

In Good Hands

The newsletter of the Association of
Massage Therapists (NSW) Ltd

June 2001



PRESIDENT'S REPORT

By Geof Naughton

The time since our last newsletter seems to have passed very quickly. Mark and I have been very busy transferring our membership database onto a new computer program. This new database will enable us to record and search 'specialities'. If anyone is an expert in MS Access and is willing to help with a few refinements it would be appreciated. If you **specialize** in one or two areas (for example, pregnancy massage or lymphatic drainage) please tell us your details.

I recently had the pleasure of attending the Annual General meeting of the Hunter Region sub-branch. John Cavanagh was elected chairman of the sub-branch and Bev Purdon continues in her role as secretary. The AMT needs people like John and Bev - committed members who are willing to give up some of their valuable time for the benefit of others.

Speaking of **volunteers**, we need help in Head Office. We particularly need someone with public relations and/or marketing skills and experience. We also need someone to liaise between AMT and the various massage schools. This position will require a certain amount of travelling (for which you will be re-imbursed) and could be made into an interesting and satisfying role.

We are also looking for someone to donate half a day a week (or even once a fortnight!) to check our computer records against our paper files. You don't need computer skills for this ... we can teach you all you need to know. Remember, AMT is your Association. It can only ever be as strong as its membership.

Membership certificates

In response to requests from a number of members, your AMT Executive have decided to stop issuing 'Financial until....' stickers. This will take effect from the 1st of July.

Current members will be issued with a new membership certificate on renewal. This will read 'Member of AMT from ...' which will be the date on your original certificate. You will be asked to return your old certificate so that we can check the date on it against our computer records. You will still be issued with a new membership card each year which will indicate your continuing membership.

Health training package

I am currently involved in discussions with representatives of other professional associations and those involved in the massage industry regarding the content of the proposed future training of massage therapists. Some of you may have seen the initial proposal that was available on the CSHTA web site, where it was available for comment. Over 1000 responses (including one from AMT) were received by CSHTA. Discussions of these submissions are currently taking place. I will keep you updated on any developments in the next edition of In Good Hands.

Beware!

Many AMT members may have received a brochure from 'The Australian Natural Health Practitioners Accreditation Board' (ANHPAB). Members should note that this organisation is a proprietary limited company and as such appears to be acting out of commercial interest. AMT is not aware of moves by any government body to formulate a policy on accreditation of massage therapists. Membership of AMT provides all the benefits that ANHPAB claims to offer. AMT has been established since 1966 and is recognised by the general public as a creditable association whose members meet high standards.

Finally, I would like to thank Mark Deal for his thought provoking article in the last edition of In Good Hands. I hope that I will be reading other member's responses to his articles in future editions.

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Workshops advertised in this newsletter are not necessarily accredited by the ANT. The views, ideas, products or services in this newsletter are not necessarily endorsed by the AMT.

NEWS FROM THE STATE COUNCILLORS

BLUE MOUNTAINS Tamsin Rossiter

We held our regional meeting on 5th March 2001. Rosemary Spiteri was our guest speaker. Rosemary is both a massage therapist and beauty therapist and is experienced in running health spas in the Blue Mountains. The focus of Rosemary's talk was on incorporating holistic facials within massage therapy. The discussion included the legal aspect of using beauty products and essential oils and relevant training. Rosemary gave a demonstration of a face massage, including pressure point techniques. We had positive feedback, with members particularly enjoying the practical component.

On 29th April 2001 we participated in the Pacemaker Heart Rally. Leonie Dale co-ordinated a team of student massage therapists who offered massage to the participants. This event promotes fitness and fun by supporting people with cardiac pacemakers and their families. This was the third year we have participated. Previously, the feedback has been very positive and the "pacemaker athletes" have thoroughly enjoyed the benefits of massage, often for the first time.

Our next meeting is scheduled for 14th May when Diana Devitt-Dawson will inform us about the Alexander Technique.

MACKAY Val Jenkins

Ten students graduated from the Jenkins School last December and we were thrilled that Brendan Byrne was chosen to receive the Peter Stratton memorial prize. Brendan was presented with his award at the graduation dinner, where all the students had a wonderful celebration. Brendan is now working at the Jenkins clinic as a massage therapist and allergy testing technician.

A big thank you goes to Joel Morrell and Louise Payet for their excellent teaching throughout the year.

In November, the students went to Northview Nursing home where they did hands and feet massage of the elderly residents. This was well received by the clients, many of whom remembered the event from the previous year! The nursing staff reported that the clients from the Alzheimer's/Dementia ward slept very soundly after receiving massage therapy.

In October and November last year, I gave talks on the benefits of massage therapy to two Country Women's Association groups in the region. The mayor of Mirani Shire was in attendance at one of these meetings and he gratefully accepted a neck massage!

At a recent Mackay Branch meeting Linda Danvers spoke on the topic of the comparison of standards in massage therapy in the United States and Australia.

ACT Malcolm Coulter

Firstly, a huge thank you to Penny for her tremendous work in formulating the proposed Lymphatic Drainage course to be run by the Canberra Institute of Technology. Penny also organised the Program Reference Group for the course consisting of relevant industry representatives. Thank you very much Paula Battersby for your role as group chairperson and Kay Fredericks for your extremely valuable input.

While I'm in a congratulatory mood I would like to thank Sandra Morgan of Om Shanti College for her outstanding work over many years in promoting massage therapy and education. I welcome the new owners of Om Shanti, Anne Croft and Jo Hilton, to the wonderful world of massage therapy. I wish them every success in their business and hope that the close relationship between Om Shanti and AMT will continue to our mutual benefit.

The National Competency Standards for Massage Therapy which are currently being drafted will have a big impact on our industry if they are implemented.

The process has reinforced the fact that we need to look at our level of professionalism and also the perception of massage therapy in the Health industry and the broader community.

On May 13th 2001 (Yes, I am aware it was Mothers Day - consistent with our last local meeting being held on Valentines Day!) we held our first ACT Members Day for quite some time. It was an opportunity for members to network and attend a presentation by Alan Ford on postural and structural assessment.

I encourage any ACT and Region members to feel free to phone me on 0412 578 708 or E mail on coulter@netspeed.com.au.

HUNTER John Cavanagh

At our recent AGM I was handed the chair by Kevin Stokes. Bev Purdon continues as Secretary, Dan Gould as Treasurer and Meagan Mathieu as Sports Team Co-ordinator. A further nine members including four new faces, were recruited onto the committee.

The past year has been a little disruptive due to the Games but hopefully we are now back on track. The first steps have been taken to get our sports/events team up and running. Meagan now has a sub committee of three willing helpers who we hope will collectively lead us on to great heights. The group regularly provides volunteer massage to the residents of Ronald McDonald house, and is annually involved with the Kayaking for Kemo Kids and Rescue Helicopter Cycle Classic. These will be continued and new groups targeted to expand our efforts.

The first project I am pursuing is to survey the members of the branch, covering areas such as type of work, where work is carried out and qualifications. There will also be questions regarding mentoring and apprenticing (credentialing) and we will be asking for opinions on the branch meetings, including how and what continuing education items could be included.

I have several bees in my bonnet - the first being that the number of massage therapy graduates is not reflected in the number of practising therapists. Would a mentoring program assist? ... the suggestion is for each graduate to be allocated a number of practising therapists whom they can regularly meet with to discuss the business.

"Bee 2" is massage awareness or lack of awareness in the general community. We have a massage awareness week but I would like a program that would run over the whole year - a challenge for the branch! For some time we have provided massage on a volunteer basis to the residents of Ronald McDonald house at John Hunter Hospital in Newcastle. This is one way of increasing awareness but an ongoing programme of talks at local clubs and community groups is the kind of

thing I am angling for.

On May 4, I represented AMT at the Hunter TAFE Health and Recreation graduation ceremony for massage therapists. The Branch donated a prize which was awarded to Tracy Dries (Senior Level 1 member) for 'Overall Achievement in Swedish and Remedial Massage'.

Our regular May meeting will include a workshop on Stretching and Flexibility for Massage Therapists. A notice for this and all upcoming meetings and events for the Branch will be posted on the AMT Bulletin Board on the web site. I look forward to a productive year and hope to have plenty to report in the next edition.

NORTHERN RIVERS Sharon Keogh

Saturday 28th April saw the second sub branch meeting take place in Grafton. Sadly, the meeting was poorly attended, with only seven members putting in a show. Thank you to those who took time out of their busy lives to attend. Thank you also to those who sent apologies. It's nice to know that all the time and effort which goes into organising these meetings is appreciated! OK, now I've had my whinge ...

Our guest speaker for the meeting was Cliff Coleman, a Podiatrist from Ballina. He gave an informative workshop, investigating the systems of the leg and foot with reference to common pathologies. We were all impressed, particularly with the extent of the notes Cliff provided. A big thank you goes to Cliff for the obvious time and effort he put into preparation and for making the one and a half hour drive on our behalf.

Some of the points raised during the meeting include:

- Suspending (temporarily) the clinical trials into the effects of massage on Fibromyalgia. One of the difficulties is that massage has been documented only as an adjunct to other treatments so its effects have not been fully recognised. More trials are needed.
- Discussing various options for Massage Therapy Awareness Week in October. Rozena Secombe and Dan Alter have both found that 'wellbeing' and 'lifestyle' expos were useful ways of being seen and spreading the word about the benefits of massage therapy. The idea of targeting teacher's staff rooms was proposed as well.
- Creating some sort of online database of all current AMT members. This would make the job of networking and spreading news about meetings and events a whole lot easier.

A great time was had by all who volunteered at the Forster Triathlon. The atmosphere was amazing!

I thought I would finish with some words of wisdom by Samuel Smiles:

The shortest way to do many things
Is to only do one thing at once.

LETTERS TO THE EDITOR

NOT JUST HORISING AROUND

Having read Rebecca Barnett's story and Paul Doney's response I felt I had to have my say, and quickly!

I am a qualified Equine Massage Therapist with extensive horse industry experience. I am pleased that practitioners want to treat horses but I hold grave fears for their safety as they do not necessarily have much experience with horses.

Horses are beautiful creatures but don't let them fool you: they are not very intelligent and do not understand the difference between good and bad pain. It just hurts and their instant 'fight/flight' reaction is to kick, bite or swing away.

I have considerable rapport with the horses that I treat regularly, to the point that they know who I am. These same horses have occasionally come close to putting me in hospital. One horse that I treat twisted his hind leg around to lean into my pressure, obviously enjoying his massage. Within a split second he shifted his considerable weight and cow kicked in my direction. If he had made contact he would probably have broken my pelvis but I had read his movement and had already got out of the line of fire. Someone with much less experience may not have been so lucky.

I do not want to discourage members from treating animals but I am concerned that someone may be injured. Don't forget that horses have a mouth that is full of teeth and their masseters are huge. They carry a lot of weight and their shoes are much harder than yours.

Treating horses is very rewarding but therapists need to know their patients. No one should work on a horse without some knowledge of these large animals. I am currently developing a basic course on horse massage and would like to hear from anyone who would like to participate. Any therapist interested in a training course could contact me on 0412 514 402.

Kayte Butcher

Editor/Author's note: Thank you Kayte for pointing out the very real dangers involved in horse massage. It was certainly never my intention to make light of the serious business of equine therapy. It is probably worth noting that the horse I worked on was a fairly elderly and docile gentleman, and his owner was closely monitoring his responses throughout the massage. I should also mention that there were a number of frisky looking buggers on the same property who I wouldn't have touched with a forty foot barge pole!

Please turn to Page 12 for a brief introduction to horse massage by Kay Mallinson, a qualified equine therapist.

LOCUM MESSAGE THERAPY

I am an unemployed therapist who is interested in setting up a locum massage therapy service. I have done some inquiry into this and it would seem this service is not presently available.

I believe that this would be a valuable service for therapists wanting to get away for a conference or holiday, or even to fill in if they were sick.

I would be very interested in any feedback, discussion or opinions on this matter and would welcome any ideas on how to go about setting it up. My email address is realnaomi@yahoo.com.au and my mobile phone number is 0438 558 119.

Naomi Allison

KAYAKING FOR KEMO KIDS 2001

Once again Northern Members were asked to support the K4KK team in their fund-raising efforts for children affected by cancer. This time a smaller elite team of four paddlers trekked from Coolangatta to Darling Harbour and AMT (NSW) provided support massage clinics at ports of call along the way.

We extend our thanks to all who participated. At Ballina they were massaged by Rozena Secomb, Simon Jackson and Sharon Keogh. Coffs Harbour was Christina Noordhoff and myself. Port Macquarie was Janet Crombie and Clyde Matthews. As we are a bit thin on the ground at Forster, Bob Davison recruited local colleague Robyn Hancock to be his offsider and her input was greatly appreciated. Finally Swansea saw Megan Mathieu and Christine Minto hard at work.

Congratulations and thanks to each and every one and also to the intrepid Kayaking Team of Bob Glenister, Graily Aldridge, Mark Elkington and David McPherson. Even the Hat Head shark attack could not deter them in an outstanding achievement.

Joel Morrell

FIBROMYALGIA AND ASSOCIATED PROBLEMS

PART 2 - CAUSATION FACTORS

By Joel Morrell

In Part 1 of this series (March edition of In Good Hands) I included the following direct quote from the Conference Workshop:

The great quandary of Fibromyalgia Syndrome is that it is an illness that includes chronic severe pain and marked disability but without demonstrable pathological tissue changes.

So, in the words of that great advertising man ... 'HOW DO YOU GET IT?'

Some people get it from their parents, some people get it from an accident, some people get it from work, some people get it from their boss, some get it from their partners. Some people seem to get it from nowhere. These multiple causes can be separated into more logical groups for better understanding. I will separate these into **Trauma, Stress, Familial** and **Idiopathic**.

I would like to talk about Trauma first and raise an important warning about conditions labelled 'Fibromyalgia' far too soon. Leon Chaitow (1995 p77) makes one important distinction amongst all the authorities. He separates out Myofascial Pain Syndrome (MPS) as an entirely different entity. Chaitow specifies key features of MPS as **acute**, usually sudden onset after some physical trauma or work-related incident, or a change in work, sporting or recreational activities. Finally and most importantly, it is related to a **single** quadrant and it is usually highly responsive to massage therapy.

Bearing in mind the American College of Rheumatology (ACR) definition, two factors are missing – pain in four quadrants and pain in excess of three months. In other words, these subjects do not have 'Fibromyalgia Syndrome' – at least not yet!

But if they are misdiagnosed, maltreated or left untreated, the problem may develop into Fibromyalgia Syndrome. You may well ask how does a single quadrant injury spread to all four quadrants? Simply by a local dysfunction causing postural compensation.

I have one devoted disciple in Nambucca who works in a garage and came to see me with a 'sore shoulder'. His performance of the Apley 3-point shoulder function test and the cervical range of motion assessment were both severely compromised by pain. In therapy I encountered marked spasm of his right levator scapulae. He had recently been persuaded to buy a new floor dolly but it was about one foot shorter than his old one and did not support his head. Although he had rolled around under cars for many years, he was now doing it without any head support. I worked on him for only about 20 minutes. The relief was dramatic and now he thinks I'm

god. He has never been back to me but is my best commercial advertiser in town. So please use the term 'Myofascial Pain Syndrome' for describing short term acute problems, particularly those which respond swiftly. Remember the ACR definition of Fibromyalgia Syndrome specifies 'duration exceeding three months'.

Even the single quadrant is not absolute. Quite recently I had an emergency call for another client who regularly books in for a 'monthly grease and oil change' massage. She rang six days early saying she was in great pain and could not wait for her regular appointment. My question "What have you been doing that was unusual?" drew a complete blank. But as soon as I started on the rhomboids, I asked "What were you doing with your hands above your head?". Her reply? "Oh, I did paint the kitchen and pantry ceilings ... but I've painted them before without any grief". "How long ago?" I inquired. When she admitted to a lapse of eleven years I gently chided "There is a difference in shoulders age 50 and shoulders age 61.

Like the motor mechanic, resolution from massage therapy was swift, complete and satisfying (for therapist as well as client!). He had pain in only one shoulder, she had pain in the middle of her back. Both fitted Leon Chaitow's description of Myofascial Pain Syndrome, and both may well have progressed to Chronic Fibromyalgia Syndrome in the fullness of time if they had not sought help early.

What factors are at play for **Trauma** to lead to Fibromyalgia Syndrome? It is perhaps pertinent that my motor mechanic is self-employed (no sick leave) and my ceiling painter is a farmer's wife (one cannot expect the cows to milk themselves). Both sought early intervention because they simply could not stop working.

Sick leave or workers compensation leave is appropriate for specific injury but Rene Cailliet's description of the relationship between muscle spasm and chronic dysfunction/disability raises a warning (1991a p 69, 1991b p 72). If the causative factors are primarily an overuse or overwork problem, inactivity will allow spasm and local metabolite build up to exacerbate symptoms.

In our next issue we will address workers' compensation as an exacerbating factor. This will lead on to **Stress** as a cause of Fibromyalgia Syndrome.

References

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- Cailliet R. 1991 *Neck and Arm Pain* F A Davis Philadelphia.
- Cailliet R. 1991 *Shoulder Pain* F A Davis Philadelphia.

GOLDEN MESSAGE

by Brett Higgins

With scores tied at three a piece and only 1.3 seconds left of the Women's Waterpolo Olympic gold medal clash between Australia and America, Australia's Yvette 'Golden Arm' Higgins clenched the winning goal from 8 metres out in front of 17,500 screaming fans.

It was a tribute to years of hard work and determination that the winning goal was scored by Yvette, a member of the victorious 1995 Australian World Cup side. Yvette recalls how "my brother and I learnt to swim very fast when we were thrown into the family pool at the tender age of 5 and 4 respectively". If it was not for that defining and death-defying moment, Australia may have been one gold down in their medal tally at Sydney 2000.

For those unfamiliar with water polo, it is an open skill sport that requires a combination of strength, power and cardiovascular fitness, as well as sheer mental toughness. On top of spending countless hours swimming and practising ball work and shooting in the pool with fellow team mates, Yvette trains an extra 4 to 6 times a week in the gym, performing sports-specific exercises to increase lean body mass in her legs, axial body, throwing arms and the all important gleno-humeral stabilisers. The potential for qualified massage therapists to assist waterpolo athletes in maintaining a healthy body should already be evident.

It is becoming all too common for elite athletes who participate in overarm throwing sports like water polo to undergo shoulder reconstruction to recorrect the years of physical microtrauma placed on the shoulder girdle. Yvette's strenuous regime of training includes preventive rehabilitation exercises, which strengthen the rotator cuff muscle group, and regular massage to assist in realigning collagen fibres and promoting the body's natural healing.

"Regular massage has helped me stay out of the operating theatre and enjoy what I love doing best - playing water polo", Yvette says.

Knowledge of the associated structures and the mechanism of injury are essential for the massage therapist if they are to play a pivotal role in the healing process of any soft tissue injury.

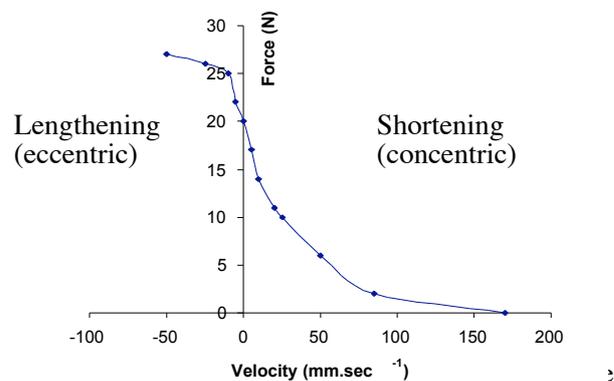
THE STRUCTURES

The glenohumeral joint is the most mobile joint in the body. The price tag for this mobility is susceptibility to a large number of injuries. The rotator cuff (RC) is the primary glenohumeral joint stabiliser.¹

The RC consists of the subscapularis, supraspinatus, infraspinatus and teres minor. The joint capsule is thickened by the glenohumeral (superior, middle and inferior) and coracohumeral ligaments. This further increases the strength of the glenohumeral joint.⁵

MECHANISMS OF INJURY

During overhead throwing actions, the greatest forces experienced in the RC occur during the initial acceleration (late cocking phase) and deceleration of the arm.³ The deceleration forces produced by eccentric contraction of the RC are almost twice that of the acceleration forces (Figure 1). Microtrauma results in the musculotendinous unit of the RC after repeated eccentric contractions, which can further result in hypermobility of the glenohumeral joint.⁴ Repeated microtrauma results in pain, inflammation and muscular weakness and dysfunction, evidently causing shoulder joint capsule laxity and further placing greater demands on the RC.²



maximum force output of a skeletal muscle and its velocity of contraction. At fast speeds of shortening the muscle produces much less force than at slower speeds of shortening. The same muscle produces more force during an isometric contraction than at any speed of shortening.⁷ If the muscle is stimulated and at the same time lengthened by an external force (an eccentric contraction) the force developed by the muscle is higher again. (Data taken from Gwinn 1999 cited: Rack and Westbury 1969).

The myotendinous and tendoperiosteal junctions of the supraspinatus, infraspinatus and teres minor are likely sites for damage due to their role in the deceleration of the humerus during throwing and are susceptible at the points of weakness. The subscapularis can be injured during the late cocking phase while it eccentrically contracts as the humerus starts to accelerate anteriorly.

GOLDEN MASSAGE (Continued)

Excessive extension during the initial acceleration phase of throwing places high forces through the anterior glenohumeral joint ligaments and capsule.⁴ Repeated hyperextension can elongate ligamentous and capsular fibres, evidently needing shoulder reconstruction surgery to tighten the structures involved.² Increased inflammation, centralised around the joint capsule, can further reduce the physical range of motion able to be performed.

PREVENTIVE PROGRAM

A specific, individualised preventive rehabilitation program is essential in maintaining the functionality of the shoulder. This should include a combination of strength training, stretching and massage. Preventive and rehabilitative strengthening of the RC should involve fundamental and sports specific muscle exercises.⁴ Stretching should assist in the gross postural adjustment of the glenohumeral joint and individual RC lengthening. The anatomy book will come in handy in pinpointing the location of the myotendinous and tendoperiosteal junctions of the RC before 15 to 20 minutes of deep transverse frictions (DTF) are performed to the respective muscles. After deep, point specific massage, an inflammatory response is elicited due to the re-injury of tissue. The client must follow the RICE (rest, ice, compression and elevation) standards set by Sports Medicine Australia to ensure adequate control of the inflammation. Developing and maintaining a preventive program for any athlete greatly assists in the prevention of chronic injuries and the need for corrective surgery.

As professional health providers, we are an integral link in assisting the maintenance of elite athletes to the casual exercising body. Equipped with a sound understanding of functional anatomy, mechanisms of injury and healing techniques, we can make a difference.

REFERENCES

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 2. Blevins, F.T (1997) Rotator Cuff Pathology in Athletes. *Sports Med.* 24(3): 205-220
 3. Gwinn, T Ed. (1999) *Muscle Mechanics.* Sydney University Press, Sydney.
 4. Irrgang, J.J., Whitney, S.L. and Harner C.D. (1992) Nonoperative Treatment of Rotator Cuff Injuries in Throwing Athletes. *J. of Sport Rehab.* 1: 197-222
 5. Norkin, C.C. and Levangie, P.K. (1992) *Joint Structure and Function* 2nd Edition. F.A. Davis Company, Philadelphia.
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HEALTH FUND STATUS

Health Funds and Societies	Status
ACA Health Benefits Fund (SDA Church)	1
AXA Australia Health Insurance	2
Commonwealth Bank Health Society	1
Gay and Lesbian Health Fund	2
Geelong Medical Benefits Fund	2
Government Employees Health Fund	2
Grand United Friendly Society	2
HCF	2
Independent Order of Oddfellows	1
Independent Order of Rechabites (IOR)	
Health Benefits	1
Manchester Unity	1A
MBF	3
National Mutual Health Fund	2
NRMA Health	2
NSW Teachers Federation Health Society	1
Queensland Country Health	1
Railway and Transport Hospital Fund	1
Reserve Bank Health Society	1
Victorian Workcover Authority	2
Westfund Health Fund	1

Status 1: All financial practitioner levels.

Status 1A: All financial practitioner levels with:

- One million dollars current insurance
- Current First Aid

Status 2: Senior Level 1, 2 and 3 members with:

- One million dollars current insurance
- Current First Aid

Status 3: As above. Must have sent a copy of a receipt to Head Office for verification.

- Members must be **financial** and have a commitment to ongoing education (average of 100 CEUs per year).
- Clients must be provided with a formal receipt clearly indicating the practitioner's name, AMT member number, practice address (no PO boxes), phone number, client's name, date of treatment and nature of treatment (i.e. remedial massage treatment).
- All health funds require our members' practice address. When you receive your next renewal form you will be asked to provide your practice or business address (no PO boxes). Failure to do so will result in your name being removed from the health fund listing.
- Please send a copy of one of your receipts to Head Office with your renewal form.

Professional receipt books with the AMT logo are available from head Office for \$15.00.

CEUs: Is the current system working?

The education committee is currently reviewing the CEU system. Our intention is to take a close look at the current system to ascertain if and how we can improve it.

This Association is your voice, managed by members such as yourself, so in order to gain a full understanding we need to hear of your particular situation and opinion.

Please complete the questionnaire and send it back to AMT Head Office. The results of this review will be published in the next AMT newsletter.

Thank you for your support and contribution.

The Current CEU System

You must gain an average of 100 CEUs per year. If you are unable to accumulate 300 CEUs after 3 years, you can still retain full membership status but you will no longer be included in the list that is forwarded to health funds. Workshops are also slightly more expensive. If you gain 200 CEUs one year and none the next, that's OK as long as you have accumulated 300 over 3 years.

Educational Courses:

- Courses accredited by AMT - 5 CEUs per hour
- Allied courses not accredited by AMT - 4 CEUs per 3 hours of attendance
- Substantial courses (e.g. university) in allied subjects 300 CEUs per year (full time); 150 CEUs (part time)

Delivering Lectures (Max. 60 CEUs per year)

- New lecture to fellow therapists or students (lecture notes provided) - 20 per hour of lecture
- Same lecture updated with new information - 5 per hour of lecture
- Self promotional lectures containing information on benefits etc. - 4 per 3 hours
- All others will be judged for appropriate educational content.

AMT Meetings

- 15 CEUs for meetings of 3 hours, then 5 per hour of attendance
- Attendance at Annual Conference and Annual General Meeting – 100 CEUs

Newsletters/Journals Etc.

- Educational articles - 50
- Reports, summaries etc - variable
- Book reviews (using format supplied by AMT Head Office) - 40
- All others will be judged for appropriate educational content - variable

Others

- Voluntary work (maximum of 50 per year) - 4 per 3 hours of attendance
- Sporting events (maximum of 50 per year) - 4 CEUs per 3 hours of attendance
- Subscription to recognised journals (maximum 20 per year)
- Exchange of massage with different qualified therapists (maximum 20 per year) - 5 per exchange

QUESTIONNAIRE

What is your current level of membership?

- General Level
- Senior Level 1
- Senior Level 2
- Senior Level 3

Do you believe the CEU system is a good thing?

- Yes
- No

Do you believe CEUs serve the purpose of encouraging members to increase their skills and knowledge base?

- Yes
- No

Is the CEU system fair and equitable for your current situation?

- Yes
- No

How do you accumulate the majority of your CEUs?

What changes would you recommend to the current system?

Other comments:

Please feel free to attach any additional comments to this questionnaire when returning it to AMT Head Office. If you would like a personal reply, please provide you name and membership number.



THE "HOW-TO" OF HOOFING IT ...



Just like any other athlete, a horse's muscles are subject to overstress, overstrain and damage from excessive training, competition or just being a horse. Massage provides the same benefits to the equine athlete as it does to any other.

Increased circulation brings increased nutrient supply, and more efficient removal of the waste products of cellular metabolism. Break-up of any adhesions prevents muscle tissue from sticking and 'catching' on under or overlying structures. This all allows for optimum contraction of muscle fibres, bringing smoother, more efficient movement of the limbs.

INTRODUCING YOURSELF

Horses have been prey animals for millions of years. Their natural instincts are to run or lash out with hooves or teeth when frightened. Since they weigh ten times as much as a human, you will not win a battle of strength with them. Fortunately horses are very willing animals and if they know what you want and are not frightened, they will generally cooperate.

They have both binocular and monocular vision so it is best to approach them from the front, and to the side, so they can see you clearly. Talk to them soothingly – you are not there to hurt them. They may not understand the words, but they do understand the tone. Be confident but wary. The horse may accidentally tread on you without even knowing.

As with all massages, introduce yourself to the horse's body with effleurage. You do not need to use oil. Work over the horse's musculature starting from the left side of the head and moving towards the tail. Take care when moving behind a horse. Talk to them so they know where you are. And like any client, keep contact with them.

Where you feel tightness, move into the deeper techniques: kneading, knuckling, frictions and tapotements. Check that the pressure is tolerable for your client - he will soon let you know!

The distal limbs of the horse contain no muscle tissue only tendon and ligament. This, coupled with the fact horses spend most of their time on their feet, means that circulation problems are common in the extremities. Massage to assist venous return and lymphatic drainage is very helpful.

Familiarise yourself with both the differences and similarities between the human and equine musculoskeletal systems. The horse will get muscle soreness in approximately the same places as you will. Most of the different modalities aligned with massage can be adapted for use on horses.

With the development of a Professional Horse Massage Course in TAFE, AMT may become the first Massage Association with an Equine branch!

HEALTH CARE COMPLAINTS COMMISSION

AMT has received a copy of an Investigation report by the Health Care Complaints Commission (HCCC). Members may be interested to know the processes involved in this type of investigation. It also serves to highlight why it is necessary to keep comprehensive client records.

BACKGROUND

AMT Head Office received a telephone complaint about a massage therapist. The complainant was advised to put the complaint in writing. The therapist was not a current member of AMT but had been using the old AMT logo on his business card. Upon receipt of the written complaint, AMT referred the complaint to the HCCC who subsequently advised us that the matter had been "referred for investigation".

Under the *Health Care Complaints Act 1993*, the HCCC must investigate a complaint if it:

- raises a significant issue of public health or safety
- raises a significant question as to the appropriate care or treatment of a client by a health care provider
- provides grounds for disciplinary action against the health care practitioner
- involves gross negligence on the part of the health care provider.

COMPLAINT

Ms X complained that the massage therapist (MT) made inappropriate sexual contact with her and made some inappropriate remarks.

INVESTIGATION PROCESS

Ms X provided a statutory declaration to the HCCC who then sought a report from MT on the issues raised in the complaint. The information sought was:

- Details of his training, qualifications and experience as a massage therapist
- Whether he made any written record of Ms X's appointment with him, such as personal details, clinical history, diagnosis or therapeutic plan. The HCCC sought a copy of any such record
- Whether it was his usual practice as a massage therapist to ask clients to remove all their clothes and, if so, what the clinical rationale was for this.

The HCCC also sought MT's comments on Ms X's description of the massage, including alleged contact with her genital area and massage of her breasts.

MT did not respond to the initial request from the HCCC and was given a further opportunity to make comments on the Commission's extreme disapproval of his conduct towards Ms X.

This time MT's solicitor responded on his behalf, denying the substance of the allegations.

The HCCC also looked at Ms X's complaint to the police and interviewed her friend (Ms Z) who had recommended her to MT. Ms Z had also been interviewed by the police. The HCCC did not seek a peer review because MT was not a member of an appropriate professional association and he did not provide the HCCC with any information about his qualifications. Had MT been a member of AMT, the matter would have been referred to AMT's disciplinary committee for review.

CONCLUSION

On the face of it, this might appear to be a case of 'his word against hers'.

From their investigations, the HCCC concluded that Ms X may have misunderstood MT's directions with regard to removing her clothing.

With regard to the substantive issue of the complaint, (i.e. inappropriate sexual conduct) the HCCC concluded that Ms X's account was truthful.

The HCCC advised MT that his conduct was highly inappropriate and unprofessional and fell well below the acceptable standard for a massage therapist. AMT is unaware of what further action, if any, was taken by the police in this matter.

DEADLINE

The deadline for the next issue of
In Good Hands is:

August 1st

Contributions can be emailed to Head
Office:

message@amtnsw.asn.au

Any inquiries should be directed to:

Rebecca Barnett

0414 732873

Survival in Massageland

When we decide to see a film or eat at a particular restaurant, we often do so on the recommendation of a trusted critic. But what happens when unsuspecting members of the public throw themselves at the mercy of the massage industry? How do they choose a therapist? Where do they start searching? Do they know what constitutes professional care?

We invited a mystery reviewer from within the industry to randomly select a therapist and undergo treatment. The review of this treatment, the first in a new series we will feature in future editions of In Good Hands, is reprinted here.

On orders from the editor I forced myself to have a massage so I could write this review. I retrieved my local paper from the garbage and found the Health and Beauty section (just after Adult Services). With about twenty adverts to choose from I ignored Abigail, Suzanna and strong Tony to finally settle for M. who offered Sports and Remedial massage at reasonable rates. I did contemplate going to B. who offered "God's best massage" ... perhaps next time.

I phoned M. and asked a host of questions. Where had he trained? "With a bloke in Adelaide". Was he a member of an Association? "No". How long had he been a massage therapist? "For ten years – with some of that full-time". By now, my teeth were clenched. I told M. that I would think about it and hung up. All internal alarm bells were ringing, including the looming deadline for my review.

OK, so I would force my unwilling body to have this massage. I made an appointment for a \$60 treatment.

Armed with a carefully thought out medical history I climbed the steep stairs to the front of the building and then a further three stories to M.'s place. As I fell through his door I almost asked for a post-event massage to get rid of the lactic acid in my legs.

M. greeted me professionally with a handshake and escorted me to his bedroom where he had set up his table. Neatly made up bed, tasteful curtains ... (Oops sorry - a massage review, not a hotel one). He showed me a chair and asked me to throw my clothing on it. He then gave me a minuscule towel and left the room. I quickly changed, lay prone on the table and covered 1/8 of myself with the towel.

INTRODUCING "THE FINGER" ...'

OUR MESSAGE RATING SYSTEM

Five fingers - return visit mandatory. Don't tell your friends in case the therapist gets too busy to see you

Four fingers - return if needing further treatment

Three fingers - relaxing but I wanted more - and I don't mean extras!

Two fingers - hmmm, avoid at all costs

One finger - need we say more?

M. came in and started to massage – ten variations of effleurage and the occasional kneading. Several towels were used for draping but, whilst doing the leg (supine and prone), there was no towel tucked into my knickers and he touched my groin area several times.

M. spoke only three times during the massage. First time was to comment on how busy the phone was, next to ask me to turn over and finally to ask me if I could stay later than the allotted hour.

The phone was muted so I did not mind until he brought it to my attention. The turn over was achieved by removing all the towels and holding one up around the region of my chest (OK I will admit to being a female reviewer). When I told him that I could not stay late he sped up the massage to finish on time. I turned down the offer of an abdominal massage and a face massage because there was no heater in the room and I was freezing by this stage.

M. left me to change and suggested that I leave the oil on because it was of good quality and water based so it would not stain my clothing. He also offered me a glass of cold water. I declined the cold water, dried some of the oil slick off my body and went out to the lounge room where M was waiting. I asked how much I needed to pay and was told "Fifty dollars – I quote \$60 on the phone to weed out the undesirables".

Having greeted me very crisply and professionally, M. now seemed completely ineffective in bringing the session to a close. I suspect he wanted me to make another appointment but could not bring himself to be businesslike and actually ask. He drifted towards the front door and escorted me out. Soon after he chased after me down the stairs to give me his card.

The most professional aspects of my visit were:

- good greeting
- candles burning in the room gave it a very pleasant look.

Least professional aspects were:

- no case history was taken. I was not asked even a single question about what was wrong with me, what I wanted or if the massage was too deep or not deep enough
- no evidence of sports or remedial massage
- massaged right over my varicose veins
- massaged in bare feet
- no heater meant that I had to defrost in my car before driving home
- no receipt offered at the end

Rating:

Three fingers but bring your own heater and leave your remedial problems at home..

EDITORIAL - YOUR NEWSLETTER NEEDS YOU!

By Rebecca Barnett

I realise that it might seem fairly unusual for an editorial to appear on the second last page of this newsletter. If I was really being honest I probably should have called it an Afterthought. But then, if I was **really** being honest I would have to call it A Whinge. Come to think of it, if I was actually being **totally candid and up front** then the only fitting title would be Whinge, Bitch and Moan. Dammit, this is not going well at all. I'll stop before I run through my Complete Roget's Thesaurus of Expletives. (It's only a slim volume but I find myself referring to it constantly whenever I undergo deep tissue treatment.)

I have now been the editor of *In Good Hands* for around a year and a half. Prior to that, I had a small hand in typing up articles, occasional line editing and typesetting advertisements.

When I took on the role of editor I pretty much inherited the whole kit and caboodle from Linda McLoughlin (and Sharon Smith before her) - which means, essentially, that I attempt to solicit articles, line edit, conduct interviews, liaise with advertisers, invoice advertisers, hassle regular contributors, compile the Calendar of Events and finally, typeset the whole thing in preparation for printing. Some of you may have noticed that I write the occasional article too...! Needless to say, it's a fairly mammoth task.

In the course of carrying out these duties, I have enjoyed my interactions with newsletter contributors immensely. Many of the 'old faithfuls' have learnt to anticipate my regular reminders about deadlines and solicitations for contributions with no small degree of dread.

I have also received some wonderful compliments on the great job I am doing. While these comments are fantastic for my ego and a terrific spur for my sometimes flagging energy levels, they don't help to fill the pages of the newsletter with fascinating and informative articles.

I rely heavily on a small core of dedicated, regular contributors to keep this newsletter afloat. If you have actually been reading your quarterly editions of *In Good Hands*, you will know who these people are without me having to list them. But I am going to list them anyway because that's the kind of bloody-minded individual I am. It's probably the only opportunity I will have to fittingly and publicly thank them for their efforts. So, here goes (in no particular order):

Joel Morrell. This man makes members half his age look flaccid, lazy and scant of breath (I hope you find

the analogy pleasing Joel!). This year we are publishing his series on Fibromyalgia, based on the lecture he presented at last year's Annual Conference. But in previous years he has contributed all sorts of juicy titbits and articles. I think of him as Mr Reliable. He may not always come in on time but he is **always** in tune.

Diana Glazer. Not content to rest on her laurels after retiring as President, Diana regularly contributes intelligent and well-written articles. She is also a constant source of fantastic ideas. She has been the chief proof-reader of the newsletter for many years and, as such, is regularly called upon to clean up after me. Fortunately, that process is not as gruesome as it sounds. Her decidedly evil sense of humour has helped to preserve my sanity over the last couple of years. Thankfully, she is easy to bribe with Swiss chocolate.

Paul Doney. Most of you will be able to recall one of Paul's wonderful case histories. His willingness to share his professional experiences and expertise has been a huge editorial coup. Paul was also responsible for the most flattering piece of mail I have ever received so I will forever go weak-kneed when I see his name in print. But lest I be accused of using a public forum for flirting I will move on ...

The State Councillors. I won't name them all individually but I'd still like to acknowledge them as a group. I always find myself reading the State Council reports with a degree of envy. As a Sydneysider, I am left with a sense that somehow our regional counterparts can teach us a lot about working as a community.

So, this is the small core of true believers whose children I would have simultaneously if it was at all biologically conceivable.

Now, here's the rub! While all the people mentioned above are more than capable of supplying interesting material for the newsletter, I am not convinced that it is fair to expect them to keep up the effort indefinitely. We need new blood! We need fresh contributors to step into the breach! We need a novel perspective.

If you are feeling even the slightest tinge of guilt at this point then put a pen in your hand and start writing. I am tired of behaving like some worn-out old tart, furtively soliciting for business from the same, weary regulars on the same, familiar street corner. Release me from the shameful burden of a life of prostitution. I'm too old and allergic to PVC. Go on. Be Richard Gere to my Julia Roberts. (Okay, you can take a metaphor way too far.)

To those of you who have contributed to this newsletter in the last few years, I thank you! To the rest of you slackers - feel guilty. Feel very, very guilty!

AMT CALENDAR OF EVENTS

JUNE TO SEPTEMBER 2001

- The letter V indicates that the number of CEUs is Variable - depending on the number of hours attended.
- Courses accredited by AMT attract 5 CEUs per hour.
- Courses not accredited by AMT attract 4 CEUs per 3 hours.
- Please check dates and venues with the contact person before you attend.

JUNE 8- 10th	Myofascial Release, Level 2. Thoracic Spine and Respiration (16 hours) Presented by Michael Stanborough Om Shanti College of Tactile Therapies Ph/Fax (02) 62952323 Email omshanticollege@bigpond.com.au	80
29th-to July 2nd	Myofascial Release 1 – Fundamentals (32 hours) Presented by Paul Doney Peridor Health Schools, Bondi Junction. Ph/Fax: 93880699	160
JULY 1st	Trigger Point Therapy, Level 2 Shoulder Girdle Pain and Dysfunction Presented by Robert Gotts Om Shanti College of Tactile Therapies Ph/Fax (02) 62952323	30
6th-9th	Myofascial Release 5 (32 hours) Peridor Health Schools, Bondi Junction. Ph/Fax: 93880699	160
AUGUST 3rd-6th	Myofascial Release 3 – Fundamentals (32 hours) Presented by Patricia Farnsworth Peridor Health Schools, Bondi Junction. Ph/Fax: 93880699	160
11, 12, 18, 19th	Myofascial Release 1 – Fundamentals (32 hours) Green Point Community Centre, Greenpoint (Central Coast) Ph: (02) 43844263	160
25th	Trigger Point Therapy Level 3, Cervical Pain and Dysfunction Presented by Robert Gotts Om Shanti College of Tactile Therapies Ph/Fax (02) 62952323	30
SEPTEMBER 7-9th	Myofascial Release, Level 3. Cranial, Deep Cervical and TMJ Presented by Michael Stanborough Om Shanti College of Tactile Therapies. Ph/Fax (02) 62952323	80
22-23rd	AMT Annual Conference. Harold Park Racing Club Full details and programme coming soon	100
28th to OCTOBER 1st	Myofascial Release 1 – Fundamentals (32 hours). Presented by Paul Doney Peridor Health Schools, Bondi Junction. Ph/Fax: 93880699	160
