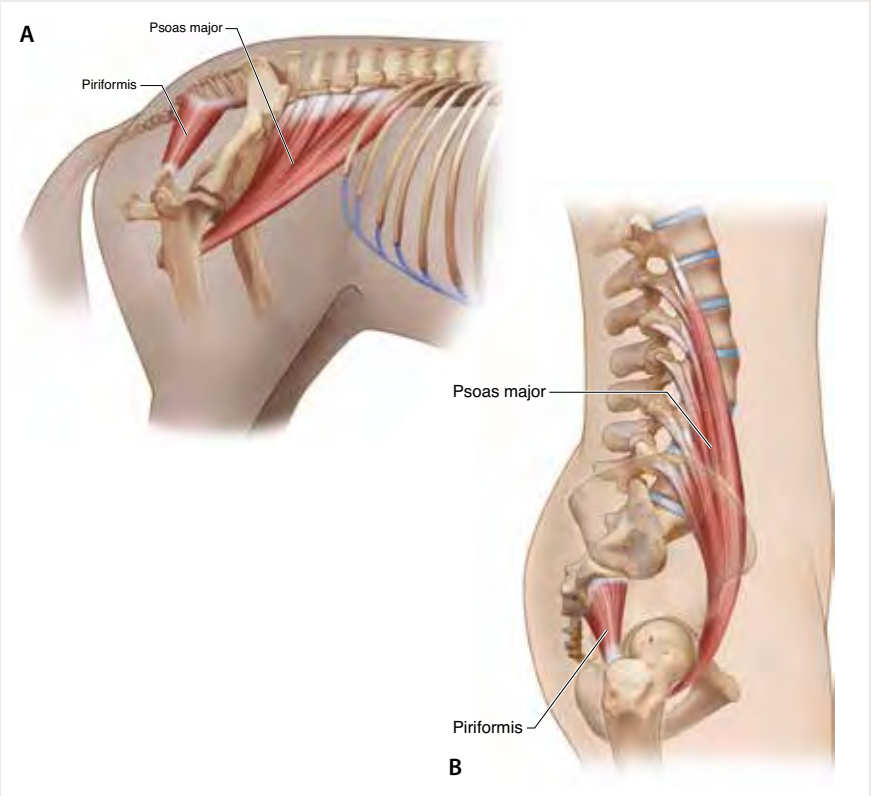


Figure 13. The triangular shape of the psoas major is much more apparent in a quadruped (A) than in a person (B, biped). *Reproduced with kind permission from Joseph E. Muscolino. Modeled from Myers, T. (1998). Poise: Psoas-Piriformis Balance. Massage Magazine, March/April, Figure 5B, page 77.*

Figure 13 demonstrates the psoas major of a quadruped in which we can clearly see the triangular shape. An appreciation of this triangular shape was lost when humans stood up and became bipedal because the more superficial, longer, upper fibers now cover over the deeper, shorter, lower fibers.

It is worth pointing out that in a quadruped, not only is the triangular shape readily apparent, but the moment arm leverage for the psoas major is much greater than in our bipedal stance.

Altering the Lordotic Curve

It must be kept in mind that Figure 12 showed a neutral spine in anatomic position. But what happens to psoas major function if we alter the degree of lordosis? Figure 14A shows a decreased sacral base angle with a corresponding decreased lordotic curve; Figure 14B shows an increased sacral base angle with a corresponding increased lordotic curve. Comparing Figures 14A and B with Figure 12, we notice that as the lumbar lordosis decreases, the overall line of pull of the psoas major moves farther anteriorly, relative to the axes; and as the lumbar lordosis increases, the overall line of pull of the psoas major moves farther posteriorly relative to the axes. This means that the psoas major flexion capability increases (and its extension capability decreases) as the curve of the spine decreases; and its extension capability increases (and its flexion capability decreases) as the curve of the spine increases.

For this reason it is not sufficient to simply look at a muscle when the body is in anatomic position. Muscle actions often change as we change the angles of our joints. Indeed, many sources discuss the psoas major's variable ability to flex or extend the spine based on the degree of lordosis [10, 23, 25, 27]. Ironically, the degree of lordosis itself is based on the sacral base angle, and all hip flexors, including the psoas major, if tight, will increase anterior pelvic tilt and therefore increase lumbar lordosis [4, 8, 14, 19]. Therefore, the psoas major affects the lumbar spine both directly by crossing its joints, and indirectly by affecting the posture of the pelvis.

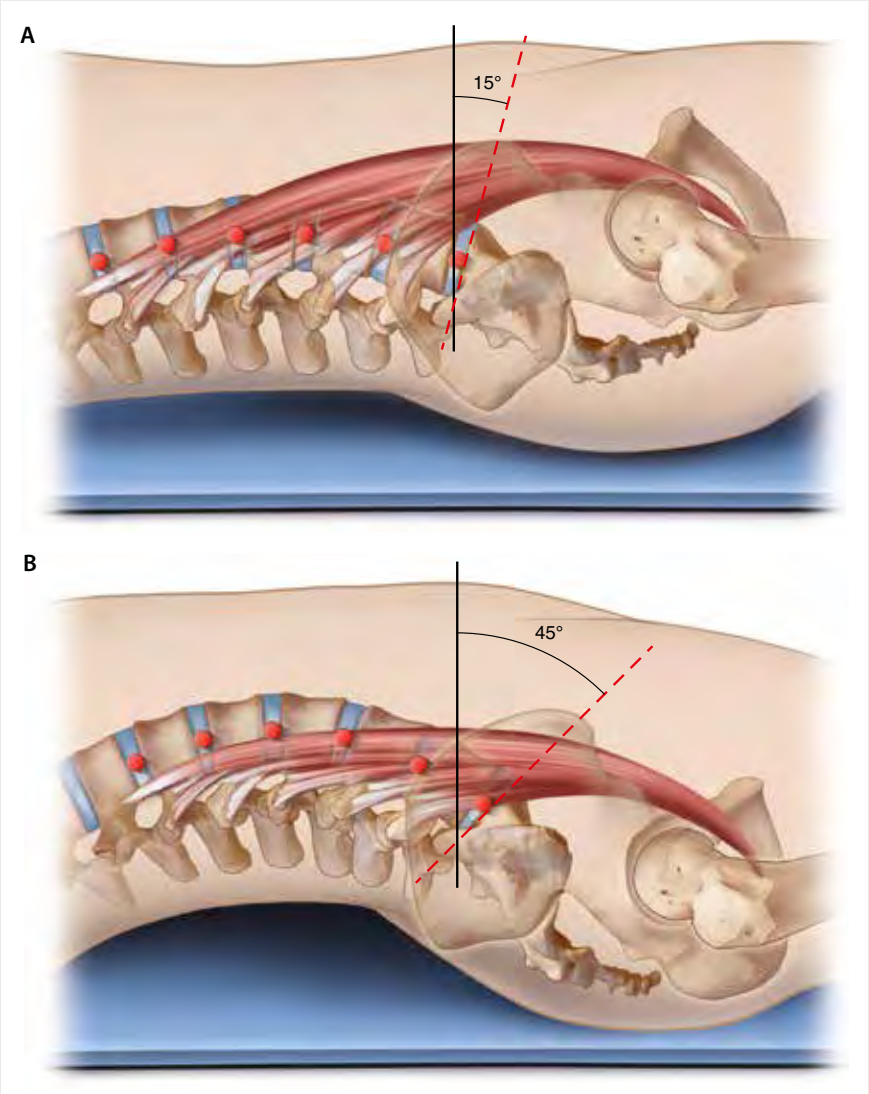


Figure 14. Lateral views of the psoas major with various degrees of lumbar lordosis. **A,** hypolordotic curve. **B,** Hyperlordotic curve. The axes at the joints are represented by red dots. Note the change in lines of pull of the psoas major as the degree of lordosis changes.

Figure 15 depicts a scenario in which the person's spine is not in anatomic position. In this scenario, the person is doing a curl-up. Similar to Figure 14A, we see that the flexion capability of the psoas major increases compared to anatomic position as the person curls upward. Many sources describe the varying sagittal plane capability of the psoas major depending on the position of the body or the activity in which it is being engaged [6, 9, 20, 27]. Engagement of the psoas major during sit-ups, crunches, and curl-ups has been especially well studied and documented by many sources [4, 15, 19, 20, 27].

Anterior versus Posterior Fibers

Another distinction regarding the psoas major can be made. Not only can we look at the psoas major as having upper and lower parts, we can also divide it into anterior and posterior parts. The vertebral body and disc attachments comprise the anterior part; the transverse process attachments comprise the posterior part. Figure 16 separates the anterior versus posterior fibers at the L3-L4 level in relation to the axis of motion at the L4-L5 joint level.

We can see that the anterior fibers tend toward crossing the joint anteriorly and would therefore create flexion; and the posterior fibers tend toward crossing the joint posteriorly and would therefore create extension. For this reason, many sources feel that dividing the psoas major anteriorly/posteriorly is valid [2, 7, 24]. Indeed, Gibbons reports that in "…a cadaver dissection study of 24 cadavers, all specimens had a separate nerve supply for the anterior and posterior fasciculi…" He then states: "In light of this, PM (psoas major) should be considered as two distinct parts: anterior and posterior." [2].

Figure 15. Lateral view of the psoas major as a person performs a curl-up exercise.

Psoas Paradox

So far, analysing the effect of the psoas major on the lumbar spinal joints has been very straightforward and direct: compare the line of pull relative to the axis at each joint level to determine the action of the psoas major at that joint. Unfortunately, this approach might be overly simplistic because the effect of the psoas major cannot necessarily be isolated locally. What occurs at one lumbar spinal joint level might have an effect on nearby joint levels. Looking at the body from this perspective might explain some of the seemingly contradictory effects of the psoas major upon the spine. If we look at the pull of the psoas major at the lower lumbar spinal joints, we see that it crosses anteriorly and therefore should create spinal flexion at the lower lumbar region (see Figure 12). This would imbalance the center of weight of the body anteriorly. If the nervous system wants to maintain the center of weight of the upper trunk, neck and head balanced over the pelvis, for example so that the eyes and inner ears are level to perceive the world (this is known as the "righting reflex"), it would order other musculature to compensate by creating extension of the upper lumbar region so that the center of weight of the body is brought back posteriorly to be balanced over the pelvis. Therefore, even without a strong ability of the psoas major itself to create spinal extension– note that Travell and Simons report that the psoas major's contribution toward extension is extremely weak [27] – the response of the body might be to engage other musculature to extend the upper lumbar spine.

This compensation is known as the "psoas paradox" or referred to as "paradoxical lumbar lordosis (lumbar extension)" and has been cited by numerous sources as a sagittal plane effect of the psoas major upon the spine [9, 11, 15, 20, 27]. Oatis makes the point though that this requires the person to have a flexible upper lumbar spine that can move into extension. Otherwise, the person might end up with a decreased lumbar lordosis and a forward lean to their posture, which would be yet another possible effect of the psoas major [20]. The psoas paradox helps to resolve much of the controversy over the psoas major's effect upon the spine and emphasises the importance of looking at the bigger picture of muscle coordination patterns body-wide.

Stabilisation of the Spine

Thus far, by examining the lines of pull of the psoas major, it is clear that it can create flexion and extension of the lumbar spine. But because the psoas major is so close to the spine, its moment arms for such motions are small compared to other musculature such as the rectus abdominis anteriorly for flexion, or the erector spinae posteriorly for extension. Regarding the argument over whether the psoas major's role is spinal flexion or extension, Hamilton wisely states: "…it seems likely that the differences are not of great importance. Frequently, when there is lack of agreement regarding movement, one may safely assume that the true function of the muscular contraction, with reference to the joints in question, is more likely to be stabilisation or balance than purposeful movement." [5].

This view that the psoas major acts primarily to stabilise the spine is shared by many others [2, 12, 19, 21, 25, 26, 29]. Neumann states that the psoas major is "…neither a dominant flexor nor extensor of the lumbar region, but rather a dominant vertical stabiliser of the region." [19]. Brunnstrom states that muscles close to the spine act like guy ropes supporting an upright pole: "When the pole starts to tip, the extension of the ropes on the opposite side increases." [28].

The effectiveness of the psoas major as a stabiliser can be validated by noticing that much of its mass crosses either extremely close to or directly over the axes of motion (see Figure 12).

Therefore, contraction of the psoas major would create an axial compression that would act to stiffen and stabilise the lumbar spine. Some sources assert that the importance of the psoas major as a stabiliser is specifically linked to hip flexion [2, 12]. Also, the fact that the psoas major is unipennate in design (as mentioned previously) further supports its role as a stabiliser [2, 31].

Stabilisation and Compression of the Spine

The healthy functioning of a joint demands that the joint is mobile and stable. Therefore, motion is not the only important aspect of a muscle. However, this fact can be easily overlooked because muscle function is usually described by listing the concentric movement actions of the muscle, not the isometric stabilisation contraction functions. Recently, though, with the advent of pilates and core strengthening in general, awareness and appreciation of spinal stability has increased. In this context, the psoas major likely plays an important role.

Some sources are concerned, however, about the effect on the spine of psoas major compression/stabilisation. Compressing the lumbar spine means compression of the disc joints, including associated physical stress. McGill warns: "Caution is advised when training this muscle due to the substantial spine compression penalty that is imposed on the spine when the psoas is activated." [12]. Similarly, Sahrmann cautions:

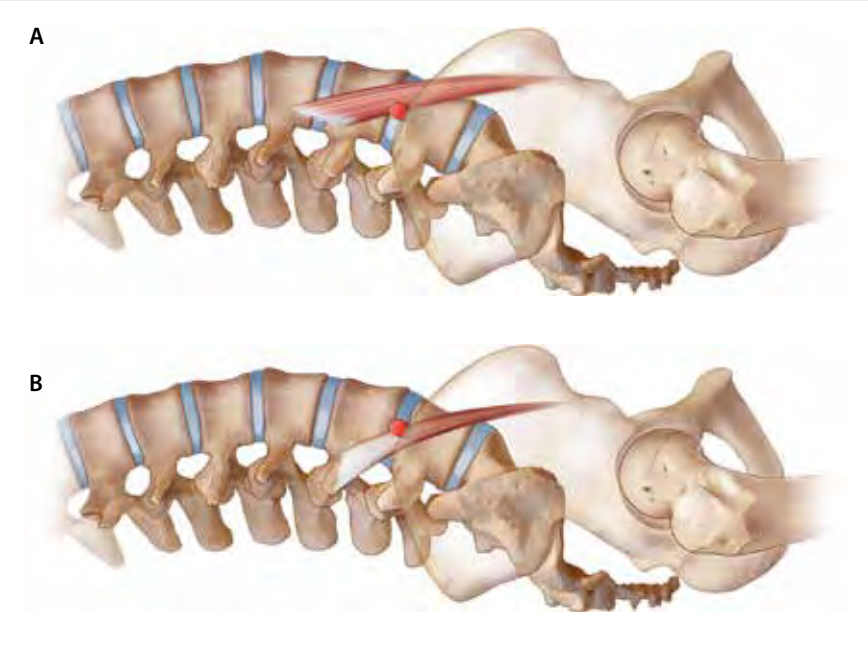


Figure 16. Lateral view of the psoas major **A,** Anterior fibers. **B,** Posterior fibers.

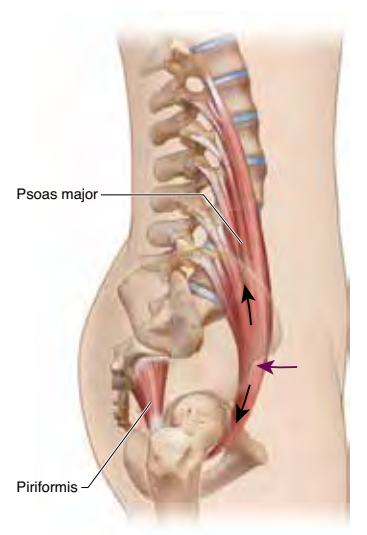


Figure 17. If spinal and femoral attachments of the psoas major are stabilized, its contraction would cause a "bowstringing" force that "pushes" posteriorly against the pelvis. *Reproduced with kind permission from Joseph E. Muscolino.*

"Clinical implications…are to minimize iliopsoas activity in the exercise program when compression and anterior shear are the sources of the patient's pain." [25].

And Oatis believes that low back pain that occurs with hip flexion is probably due to psoas major contracting and causing compression of the lumbar spine [20]. The negative effect of psoas major compression upon the spine can be inferred also from the fact that disc herniation and low back pain have been shown to cause "…significant reduction in the psoas major activity bilaterally…" [26]. This is likely to be the body's attempt to reduce the physical compression stress of psoas major contraction that may be contributing to the pain and dysfunction.

However, there is no universal agreement that the effects of the psoas major stabilisation are necessarily deleterious. Gibbons states: "A mechanism to simultaneously flex the hip and stabilize the lumbopelvic region is needed. It does not seem logical that a muscle such as PM (psoas major) would have a detrimental effect to the lumbopelvic region." [2]. It is likely that the cost/benefit ratio of psoas major compression stabilisation can vary from individual to individual and, in the end, such a clinical decision would be based on your client's specific presentation.

For those clients with pathologic disc, advanced degenerative joint disease, or other spinal conditions, caution should be exercised when recommending any activities that would greatly increase psoas major engagement.

Psoas Major and the Sacroiliac Joint

It is customary to consider the psoas major as a muscle of the hip joint and spinal joints because it attaches across these joints. However, it is often overlooked that the psoas major also crosses the sacroiliac joint. Indeed, only a few sources discuss this [2, 17, 27].

Gibbons states that the "… PM (psoas major) crosses the pelvis and therefore must exert a force on the SIJ (sacroiliac joint)" [2]. Myers describes the roles of the psoas major and piriformis across the sacroiliac joint (see Figure 13) as integral to maintaining a balancing "stabilisation…leaving other muscles free and ready to move us in any direction." [17].

Interestingly, the psoas major can also potentially affect the sacroiliac joints in another way. When it contracts, the psoas major creates a pulling force toward both the proximal spinal attachments and the distal femoral attachment. If both attachments are stabilised and, therefore, do not move, the psoas major would create a "bowstringing" force upon the pelvis that "pushes" it in the posterior direction as seen in Figure 17 [17]. This force would certainly translate into and have an effect upon pelvis posture generally as well as specifically upon the sacroiliac joints.

Psoas Major and Fascial Pulls

Before leaving our discussion of the psoas major, its fascial associations should be briefly touched upon. After all, the contraction pull of a muscle will always be exerted into all adjacent tissues, both soft and hard, with which it shares fascial attachments. In addition to the fascial attachments into the spine and femur, the psoas major has been shown to have facial attachments into the iliac fascia [22] as well as directly into the sacroiliac joint and pelvic brim [2, 26].

It also interlaces fascially into the diaphragm [23, 26], with potential effects upon breathing, as well as possessing fascial attachments into the fascia and musculature of the pelvic floor [2, 26] which may have possible ramifications upon pelvic floor dysfunction. Indeed, given that the abdominal cavity is bounded by the diaphragm above and the pelvic floor below, Sajko postulates that its fascial attachments into the diaphragm and pelvic floor provide the psoas major with another avenue in which it can stiffen and stabilise the low back [26].

Regarding longer myofascial tensile (pulling) forces exerted throughout the body, the psoas major is part of the deep front line myofascial meridian, which travels from the tibialis posterior to the suprahyoid musculature (Figure 18) [16]. Therefore, tension created in the psoas major could be transmitted as far distally as the foot, and as far superiorly as the mandible.

SUMMARY OF PSOAS MAJOR FUNCTION

Evan Osar has stated: "Perhaps no muscles are more misunderstood and have more dysfunction attributed to them than the psoas muscles." [21]. Looking at the multiple joints that the psoas major crosses, as well as its possible subdivision into parts and its multiple fiber directions, it is easy to see why. However, given the intimate and direct association of the psoas major with the spine, as well as its indirect effect upon the spine via pelvic posture, and its role in femoral hip joint function, this muscle merits study of its roles in motion and stabilisation. Ironically, it is the intimate location of the psoas major, so deeply situated in the abdominal cavity against the spine, that makes its investigation that much more challenging. Its position, lying deep within the abdominal cavity, makes it more difficult to access via manual palpation, as well as by fine wire electromyography.

For this reason, looking at the psoas major from a biomechanical perspective might be the key to understanding this elusive and controversial muscle. It seems clear that the psoas major crosses and functions across the hip, sacroiliac, and lumbar spinal joints.

Figure 18. The psoas major is part of the deep front line myofascial meridian. *Reproduced with kind permission of Tom Myers, Anatomy Trains: Myofascial Meridians for Manual and Movement Therapists, 2nd Edition. Churchill Livingstone of Elsevier.*

Given its short moment arm leverage, arguably the psoas major functions primarily as a stabiliser at these joints. However, because of its large mass as measured by physiological cross section, it seems likely that the psoas major also can assist in motion, especially flexion at the hip joint. Unifying these principles, the best summary might be that the psoas major's principal function is specifically to stabilise the lumbar spine while hip joint flexion motion is occurring.

FURTHER RESEARCH

There is a great need for further research about the psoas major muscle. It would be valuable to continue studying the engagement of the separate parts of the psoas major (upper versus lower and posterior versus anterior) during motion as well as stabilisation of the thigh at the hip joint and during motion and stabilisation of the lumbar spine.

Perhaps most interesting would be to further the study of the role of psoas major engagement to link spinal stabilisation with thigh motion. Such research would be enhanced if this engagement could be studied not only when the body is in anatomic position, but also at multiple joint angles of the hip and spine. If this research is done by EMG study, then placement of fine wire electrodes must be carefully done.

However, another approach to psoas major study that might prove especially beneficial would be to conduct radiographic scans of the psoas major in many individuals while in anatomic position as well as in other positions of the spine and hip joint to determine the anatomic relationship of the psoas major to the hip and spinal joints. This information can then be used to perform "abstract" biomechanical studies examining the effects of its lines of pull around the multiple joint axes that it crosses to determine its motion and stabilisation forces and therefore its effects upon the body. **■amt**

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Joseph E. Muscolino, DC, is a chiropractor in private practice in Stamford, CT who employs extensive soft tissue manipulation in his practice. He has been a massage educator for more than 25 years and currently teaches anatomy and physiology at Purchase College, SUNY. He is the author of multiple textbooks including The Muscle and Bone Palpation Manual, The Muscular System Manual and Kinesiology (Elsevier), and Advanced Treatment Techniques for the Manual Therapist: Neck and Manual Therapy for the Low Back and Pelvis, a Clinical Orthopedic Approach (LWW). He is also the author of multiple DVDs on manual therapy, including Psoas Major, A Guide for Manual and Movement Therapists. Joseph teaches Continuing Education Clinical Orthopedic Manual Therapy (COMT) certification workshops within the US and overseas. Visit Joseph's website at ***www.learnmuscles.com*** *or his professional facebook page: The Art and Science of Kinesiology.*

Therapist Self Care Series: Nourishing the Health Practitioner

by Kat Boehringer

Massage therapy is demanding work - but that doesn't mean you can't enjoy a long career. Taking care of yourself is just as important as taking care of your clients.

In our first installment of AMT's Therapist Self-Care series, *In Good Hands* chats to Accredited Practising Dietitian *Sallyanne Pisk* about the importance of a well-balanced diet and gains some simple tips for looking after our nutritional needs …

Good nutrition is an important part of leading a healthy lifestyle. Eating well doesn't have to be difficult or time-consuming. Making small changes in your diet can go a long way, according to Blue Mountains based dietitian Sallyanne Pisk.

"An abundance of processed foods coupled with busy lifestyles means eating has become an overly complex activity. Often our food choices increase our risk of illness, rather than improve our health," Sallyanne said.

"But choosing a balanced diet doesn't have to be complex. There are some quick and simple ways we can ensure we get the most from our food."

Sallyanne has worked with massage therapists in health clinics and retreats so she understands that massage can be physically demanding work. Our diet needs to accommodate for this expenditure of energy.

"The best way to get the energy you need from your diet is by including whole foods that have been minimally processed.," Sallyanne said.

"Meals such as eggs and wholemeal toast, vegies with meat or legumes, or including wholegrains such as quinoa can help to sustain our energy levels."

Massage therapists can work long, irregular hours, and often late into the evenings.

Hints from the kitchen … Accredited Practising Dietician Sallyanne Pisk offers some culinary tips for busy massage therapists.

This can challenge our ability to stick to a good dietary regime.

"Studies have demonstrated the benefits of eating earlier in the day for weight control and general wellbeing," Sallyanne said.

"Our bodies digest food better before 1pm. If you know you will be working late into the evening, ensure you have a good breakfast followed by a substantial midday meal and then a lighter dinner, such as a healthy soup."

Another tip is to be prepared.

"When you are tired, it is often tempting to reach for pre-packaged snack foods that are usually high in sugar and salt. Preparing meals the night before a big day at work can help you maintain a balanced diet. Foods such as dhal or meat curries and pasta sauces can be cooked in bulk and frozen in portions for later," Sallyanne said.

"I also recommend packing a 'work survival kit' filled with healthy snacks such as fruit, nuts, seeds, yoghurt, hummus, and cheese to help you sustain your energy throughout a busy day."

If you don't have time to prepare food yourself, Sallyanne has some recommendations for eating out:

"Find a couple of places where you know the menu and staff well so you can feel confident that there is something wholesome and nutritious on the menu and you can get any special dietary requirements met."

Thinking about reaching for the vitamins after a busy day? You might want to think twice. Food should be the first port of call for our nutritional requirements, according to Sallyanne.

"People often ask me about nutritional supplements. My general recommendation concerning any diet related supplements is to seek advice from a health practitioner who knows you and is qualified to advise on the supplement that you are considering.

I do not recommend that you take any vitamin, mineral, nutritional or herbal supplement without guidance. These supplements can have powerful interactions with other nutrients and medications, and even if there is research supporting their intake, they may not necessarily be of benefit to you," Sallyanne said.

"If you are seeking a health boost, make sure you are eating fresh fruits and vegetables, including herbs and spices, daily and eating nuts and seeds at least twice a week."

Massage therapists are often focused on taking care of other people. It is important to take time out of our busy schedules to take care of ourselves with simple techniques such as keeping hydrated, taking breaks, and tuning in to how your body is feeling.

"If you get a break, use it to rest, eat, and hydrate," Sallyanne said.

"Taking a break to savour a cup of tea not only provides valuable nutrients and antioxidants, it is 'time out'. When you next drink a cup of your favourite tea, take in the experience of the aroma, taste and warmth. Allow yourself to relax and enjoy."

"Use this time to become aware of how you are feeling so you can learn to tune in to your body and eat when you are hungry."

For Sallyanne, paying attention to how your body is feeling is an integral part of balanced eating.

"I call this 'mindfulness'. Mindfulness is a technique that is often associated with meditation but ideally it becomes our natural way of being. I like to simply explain it as a way of knowing yourself and uncovering the links between your mind, body and environment. Without an understanding of these connections you may choose solutions that fail to produce the desired result, such as increased energy, better health or weight loss."

"For me I can gauge how mindful I have been during the day by the extent to which I can recall an experience.

For example, how much I enjoyed my breakfast or a routine task such as turning off the gas burner after cooking a meal."

For overall good health, Sallyanne recommends combining dietary advice with a total lifestyle approach.

"Support mindful eating with adequate exercise, sleep and time for reflection," Sallyanne said. "And importantly, don't forget to enjoy life!"

Here is Sallyanne's quick reference guide for simple, nutritious, mindful eating for the health practitioner:

1. Your eating routine

- Eat regular meals and snacks.
- Keep hydrated – drink water and teas between meals and snacks. Keeping a water bottle in your workspace is a good reminder to drink.
- Aim to finish your evening meal by 7pm. If you are working late into the evening, plan to have a more substantial meal between midday and 1pm and have a lighter evening meal after work e.g. a thick soup in winter, or a light pasta in summer with a vegetarian sauce.
- The traditional Chinese medicine 24-hour body clock suggests that we eat most of our food by 1pm and to eat no later than 7pm. Western science is also recommending we finish our evening meal in the early evening.

2. Nutritious choices

- Plan meals around the food groups.
- Base meals on vegetables and whole grain cereals.
- Go for healthy snacks such as fruit, yoghurt, nuts and seeds.
- Include eggs, legumes, meat, fish and poultry in your daily diet.
- On work days plan to take left over meals such as curries and soups to reheat at work. Have homemade frozen meals available for lunch or the evening meal, for example, dhal, meat and vegetable curries, soups, and pasta sauces.
- If you need to buy lunch or the evening meal from a café or restaurant look for choices that include vegetables or salad plus a protein option e.g. eggs, lentil burger, lean cooked meat, fish or poultry, or Asian soups. Look for lower fat choices in the evening, as fat takes longer to digest.

It can be a good idea to have a few regular places where you are known, so it is easier to make special requests, such as more vegetables or salad.

3. Have a supply of foods and drinks at work, including:

- A reusable BPA (Bisphenol-A plastic) free water bottle
- A fruit bowl
- Pre-packed 30g portions of nuts and seeds
- Cheese or hummus with some wholemeal, whole grain or brown rice crackers
- Yoghurt
- A variety of green, white and herbal teas
- Miso soup sachets

If you don't have access to a refrigerator, store your food in a small esky or cool bag.

4. Mindful eating

- Remove your thoughts from your work and your clients and focus on taking a break to enjoy your meal, snack or cuppa.
- Notice the colour, aroma, flavour and texture of your food.
- Check your appetite before and while you are eating. Are you hungry, satisfied or full?
- Take care to chew your food slowly and thoroughly.
- If possible, eat your meal or snack in a nurturing environment such as local park, or a room that you find relaxing.
- If you find that you are distracted by work or other tasks, then record these in your diary, smart phone or tablet. Then refocus on eating your food.

5. Tips for overcoming the mid afternoon slump

- Take a five- minute break outdoors.
- Pause to complete 10 deep, slow abdominal breaths. Keep your focus on your breath.
- Stretch.
- Check that you are well-hydrated. The simplest way of gauging this is to check the colour of your urine. Aim for clear to pale yellow. Note: Urine colour can be darkened by vitamin, mineral and protein supplements, so take this into account.

- When possible, plan your work to meet your energy rhythm.
- Include some high protein foods in your lunch, for example, a lentil burger, some lean chicken or meat, eggs, or tofu.

6. Mindful living

- Support mindful eating with adequate exercise, sleep and time for reflection.
- Good nutrition is supported by physical activity.
- The quality of our sleep affects our food choices. Inadequate sleep can increase the biological drive to eat high fat and high sugar foods. Chronic sleep deprivation is linked to overweight, diabetes and heart disease.
- Abdominal breathing and meditation helps maintain and regain a clear balanced mind and has been shown to assist in the regulation of blood pressure. ■amt

Sallyanne Pisk is an Accredited Practising Dietitian and nutritionist. Over the past twenty years she has worked in various fields of nutrition, research and management in Australia and New Zealand. Sallyanne facilitates nutrition and health seminars and workshops in the Blue Mountains and is available to travel to present in-house sessions. Her weekly blog offers information, tips and strategies on how to make food and lifestyle choices that will improve your health and wellbeing. ***http://eatingforyou.com.au/blog/***

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The e-Journal club

Congratulations to:

BETH WILCOX
Winner of our June e-journal club prize.

Thanks to Lippincott Williams and Wilkins for donating the prize.

AMT NEW MEMBERS

ACT
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Holly Beavis, Elena Biancardi, Susan Buchs, Kelly Edwards, Louise Goodwin, Amber Gulley, Alison Hajduk, Andrey Hariyono, Susan Hendry, Janet Hogan, Allan Hunt, Sebouh Jambazian, Zanna Kaprillo, Martina Larsen, Ying Li, Karina Lukowska, Renelle Lyons, Steven Marcic, David McLaughlin, Adrian Michael, Cassandra Sabben, Nicholas Teague, David Thornton, Valeria Volpato, Nola Ward, Lloyd Williams, Mira Wroblewski, Shuqian Yu

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WA
Noemi Nagy, Paras Vasilio

Practitioner Profile
Massage: More than a Rub

by Jessica Cameron, Canberra

Jessica Cameron

" You have a special gift". This remark came from one of my clients.

"Yes, maybe I do", I thought.

But as much as touch may be 'intuited', it is also learned. For me, it is a privilege to have the knowledge and skills to be able to do such worthwhile work.

My client's comment made me think about, how throughout my 21 years as a massage practitioner, I have never once regretted my career decision.

When I first graduated from my studies in 1992, I worked at a very busy massage clinic called The Griffith Massage Center in ACT. I would often see as many as eight people a day, mainly for remedial treatment. At times it was tiring and stressful but overall I found it rewarding.

The business became a partnership and thrived for 13 years. On Sundays I worked at a seated massage stall at a local market. It proved to be a great way to build up a solid client base.

I work from home now, and see about 20 clients a week, many of who are from my original business.

I am lucky to have the luxury of taking time with each client. I have a warm, welcoming space to work in. All my clients enjoy the surroundings, meeting our dog Tippy, and checking out my garden, my favourite place to be when I'm not with a client.

Having a special place to go in times of stress is important to me.

Recently my brother Terry died of bowel cancer. It wasn't the first death in our family from cancer. My mother died from ovarian cancer, my sister from breast cancer and another brother from a very aggressive melanoma.

We nursed Mum at home. I had just started my massage training then. I used to massage her feet and hands. It seemed a nurturing thing to do and was a way to communicate my deep love for her.

It was so hard to see my loved ones in such pain. I did what families have been doing for centuries: stroking and caressing my loved ones' bodies, trying to alleviate their discomfort and, in doing so, imparting my love for them.

I am well aware of the benefits of remedial treatments, postural assessments and muscle energy techniques and use them where necessary for my clients.

However, more often than not they choose to have a relaxing massage.

My clinic is my clients' 'special place' – a place where they can relax and switch off from their problems. Some of my clients like to talk, and this is okay. But often I ask them to stop talking and to feel the massage, and listen to the sound of their own breath.

One of my clients, Anne, came to me after a 12-hour operation to remove an adenoid cystic carcinoma from the base of her tongue. During the operation surgeons had to remove half of her tongue and rebuild it with flesh and muscle from her thigh. As a result, she was left with a lot of scar tissue in her neck and leg. She described it as feeling like a 'lump of wood'. She was concerned that she would not regain enough movement in her neck to drive a car safely, or even be able to enjoy walking again.

We worked on these areas and slowly the scar tissue softened.

Anne's leg started to feel 'normal' again, and it was a fantastic day when Anne was back in the drivers seat!

But perhaps the best result of all was the feeling of wellbeing Anne derived from her treatments:

"It is difficult to overstate the sheer loveliness of being touched in a way that I intuitively felt was going to make me heal," Anne said.

"Throughout this process, I had a great medical team and I regard Jess as a vital complement to that team. But there was one big difference between Jess and the rest of my medical team: my doctors had to make me as ill as possible to save me, but everything Jess did made me feel as good as I possibly could, and that helped to save me."

I appreciate hearing what my client's think about their treatments. It helps me to understand their needs and plan my treatments.

Another client of mine, Alice, communicated a very important message about one aspect of massage therapy - the therapeutic relationship.

"Perhaps the most important thing for me is the empathy that Jess brings to her work: she genuinely cares about the wellbeing of her clients," Alice said.

Every time I do a massage I think and feel through my hands. I treat every person who comes for a massage in a respectful, caring way. This is the way I like to be treated. This is how we all like to be treated!

Massage is a very rewarding profession. I turn 65 in July and I intend to keep massaging for at least another five years.

Massage is definitely more than a rub. ■amt

Workshop Review: Touch Lab 1 & 2

by Takako Jawor

As massage therapists, we are constantly assessing our clients, searching for imbalances in their posture: a tilt of the head, a shoulder that is higher than the other, a rotation of the hips, knees internally or externally rotated … But how often do we pay attention to our own posture? And take the trouble to make more than just a cursory assessment of our imbalances: how many of us make a point of habitualising good form in our own bodies?

While Touch Lab, a two day workshop presented by Rolfer Colin Rossie, might be perceived primarily as a lesson in the treatment of fascia, developing a good sense of 'self in space' and thus a sense of 'other' is at the heart of Colin's teachings. AMT member Takako Jawor reports…

I found Touch Lab to be an innovative workshop approach to the treatment of fascia. Throughout the two-day workshop, my knowledge of fascia was deepened both theoretically and experientially, and I was presented with an array of effective treatment and assessment techniques from a variety of sources. But perhaps the most beneficial thing I learned throughout the workshop was not the actual techniques themselves but the exploration of the spatial awareness necessary to use this information and techniques to the benefit of clients and myself.

Through looking, touching, and having an awareness of my body in space, I was taught how to hone my skills, which opened me up to a new level of understanding bodywork. We explored Ida Rolf's concept of "seeing as touch and touch as seeing", imagining our hands having eyes that were 'seeing' the tissue beneath our touch.

We also 'listened' to what was beneath our hands, learning how to discriminate the layers through gentle, focused palpation.

Throughout, I was taught to become acutely aware of my position in space through finding and maintaining my centre of gravity. For example, while standing, Colin guided our attention to our centre of gravity intrinsically – by asking us to visualise a line running up the middle of our body from the perineum through to the top of the skull – and extrinsically – by activating our quadriceps, hamstrings, and adductors. Through this exercise, I realised that I distributed my weight unevenly into my left and right legs. Until that moment, my perception had failed to notice this fact. For me, this realisation instantly took me to the 'heart' of Colin's workshop.

From there, we transferred this knowledge into movement, taking our centre of gravity 'for a walk', and applying these techniques to our working posture using the 'warrior pose' for energy efficiency. We then used these techniques to help us maintain an 'ethical distance' from our clients, learning the importance of being truly 'present' when we are working. Drawing on his fascinating knowledge of shiatsu and oriental body work, Colin showed us how to incorporate the conscious use of both hands – a passive, listening hand, and an active, working hand – while treating clients.

In the afternoon of Day One, Colin deepened my knowledge about fascial theory and shared some effective treatment techniques using visual and tactile demonstrations. We explored fascia up close using a leg of lamb and, while palpating our classmate's forearm, were guided through ways of discriminating the different fascial layers using touch and imagination.

Hands on … Martina Larsen puts fascial techniques into practise on Takako Jawor during 'Touch Lab'.

One interesting exercise incorporated the use of plastic boards, oil, and cream to represent the fascial layers. Three boards were placed on top of one another, with the first two separated by a thin layer of cream, and the middle and last board separated by a hint of oil. We were then asked to move the different layers of 'fascia'. While Colin slid the first and second layers easily, my attempts were not as successful. While I could move the first layer easily, I couldn't get the second layer to budge, despite applying a variety of pressures, placing my hands in different positions, and approaching the task from numerous directions and angles. The purpose of this exercise was to explore the quality, intent and depth of touch needed when working with fascia. My battle with the boards continued until the end of Day Two. I saw Colin packing away the boards and thought "I have no time to waste!". Applying all of my new-found knowledge to the challenge - including my recent insights into shifting awareness – I was, at last, able to move the second layer!

It was an awesome moment. I won't tell you the secret – it is something you really have to experience and feel for yourself – but I will say that this new perception has affected my whole approach to treating fascial problems in my clients.

After learning the theory behind fascia, I was happy to put the knowledge into practice on my classmates. Colin demonstrated many techniques using direct and indirect methods for the treatment of fascia on different body parts including the leg, chest, and lower back. We were also shown the correct use of a Foam Roller. Colin is an enthusiastic and knowledgeable teacher, and by the end of the first day, I was already looking forward to Day Two.

The second day of the workshop focussed on postural assessment. We looked at many different models for assessing the human body, and were then shown how to triangulate these models to gain a deeper understanding and fresh perspective for the treatment of fascia. Among the various models and theories, I found the Aston model particularly interesting. The Aston model divides the lateral view of the body into nine segments: the head, neck, upper thoracic, lower thoracic, lumbar, hip, upper leg, lower leg, and feet. As a visual learner, I found this approach useful for easily and quickly assessing a client's lateral view and then methodically recording the findings.

There was plenty of time for questions, of which I had many. Colin cleared up some of my long-standing questions about fascia, and shared with us his detailed treatment regime, business tips, and client follow-up methods generously and openly. I am looking forward to attending more of his workshops in the future. Without hesitation, I recommend 'Touch Lab' to other massage therapists, especially those who are looking for innovative ways to inform their practice. ■amt

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	
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Latrobe Health Services (Federation Health)	Transport Health	
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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 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.
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 2014		CEUs
1	The Shoulder Online Workshop. Developed by Bradley Collins. Contact info@thetherapyweb.com. www.thetherapyweb.com This course can be started anytime throughout the year and can be completed at your own pace	25
4-6	Oncology Massage Module 2. Presented by Hayley Moeller. Canberra, ACT. Contact Kylie 0410 486 767 www.oncologymassagetraining.com.au	105
6-7	Myofascial Cupping. Presented by David Sheehan. Melbourne, VIC. Contact 03 9481 6724 or info@comphs.com.au www.comphs.com.au	70
13-14	Neurostructural Integration Technique Introductory. Presented by Robert Monro. Brisbane, QLD. Contact 0448 428 020 Email: saramcl@gmail.com	70
13-15	Oncology Massage Module 1. Presented by Tania Shaw. Buderim, QLD. Contact Kylie 0410 486 767 www.oncologymassagetraining.com.au	105
15-19	Oncology Massage Module 4. Presented by Gillian Desreaux and Kate Butler. Melbourne, VIC. Contact Kylie 0410 486 767 www.oncologymassagetraining.com.au	175
20-22	Oncology Massage Module 2. Presented by Deb Hart. Hillier, SA. Contact Kylie 0410 486 767 www.oncologymassagetraining.com.au	105
26-28	CORE Myofascial Therapy 1. Presented by George Kousaleos. Sydney. Contact 0402 059 570 or terrarosa@gmail.com www.terrarosa.com.au	105
27-28	Modern Cupping Therapy. Presented by Bruce Bentley. Hobart, TAS. Contact 03 9576 1787. www.healthtraditions.com.au	70
28	Curly Customers - Muscles that Confound. Presented by John Bragg. Springwood, NSW. Contact 0410 434 092 www.johnbragg.com.au	35
29-1/10/2014	CORE Myofascial Therapy 2. Presented by George Kousaleos. Sydney. Contact 0402 059 570 or terrarosa@gmail.com www.terrarosa.com.au	105
30	Illawarra Branch Meeting. Presentation Evening. Corrimal. Contact Linda White 0417 671 007	15

October 2014		CEUs
1	The Shoulder Online Workshop. Developed by Bradley Collins. Contact info@thetherapyweb.com. www.thetherapyweb.com This course can be started anytime throughout the year and can be completed at your own pace	25
1	Sydney South Branch Meeting. Hurstville, NSW. Contact Suzi 0403 347 384 or m.sujittra@live.com.au	15
3-5	CORE Sports and Performance Bodywork. Presented by George Kousaleos. Sydney. Contact 0402 059 570 or terrarosa@gmail.com www.terrarosa.com.au	105
9-11	Oncology Massage Module 1. Presented by Kate Butler. Northcote, VIC. Contact Kylie 0410 486 767. www.oncologymassagetraining.com.au	105
10-12	Master Class in Traditional East-West Cupping. Presented by Bruce Bentley. Sydney, NSW. Contact 03 9576 1787 www.healthtraditions.com.au	105
10-14	Advanced Certificate in Integrated Cupping Therapy. Presented by Bruce Bentley. Sydney, NSW. Contact 03 9576 1787 www.healthtraditions.com.au	175
11-12	Myofascial Cupping. Presented by David Sheehan. Adelaide, SA. Contact 03 9481 6724 or info@comphs.com.au www.comphs.com.au	70
11	Functional Fascial Taping One Day Refresher. Presented by Ron Alexander. Melbourne, VIC. Contact Budiman 0402 059 570, terrarosa@gmail.com or register at www.terrarosa.com.au	35
13-14	Modern Cupping Therapy. Presented by Bruce Bentley. Sydney, NSW. Contact 03 9576 1787. www.healthtraditions.com.au	70
17-19	Oncology Massage Module 2. Presented by Deb Hart. Ardross, WA. Contact Kylie 0410 486 767 www.oncologymassagetraining.com.au	105
17-19	AMT 25th Annual Conference. Melbourne, VIC. Contact 02 9211 2441. Email: info@amt.org.au	150
18-19	Functional Fascial Taping Upper and Lower Bodies. Presented by Ron Alexander. Brisbane, QLD. Contact Budiman 0402 059 570, terrarosa@gmail.com or register at www.terrarosa.com.au	70
18-19	Neurostructural Integration Technique Introductory. Presented by Wendy Eyles. Sydney, NSW. Contact 0412 417 719 harmony4massage@gmail.com	70
18-19	Neurostructural Integration Technique Introductory. Presented by Shayne Sullivan. Geelong, VIC. Contact 0417 011 192 shayne@geelongnaturaltherapies.com.au	70
18-19	Chinese Cupping Therapy. Presented by Master Zhang Hao. Strathfield, NSW. Contact 0416 286 899. www.chihealing.com.au	70
18	Sunshine Coast Branch Meeting. Nambour, QLD. Contact Lesley Carter 0403 64 7754 or lescalnat@gmail.com	15
19	Shoulder Pain and Scapula Stability. Presented by John Bragg. Springwood, NSW. Contact 0410 434 092. www.johnbragg.com.au	35
24-26	Oncology Massage Module 1. Presented by Lizzie Milligan. Randwick, NSW. Contact Danielle 0423 373 303. www.oncologymassagetraining.com.au	105
25-26	Functional Fascial Taping Upper and Lower Bodies. Presented by Ron Alexander. Sydney, NSW. Contact Budiman 0402 059 570, terrarosa@gmail.com or register at www.terrarosa.com.au	70

Please view the Calendar of Events on the AMT website for the complete 2014 listing: www.amt.org.au

NeuroStructural Integration Technique (NST)

CEU points

"The most amazing and consistently effective healing work that I have ever learned" Dr. Joseph Mercola. Osteopath, USA.

Work smarter, not harder and get great results!

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.

Clinically proven in a three year hospital based research program World Health Organisation and Nth. Italian Govt.

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, diaphragm, TMJ elbow/wrist, hamstrings, sacral, coccyx + much more... **175 CEU**

Your NST teachers





Ron Marianne Robert Wendy Shayne

2 Day Introductory classes

Perth – Aug 23/24th, Nov 15/16th *Marianne : 0407036047*
Brisbane - *13/14 Sept* *Robert : 0448 428 020*
Geelong – *Oct 18/19th, Nov 15/16th* *Shayne: 0417011192*
Sydney area – Oct 18/19th *Wendy : 0412417719*

5 Day Basic classes

Geelong area *(Ocean Grove)* – Nov 14th -18th
Sydney Nov 28th - Dec 2nd *Ron : 0419380443*

Plus - **first time in Sydney region**
"Practitioner Assessment Skills Course"
A unique efficient practical approach to assessment: biomechanical, hydrostatic, fascial, kinesiological neurological and much more... **105 CEU's** Dec 5th-7th

Visit our website at
www.nsthealth.com

Contact Ron: bowenst@iprimus.com.au