

In Good Hands

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

September 2001



PRESIDENT'S MESSAGE

By Geof Naughton

One of the focal topics of the last Executive and Regional Councillors meeting was to undertake a major revision of our very successful web site with a view towards its growth in the future. Our web presence should reflect the Association's image.

This necessitates defining future directions for AMT. First, we must consider the following questions:

- where are we positioned now?
- what are our perceived strengths?
- what are our perceived weaknesses?
- where would we like to be and how do we achieve this?

The meeting discussed whether AMT should have a Mission Statement and formal Goals and Objectives. If you would like to contribute your ideas or be part of the discussion on any of these matters please email or write to me at Head Office. Remember, it is **your** Association and this is **your** chance to have **your** say in its future.

In the last Newsletter I foreshadowed a change to our procedure in updating membership certificates, with a fresh certificate being issued every year upon membership renewal. Following further discussion, this proposed change has been revoked and we will continue to issue 'financial stickers' as before. The cost of producing a new certificate for each member annually is prohibitive and constitutes too great a strain on Office resources. Please turn to page 15 for some suggestions on how to keep your AMT membership certificate looking neat.

I would like to thank all members (and there were quite a few!) who took the time and effort to respond to our CEU survey from the last Newsletter.

These are currently being compiled and I hope to announce the results in the next Newsletter, or possibly at the Annual General Meeting, especially if there are any major changes proposed which will need the approval of the membership.

Speaking of the AGM, I trust you have all pencilled the date of the Annual Conference into your diaries. I look forward to a bumper turnout on the 22nd and 23rd of September. It is not too late to register for the keynote event of the AMT Calendar - just check out the conference insert inside this issue for details. Remember - attendance at the conference is a simple way to fulfil your quota of CEUs for the year.

Page 10 of this issue of *In Good Hands* contains an important article from Melanie Elsey, our Vice President in charge of remunerations. It is written in response to the many queries and complaints she has received from members regarding their dealings with Health Funds. **Please read this article carefully** as it addresses questions you may have about what the health funds require to honour your clients' claims.

Recently discussion amongst members of the Association of Remedial Masseurs (ARM) has been on the subject of amalgamation between ARM, the Society of Clinical Masseurs and the Association of Massage Therapists Australia. AMT was **not** invited to join these discussions.

AMT recognises the need for the industry to speak with a unified voice and we maintain an open mind on the subject of amalgamation. However, we have one major proviso: we will not compromise our standards and code of ethics. AMT has been and continues to be an industry leader in these crucial areas.

Office Hours: Monday-Friday 10.00 am - 4.00 pm. Level 1 Suite B, 304 King Street. Newtown 2042.

Postal Address: PO Box 792, Newtown 2042 Ph. (02) 9517 9925 Fax (02) 9517 9952

E-mail: message@amtnsw.asn.au Web Page: www.amtnsw.asn.au

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

NEWS FROM THE STATE COUNCILLORS

NORTHERN RIVERS Sharon Keogh

I recently attended the meeting of Regional Councillors in Sydney. It was great to finally put faces to the disembodied voices I have been communicating with. I picked up some wonderful ideas which should help bring far reaching Northern Rivers therapists together a little more. With this in mind, I would like to invite all northern region members who are interested in being involved in Massage Therapy Awareness Week to contact me and throw your ideas into the hat.

One of our new members, Fiona Henderson, has put forward some interesting questions about ethics and jurisprudence which we feel have potential as the basis for a future workshop. Please consider the following:-

- ❖ Professional distance must be maintained between the client and the therapist - do you know what this means and how to create this 'space'?
- ❖ The AMT Code of Ethics states "I shall at all times respect my fellow therapists ...". However, a therapist may unwittingly make a defamatory statement during a consultation. Do you know how to avoid defamatory proclamations?
- ❖ Do you understand negligence and professional responsibilities in regard to your clients? As professional bodyworkers, we must adhere to standard of care. This may arise even through a phone call or a social occasion. Do you understand the full implications?

It's easy to get complacent about these things - definitely food for thought.

Volunteers of the massage kind are desperately needed for the following events:

Angel 3 Mountain Bike Bash - a fundraiser for the New England Region Rescue Helicopter. It begins in Tamworth on Saturday September 1st and does a circuit through Manilla, Barraba, Bingara, Narrabri, Boggabri, Gunnedah and Quirindi, finishing in Tamworth on Saturday Sept 8th.

Hell on Wheels Cycle Classic - a fundraiser for the Northern Region Rescue Helicopter. It starts in Tenterfield on Saturday October 13th and travels through Tabulam, Casino, Byron, Ballina, Yamba and Grafton, finishing in Coffs Harbour on Saturday October 20th.

Relay for life. - a fundraiser for Cancer Research which consists of a 24-hour walk (just imagine all those tired sets of legs!). It is held in Casino from 27th to 28th October, 10:00am - 10:00am.

If you can help out during any of these extremely worthy events please contact me:
Home (02) 66635273 or Work (02) 66624155
Mobile 0414624153 Email
snkeogh@optusnet.com.au

I look forward to catching up with all of you at the AGM in September.

BLUE MOUNTAINS Tamsin Rossiter

Our region continues to be steadily busy and will be even busier for the next twelve months now that we have scored the job of coordinating the 2002 Annual Conference. We are currently securing a venue and formulating some exciting ideas. We are looking forward to presenting a high standard, educational and informative conference, sprinkled with a little fun!

Our next regional meeting is scheduled for the third of September and the topic is Blending Massage Therapy with Other Modalities. The guest speaker is Carla Farrar, a Massage Therapist, Occupational Therapist, Iridologist and Herbalist. Carla is going to share some of her vast knowledge and outline how she draws together all her skills to provide a holistic treatment approach for her clients.

On 8th August Martin Krause presented a one-day Swiss Ball workshop to a group of mountain Massage Therapists. Martin is a physiotherapist who has extensive experience in teaching Physiotherapy in Australia, Europe, Asia and South America. Although Martin now works in North Sydney, he is well known amongst local Massage Therapists because he was an enthusiastic advocate for Massage Therapy when he was practicing in the area. His workshop focused on Spinal Coordination and Conditioning using the Swiss Ball.

At our next meeting we shall begin our yearly preparations for Massage Therapy Awareness Week assuming, of course, that there is enough interest and willing participation from Blue Mountains Members.



HUNTER John Cavanagh

Members of the Hunter Branch were recently asked to complete a survey covering a range of issues. The 30 % response was disappointing, especially given that the issues addressed were relevant to all those surveyed and everyone was supplied with a reply paid envelope. The information will be used to give the Branch direction over the coming years.

Members were asked to list topics they would like to have presented at workshops. Suggestions ranged from basic education issues to specific massage techniques to business matters (including one request for a seminar on tax evasion!). Now all we have to do is find presenters.

The issue of volunteer work garnered much comment and discussion. A small percentage noted that all volunteer work should be at no charge. Several felt they had moved beyond volunteer massage to those who wanted recognition by token gift. Most had the attitude of desiring some payment to cover costs or to show appreciation.

The idea of a mentoring program for new members/graduates was received positively and will now be followed up. The aim is to support the new therapist through the initial stages of establishing their business by putting them in touch with an active member/therapist from whom they can seek direction, advice and support. Of course, there is no reason why any member should not be able to request mentoring. At this stage we are attempting to formulate how this could operate and we hope to trial the idea next year.

One event that will be added to our calendar is an annual dinner. This suggestion had about 80% support. Our challenge is to make it a reality and a success.

The big event for the region is the upcoming 8th Australian Masters Games which will involve over 60 sports. The Games run from September 5th to 14th and massage is being promoted by the event organisers as a user-pays service. If you are keen to be involved you could attach yourself to a team coming to the games or contact the organiser (Ph. 1300 888899). They are compiling a list of therapists which will be made available to sport organisers on request. Having recently attended a veterans' hockey championship in Canberra where there were therapists working overtime for each of the 30 teams, I am convinced that there will be a huge need for therapists in Newcastle as well.

At our July meeting we were addressed by Bob Kerr, a Business Coach from Business Thinking Systems (BTS). This was an extremely worthwhile session, especially since many of us have learnt to refine our skills as massage therapists but not

necessarily develop our capacity as business operators. We learnt some of the basic principles involved in making business decisions, responding to challenges and asking the right questions to achieve business goals which match our skill as therapists.

I look forward to the conference and hope that anyone with any ideas for promotion of massage or the industry in general will seek me out to exchange ideas.

ACT Malcolm Coulter

There is not a great deal to report from our nation's capital. It is winter and there is a general feeling that the population has gone into hibernation awaiting the warmth of spring.

The second series of Alan Ford's postural and structural alignment course was held towards the end of May. It was well-presented and informative, demonstrating techniques that can be immediately incorporated into a therapist's repertoire.

At the end of May we held a local members meeting at Om Shanti College which was well attended. Our next meeting is on 23rd August.

The next major item on the local agenda is Massage Therapy Awareness Week (10th - 15th September). During this promotional week we are having displays at three of the major shopping centres in the ACT. There will also be a display at the Canberra Hospital. Local radio stations will be giving away gift vouchers donated by various clinics.

Therapists in the region are looking forward to having another Members Day as soon as possible. I am keen to hear from anyone with ideas regarding workshops for such an occasion. Please contact me:

Mobile: 0412 578 708 or

E mail: coulter@netspeed.com.au.

LETTERS TO THE EDITOR

Survival in Sleazeland?

I am writing to express my anger over the review in the June issue of In Good Hands, 'Survival in Massageland'. Are you kidding? The finger system of rating would suit the Footy Show but does not suit our esteemed Newsletter. Working in your bedroom is inappropriate although if you use a water-based oil at least it would wash out of the sheets should the client accidentally fall into bed. I quote "there was no towel tucked into my knickers and he touched my groin area several times". I wonder what it would take for the reviewer to consider it inappropriate. The massage therapist in question held the towel over the reviewer's breasts so obviously he is a gluteus man. He offered extra time and charged less than quoted. I cannot imagine who he would class as undesirable. You could sell this review to Playboy. And this guy received a rating of three. What a bloody insult to all the genuine massage therapists trying to lift the image of massage therapy.

John Cassidy

Editor's note: Obviously, I take full responsibility for any injury caused by publishing the review. It disappoints me that it has garnered such an angry response but I would like to apologise wholeheartedly for any offense I may have caused through the naming of the rating system. In the back of my mind I was thinking of the "thumbs" employed by the Sydney Morning Herald's television reviewers and, due to a brain explosion at the time, it didn't actually occur to me that this variation was a problem. I am sincerely sorry on this count.

Having said that, I believe the review highlights an aspect of the industry which is just as crippling to our image as the 'sleaze' factor, namely sloppy standards on the part of poorly-trained or unaware practitioners. The therapist in question does not seem to know that it is inappropriate to work from their bedroom; that it is unprofessional not to receipt clients; that the massage environment should be warm enough for the client; that a remedial massage is more than just effleurage; that a case history must be taken; that not all clients will be impressed if you run over time and, finally, that it is not appropriate to work too high on the adductors. To me, all this smacks of extreme amateurism rather than sleaze.

In the spirit of lively debate and equal time, here is the response from our reviewer:

Dear Mr Cassidy,

Thank you! You got the point of the revue. A massage therapist cannot be thought to be professional through hands-on techniques alone,

even if he does know 10 effleurage variations. There was a long list of things I found to be inappropriate and I hope members will look at the review and identify poor practices or habits which they may have fallen into that could be judged as unsuitable and unprofessional.

I gave him a three because I believe, having experienced many, many massages in my life, that he was average. I am sorry if this shocks some members and I am excited that some members think it is an insult. But more to the point I hope that if there were any points of comparison between the therapist under scrutiny and the readers of the article they will have a longer and deeper look at their own practice.

To answer your letter more specifically I would like to say that he touched the groin area, he did not specifically grope. The problem was that he lacked professionalism, not that he was a pervert.

I will not be going back to this therapist, even at the lower price of \$50. I will move on to test-drive other therapists, members and non-members. If I review the practice of an AMT member will my rating be a four or a five?

Substance Abuse

Thank you for your gracious words in the editorial in the last Newsletter. You forgot to mention one name – Rebecca Barnett, editor extraordinaire!

AMT has been in existence since 1966 and we have had many editors for our Newsletter. Each left their mark as the Newsletter became more professional. Our current Newsletter is a joy to read: succinct, professional and educational. But wait – there's more ... with Rebecca at its helm and contributing material it has become very entertaining.

Rebecca is a wordsmith – one of those rare people who enjoys words and lovingly picks and chooses them from her vast repertoire. When I read her articles I laugh with delight and carry the Newsletter around, hugging it to my chest to re-read it often. I chortle with glee over and over again using it as a drug substitute to put me in a better frame of mind. I copy the article and stick it under the noses of massage therapists who are not members of the AMT so that they see what they are missing. I paint images in my mind to go with the words.

Having checked the thesaurus, there really is only one word to describe the impact of Rebecca's work - orgasmic!

This letter was written without the aid of chocolate.

Diana Glazer

FIBROMYALGIA AND ASSOCIATED PROBLEMS

Part 3 - When Protection Provides Stress

By Joel Morrell

Part 1 of this series discussed the Diagnostic Criteria of the American College of Rheumatology for Fibromyalgia Syndrome. The following key factors were identified:

1. Duration in excess of three months
2. Pain persisting in all four quadrants (both sides of the body and above and below the waist)
3. Elicitation of a specific number of specified **Tender Points** (which are quite different to Trigger Points)
4. Sleep disruption, especially non-rapid eye movement sleep
5. A sleep deprivation-related reactive depression.

Part 2 introduced the idea of causative factors and stressed the importance of Leon Chaitow's differentiation of **Myofascial Pain Syndrome (MPS)** as a separate entity. MPS is usually short term, specific in onset, affects a single area or quadrant, is often occupational or sports related and highly responsive to Massage Therapy.

We now turn to the interaction of **Trauma** and **Stress** as compounding factors. Because Myofascial Pain Syndrome is usually specific in onset, knowing what caused a problem can often be a great part of accepting that something can be done about it. Prompt and effective treatment producing swift relief brings great satisfaction to all concerned.

However, trauma does not have to be in the form of unexpected physical violence and stress can enter one's life without actually knocking at the door. My clinical involvement with some staff from the Department of Community Services is a good demonstration of this. The office in which they worked was set up with computer terminals on the left side of each cubicle. This was so that staff could pass forms to be signed across the counter with their right hand. Staff members are often required to say "no" to requests for assistance in the face of harrowing circumstances. They deliver this verdict while half turning to enter the client's personal details via a keyboard. This combination of mental stress **and** physical distortion was profitable for my clinic but my suggestion that half the staff should have right mounted terminals and all staff be regularly rotated fell on deaf ears. Office layout was not the purview of local management policy!

However, you don't have to be at a computer terminal to manifest painful shoulders from stress. Many of my clients have said apologetically 'I carry all my stress in my shoulders'. From the Cailliet disability cycle (Part 2)

it is not difficult to project a sequence which begins with family pressure stress and moves to chronically stiff shoulders, thence to bilateral shoulder pain and low back pain. Before the subject has even thought of seeking medical help three to six months have elapsed. Yet the chances of this been recognised as stress-related onset of Fibromyalgia Syndrome is probably fairly poor.

When the onset factor is physical trauma (severe and industrial) the outlook is highly dependant on early management. Soft tissue injury is often regarded lightly in the factory first aid environment. If you are bleeding you will be sent to hospital promptly. But an event with internal contusion that produces no immediate bruising may be discounted in an unsympathetic first aid post. If the employer is reluctant to give sick leave the worker may be coerced to forego leave or, indeed, be reluctant to ask for time off.

If the injury is very severe and recovery prolonged, the litigious environment of workers' compensation negotiations can only add stress to the situation. In long term problems two factors interact to mitigate against recovery - pain-related sleep deprivation and anxiety-related sleep deprivation. Experimental work has demonstrated Fibromyalgia-like symptoms in volunteer subjects deprived of normal R.E.M. sleep. **Sleep hygiene** is a key part of Fibromyalgia Syndrome management because sleep deprivation reinforces the pain cycle. When the client faces the prospect of an industrial court case which may leave them out of work, or even out of the workforce, normal sleep can become an impossible dream.

This puts a whole new spin on the 'green band aid recovery' myth. A dramatic upturn in health after compensation settlements has often caused cynicism and suspicion of malingering. But if injury-onset Fibromyalgia Syndrome has the double strain of pain deprived sleep and industrial anxiety deprived sleep, then it would not be surprising to see some significant improvement when one of these factors is removed.

The safety-net factors of industrial law are meant to give protection and support to workers but unsympathetic and adversarial circumstances often mean the support is hardly worth fighting for. The very system which is meant to protect the worker provides a stress which feeds straight back into the pain cycle.

In Part 4 we will be looking at the vital question 'What can you do as a Massage Therapist for Fibromyalgia Syndrome Clients?'

CASE HISTORY: MASSAGE AND MASTECTOMY

by Joan Lloyd Senior Level 1 member

I have been reading with interest the articles in this Newsletter featuring various kinds of specialty massage and I would like to share my success in a specific area, namely the treatment of post-surgical oedema and adhesions.

Recently I discovered that an old friend underwent a mastectomy two years ago. On learning that I had become a Massage Therapist she asked if I would give her a massage. The history pre-mastectomy was uneventful - there were no accidents or illnesses of consequence and she had never sought massage therapy previously. She had five children and played competition tennis and social golf. Overall, she was an active and healthy member of the community.

The history post-mastectomy was one of constant upper back pain, lymphoedema and lymphoedema in the upper arm on the side of the mastectomy. She was taking oral chemotherapy medication to reduce the possibility of the cancer returning in some other part of the body. She had limited movement of the arm and was frustrated because she was unable to resume her sport.

On palpation I found that all the muscles involved in shoulder movement, particularly infraspinatus, teres minor and teres major, were extremely tight with some wasting due to long-term lack of movement. Her right arm was quite oedematous but soft.

I outlined my plan to her. I felt that in light of the physical and mental trauma she had already suffered I would commence with a firm remedial massage of the entire back, primarily focusing on the upper back and neck muscles. I asked her to consult with her specialist regarding the appropriateness of having some gentle lymphatic drainage on her upper arm and to gain approval of my treatment plan generally.

Not surprisingly, she telephoned after her appointment with the specialist to book another treatment with me. She reported that she had enjoyed the first massage and felt it had benefited her. The doctor said massage would do no harm but added as an afterthought that it seemed "a little bit alternative".

At our next appointment I worked the muscles around the scapula quite deeply and I released the rotator cuff muscles. I found a particularly tight and painful area over the superior angle of the scapula at the levator scapula insertion point. The rhomboids were also extremely tight.

I treated her lymphoedema with gentle lymphatic drainage performed in the supine position with the right arm elevated and supported. While she was in this position I asked if I could see her scar. She became quite upset and said the scar was very ugly

and she felt she could never show it to anyone. We discussed her feelings towards the scar for some time and eventually she agreed to show me. It ran from her midline to her axilla where the lymph nodes were removed (hence the lymphoedema). The scar itself had adhered to pectoralis major virtually along its entire length.

I was confident that I could improve the adhesion with massage. My client agreed reluctantly but remained very embarrassed about the fact that I was touching let alone looking at the scar. I feel that my nursing and counselling background played a big part in gaining her confidence and trust.

Our appointments continued at two weekly intervals and my client was astounded at the difference massage made to the range of movement in her right arm. The lymphoedema returned between treatments but to a much lesser degree. After three months of treatment she was able to hang clothes on the line and she began to play tennis and golf again. I was pleased with the apparent restoration of her self-image and confidence.

This success had a snowballing effect. Word travelled fast and I was asked by the Mastectomy Association if they could place my name on their data base so they could refer clients. Guess what my answer was?

Desperately seeking a remedial massage ...

Our intrepid, mystery reviewer was sent forth again to sample from the vast and confusing array of possibilities that constitutes the world of therapeutic massage. Apparently, the process of booking an appointment proved a much greater challenge than expected. It seems we massage therapists are on par with hairdressers - prone to changing location, moving on or just plain shutting up shop.

This month I chose a therapist from the Yellow Pages. A large entry from a Flotation Centre attracted my attention and I asked the receptionist for a remedial massage therapist. When I arrived a large billboard outside the premises proclaimed that they were 'Massage Specialists' so I asked several questions about my therapist's qualifications and expertise. The receptionist was unable to tell me and gave me a generic business card with the therapist's name on it.

I was given a half-page form to fill out with my normal administrative details, including e-mail, fax and mobile phone. Next came four boxes which asked to nominate what sort of massage I wanted - I ticked both the 'firm' and the 'deep' box. Five other boxes asked about my health - did I have 'blood clots', 'allergies', 'epilepsy', 'heart problems' or the dreaded 'others'. The last set of boxes asked me to nominate the parts of the body I wanted massaged. My made up history was specific to the shoulder region - there was no box for this. I ticked back and neck, hoping that the therapist would either ask more specific questions or that somehow between the neck and the back she would include the shoulder.

I specifically asked for a remedial massage therapist. B has remedial training from the Australasian College, is a member of ATMS and charges \$60.50 for an hour massage. She took me to a well-appointed room and instructed me to remove clothing down to the underpants and lie on the table on my stomach. No instructions about jewellery so I compromised by removing my silver chain and leaving my watch and earrings.

The towel on the table was a normal-sized towel (not a bath towel) so it was difficult to fully cover myself and feel comfortable once on the table. B remained out of the room for several minutes and I could hear her socialising with the people on the reception desk. The music was on but I couldn't relax and I was starting to get cold. Worse still ... I am sure I heard the clock ticking away my hour in the background.

B came in, arranged the top towel and then covered me with a large towel warmed by the heater next to the table. Bliss! She asked for feedback if she was working too hard and asked about my profession. I lied, then helpfully told her that I had a 'problem with my left shoulder and recent chiropractic treatment'. She asked if it was

OK to use essential oils and I said yes. She did not ask or tell me which oils she intended to use.

B started the massage on my back, went to the neck and came back down to the shoulder region. She massaged both sides with much greater emphasis to the left. She commented that my left side was tighter. She certainly found fertile ground to practise her remedial skills on. The muscles around the medial scapula region were hypertonic and she worked hard on these. She then turned me over and did the neck from the supine position. Close work into the neck muscles revealed a ragged fingernail and several times she caught my earring. Neck massage included massaging the scalp - very nice - but she did not ask if I minded oil in my hair. I did.

It was a good quality massage from a competent professional practitioner. Unfortunately, it was not a remedial massage to address my problem. B did not:

1. Ask what the problem was. Even after prompting she did not ask what the chiropractor had worked on or advised. If she had inquired, she would have known that the pathology she uncovered was a result of the initial problem, not the cause
2. Apply any true remedial techniques. She worked deeper, slower and more deliberately once she found a problem. Indeed, this deep slow work fired off some trigger points but she did not ask for feedback. There was no passive movement or stretching and no attempt to work deeply into the connective tissue. In fact she used too much lubricant for any specific work to be attempted.
3. Ask for feedback during the massage to focus on what she was feeling under her fingers.

Strengths

- ❖ Deep massage as requested
- ❖ Fantastic use of hot towels at the beginning of the massage and to cover each part as she finished
- ❖ Rounded off the massage by some work on the feet for that whole body massage feeling
- ❖ Good choice of relaxing music

Weaknesses

- ❖ Is there anyone out there who gives prospective clients information about their qualifications, insurance and association status without having to ask?
- ❖ I would have preferred not to have oil in my hair because I was going out after the massage

Rating (out of 5):

Three-and-half stars - I would return for a firm, relaxing massage but would take my war wounds elsewhere.

ARE THE HEALTH FUNDS MAKING YOU SICK?

by **Melanie Elsey, Vice-President Remunerations**

I am alarmed at how many complaints I received from members in regard to problems with being recognised as providers by Health Funds. In an attempt to clarify what is required from the various Funds, I have contacted each of them and this is the information I have gathered to date:

The following Health Funds require you to sign a Provider Registration form (usually sent to you when they first receive a claim from your client):

AXA
Gay & Lesbian
Grand United
HCF

The following Health Funds require you to use their Provider Number:

AXA
Gay & Lesbian
Government Employees
Grand United
HCF

The following Health Funds use your AMT Membership Number (including membership level e.g. AMT1-9999):

ACA
CBA
IOOF/IOR
NRMA
NSW Teachers Federation
Railway & Transport Workers

The following is required on all your receipts and can be handwritten:

Your client's name, a description of the service (i.e. Remedial Massage), and the cost.

The following information must appear on each receipt and cannot be handwritten so you must use a stamp, a sticker or a computer generated receipt:

Your name, your company name and your ABN, your AMT membership number and Health Fund Provider number (if required), your practice address (not a PO Box), and your contact phone number.

WHY ARE MY CLIENTS' CLAIMS BEING REFUSED?

Here is the information I have received directly from my survey of the Funds. The most common problems with processing claims for rebates include:

- ❖ your client does not have the appropriate cover
- ❖ you do not have sufficient membership level to offer rebates with that fund

- ❖ your business name is different from your Provider/member name
- ❖ your provider number or AMT number is not on the receipt
- ❖ your provider number or AMT number is not written correctly, i.e. AMT1-9999
- ❖ your practice address is not clearly shown on your receipt
- ❖ you have a PO Box address on your receipt
- ❖ the use of generic receipts and/or use of entirely handwritten receipts
- ❖ smudged and unreadable stamped information (address labels are a good idea)
- ❖ type of service not clear, i.e. Remedial Massage
- ❖ practice address not clear – if more than one practice address you may require more than one Provider number

HOW CAN I REDUCE THE POSSIBILITY OF PROBLEMS WITH HEALTH FUNDS AND STAY UP TO DATE WITH CHANGES IN REQUIREMENTS?

You can eliminate most problems encountered in your dealings with Health Funds simply by ensuring that all relevant information is on your receipt and that AMT Head Office has your current details. If you have not already done so, please forward a copy of your practice receipt to Head Office.

Please take the time to read your newsletter or visit our website - www.amtnsw.asn.au - as you can usually find the answers to many of your questions there. If you have any further problems with Health Funds, please contact Melanie Elsey:
Email: melanie.elsey@bigpond.com
Mobile: 0413 366 124 or leave a message with AMT Head Office.

Please note: Melanie is a working Senior Level One Practitioner, a volunteer on the AMT Executive Committee (Vice President Remunerations) and a volunteer on the Committee for the 2001 AMT Annual Conference. Melanie attempts to deal with all queries promptly and your patience is greatly appreciated.

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
NIB	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.

TOWARDS A GREATER PROFESSIONALISM

What is your image of a professional massage therapist?

Do you and the therapists you know fit this image?

The concept of professionalism has never been more relevant to both the individual massage practitioner and the industry as a whole.

In this feature, three AMT members offer a perspective on aspects of professionalism. Victor Kapustin provides some tips on professional presentation, Diana Glazer shares her experience of grappling with the kind of hurdles which beset the Therapist who is just starting a practice and Catherine Ordway, AMT's Honorary Solicitor, gives some insights into risk management and duty of care.

THE PROFESSIONAL MASSAGE THERAPIST

by Victor Kapustin

Business success doesn't just happen - you have to make it happen. Apart from massage skills, the key ingredient to success is putting in the necessary time to develop a professional plan which details what you want to achieve, how you are going to achieve it and ultimately approaching all aspects of your business in a professional manner.

Those involved in the massage industry have always complained that they were not seen or taken to be professional by persons such as clients, doctors and others associated in the health industry. One of the main reasons for this is that the total presentation and image of many in the industry leaves a lot to be desired. If you are planning to make a living in the industry then you need to make a business commitment and take a good look at your business approach.

The current perception of clients needs to be focused on seeing therapists as a group of people who are part of a profession and not just amateurs. People who earn a living from massaging must present themselves in such a way as to get respect from everybody - not just in terms of doing a good job but also in terms of image and presentation.

The following are some key points to establishing a professional approach

1. Image

Your clients' impression of you is affected by such things as business cards, the design of your letterhead

and literature, what you stand for and do, the aesthetic appeal of what you sell, the layout of your room, the appearance and mannerisms of your staff (if any), and even the cleanliness of your equipment - they all count.

Remember image helps to convey a true picture of the quality of your work.

Research has shown that people remember far more of what they see than what they hear.

In developing your image you must consider:

- **Phone manner:** the first impression is usually made by whoever answers the phone.
- **History taking:** at the initial consultation it is crucial to convey to the client that you are taking a personal approach and are concerned with their problem (consider how a doctor starts their consultation!). Taking the case history provides an opportunity for you to learn about the client and gain their trust. Tests to determine muscle weaknesses are not just important clinically - they also demonstrate your expertise and professionalism to the client.
- **Premises:** make sure the room you use is not too sterile in appearance and feel. It must have atmosphere. If possible, fill the room with tools of the trade such as towels, oils, certificates and charts. Where appropriate have soft music and an oil burner. A desk and chair are essential. Ensure your equipment is well maintained and in good condition. Keep up with the latest trends and technology, such as electric massage tables. A room dedicated to massage will make you look more professional.
- **Price:** charging too low (that is, below industry norms) will make you look 'bargain basement' and people may expect an inferior service. Don't be afraid to charge more for a quality service.
- **Personal presentation:** you should dress the part. Footwear at all times, and neat and tidy clothing. A uniform is even better.

2. Qualifications

Display your qualifications and membership code of ethics prominently. Update your qualifications – subscribe to newsletters, magazines, do courses and workshops. Improve your knowledge whatever your modality. Keep up with the latest trends and new techniques.

3. Advertising

Your advertising must have a polished and professional look. The extra money spent on good copy and design is crucial. A good advertisement:

attracts attention
arouses interest
creates desires
stimulates action

Advertising must also be placed in the appropriate media. Consider who will be reading the advertisement and if they are the person you are trying to attract. A well devised press release and exposure in a newspaper may attract far more attention than a straight out advertisement because people perceive you as being more credible.

4. Your Capabilities

You must be able to back up any claims you make with the appropriate treatments. For instance, advertising yourself as a deep tissue therapist when your strength is not up to it can leave a client feeling unsatisfied. Satisfy the client and they will consider you professional and will return.

5. Attitude

It is important that you take a professional approach - the client is a patient. Respect the needs of your client so that they are left satisfied. Empathise with the client and their problems. Be supportive and helpful – they must not feel threatened. Have a positive attitude, be courteous and polite. Remember that the client is not dependant on you but that you are dependant on the client.

Having a professional attitude and image will generate respect and ultimately more business. Clients will always be looking to you for advice and expertise for their ailments – if you can satisfy their needs with the right technique and convey to them the right image then you will be one step closer to being a Professional Massage Therapist.

I DID IT MY WAY ...

By Diana Glazer

Many years ago I was a radiographer at Royal Prince Alfred Hospital. I specialised in angiography - the study of blood vessels. It was a fascinating field, full of interesting discoveries, dire emergencies and sophisticated machinery that blinked, flashed and whirled.

We could see inside the human body via a television monitor, using dyes and other pharmaceuticals to outline blood vessels, organs and other soft tissues. By adding the power of computer processors we could manipulate and enhance images and get three-dimensional models. We could widen blood vessels, remove kidney stones without operating and block tumours pre-operatively.

Great stuff! - until I realised that I knew every grunt and groan those machines made. I knew exactly what the problem was when they flashed once too often or not enough. I was in tune with the machine rather than the human being.

What to do? ... MASSAGE THERAPY!

The satisfaction of having a client -my client!- to myself was unforgettable. A whole hour with a person for whom it was my duty and privilege to provide comfort, safety and holistic care. And not a machine in sight!

Time passed and again I moved away from the personal space of my client. I started teaching, became President of AMT and continued to study.

At various stages I did massage workshops to keep my hand in. I found these to be intellectually stimulating but without clients to practise on I soon lost the skill necessary to maintain new techniques.

At the end of last year I retired from the Presidency of AMT and finished my university studies. At the same time I started renovating my unit and moving the furniture around. The result was a spare room!

Was it time to go commercial again, at least on a part-time basis? Having just completed a Graduate Diploma of Science in Medicine (Pain Management) I had theories and techniques to put into practice, I had the need to get back to my roots (or my hands!) and I had the room. On a more practical note I had renovation costs I could claim as business expenses!

I considered all the issues and very quickly realised that one of my main goals – **to be intensely professional** – was both a blessing and a curse, especially given that I would be practising part-time. The kind of issues I was grappling with include:

- ❖ to be fully professional I should have professional premises but since my work will be part-time only I am unwilling to pay full rent. Besides, I have 'the' room!
- ❖ sharing with other therapists is an option but I intend to purchase the best equipment I can afford

TOWARDS A GREATER PROFESSIONALISM (cont.)

afford and am not keen to share with practitioners I do not know.

- ❖ sharing my bathroom with clients and keeping the 'public' part of my house tidy may be a problem. On the positive side I will be at home if a client does not arrive

In the next few issues I hope to share my thoughts and plans with you. Hopefully, my musings will inspire you to set up shop or, if you have already done so, become more professional in your attitude. I also hope that I will be praised and criticised in equal measure and those of you who are experienced in practice management will also contribute.

]

The planning/decision-making phase

The most obvious starting point was to approach the people in my block of units with my plans and to gain approval from the local council. The neighbours were easily bribed with the offer of an occasional free massage and my council proved equally benign ... without the bribe, I hasten to add!

I think it is important to get proper approval from the relevant bodies. First, there is no danger of getting caught and fined – how embarrassing and costly! You will not be forced to close down and find another place to maintain your client base – how inconvenient! Finally, you will be a true professional **and** you will be able to advertise more fully – how satisfying!

Each council has regulations on what a permanent resident from a dwelling house or residential flat can do. The planning department of my council allows small business in residential areas as long as:

- ❖ there is no advertisement or signs on the outside of the unit or house
- ❖ no goods are displayed or sold as part of my business
- ❖ no other person is employed
- ❖ I do not interfere with the amenity of the neighbourhood

The next step in the process was to group together all the strategies I would use to keep my private and professional selves separate:

- ❖ a dedicated line to the computer. I decided to share the computer line with the business phone, thereby claiming business expenses for my computer as well as the phone. To ensure the line is kept open for my clients during the day and early evening I will have to restrict my on-line activities to the middle of the night – just the way I like it. If you are with Telstra they have a special deal that allows you to get phone calls and use the on-line facilities at the same time.

- ❖ a half hour break between clients so that no-one would have to wait in my lounge room if there was a hold up. Obviously I plan to streamline my procedure to cut this time down somewhat once I get busy

- ❖ removal of as many personal items as practical from the bathroom. The bathroom is the only other room that the client may need to use. A pump-pack liquid soap and paper towels will decrease the sharing of items with my clients.

- ❖ reference to 'the' room as my professional room to ensure that no personal items stray there

- ❖ maintenance of a strong boundary between my 'at home' persona and my professional persona. For example, if I am discussing a book with a client, I will offer to show it to them during the next visit rather than darting out to get it or taking the client to see it in another part of the house.

The final item during this planning/decision making stage is to figure out how I will overcome my greatest weakness – anything to do with financial matters.

A few years ago I went to a massage therapy conference in Miami, USA. One of the lectures was 'How to be Successful'. The lecture started with a question – How many people are needed to run a one-man business? The answer obviously was two!

The premise of this answer is that most of us are good at some things but weak in others. The very gregarious therapist who is a great self-promoter probably loves taking and making phone calls and talking to people. This person probably does not have the time or inclination for meticulous bookkeeping, receipt writing or invoice chasing. Conversely, the therapist who keeps precise records and understands bank statements may not be particularly good at promoting their business. There you have it – self-employed massage therapists need at least one other person to balance out their weaknesses.

The Business Plan

Normally I am a 'doer' – I roll up my sleeves, cut my nails and massage. However, this time I am going to do something really revolutionary ... something in line with my philosophy of intense professionalism in fact!

I am going to take the advice of every expert I have ever had dealings with (including Victor!) and make up a business plan. To cut costs I borrowed two books from my local library about running a small business. I made sure that both were less than two years old so they were up to date with GST advice.

The time and effort put into working through the books and clarifying my ideas proved to be somewhat tiresome but invaluable. I encourage you to at least make an attempt. Just to help you along here are some of my deliberations.

First I needed to write down my ultimate goal or vision. Since massage is to be a part time endeavour and I will keep my full time job I could afford to be more high-minded about my vision. I have decided that my goal is to "further massage therapy with the medical profession and incorporate pain management techniques within my work."

Next I worked out my aim – or more specifically how I will achieve my goal. In my case my aim is to "use terminology, knowledge and philosophy learned in my post graduate diploma to communicate with doctors, physiotherapists etc. and work in partnership with them".

The old me would have oiled my hands by now but the new me has not even mentioned massage – truly radical and different!!

Now I need an objective – what am I really trying to achieve? "To establish links with (and referrals from) at least two General Practitioners and one rehabilitation/pain management specialist within the first year". You may choose to have the number of clients, the amount of profit or even the number of returning clients.

I need to check this objective against set characteristics. These must be:

- ❖ **clearly defined and written down** – the meaning should be clear to me now **and** at the end of the year when I review my progress
- ❖ **measurable** - to check if I am on track
- ❖ **achievable** – if I stay focused and professional
- ❖ **challenging** – hell yes!

Whilst going through the books, I wrote down several thoughtful or inspirational sentences so that I could refer back to them. One of my favourites is "always under-promise and over-deliver and never promise what you cannot deliver". Another one is "focus on creating markets rather than simply increasing market share". This sounds very profound but I have no idea what it means! I have brought it up so that one of our management specialists will be able to enlighten us in the next issue.

Okay, so NOW can I get to the massage? Well not yet (you will have to hold your breath till the next issue.)

Now I need to work out if I have a niche within the market and a competitive advantage, because these are the things I will need to exploit to attract customers. Who are my customers? Here is the next pay-off for doing all the preparatory work.

My customers are the doctors I need to link up with, as well as the actual clients. In other words I will have to pitch my advertising, efforts and communication etc. equally towards the doctors and the clients!

Knowing who my customers will be made several of the next decisions much easier and much more focused. Even though I would not be making more than \$50,000 per year (at least not in the first year!!) I need to become involved with GST in order to work with Insurance and Rehabilitation Companies. Besides I could then pass on the GST component of my renovations and purchases.

Having clearly defined my business goals for the first year, I have established that I will need a business card which will mainly be used in communication with doctors etc. Therefore, I decided to emphasize my paramedical qualifications and my association membership rather than give a lot of details about my massage qualifications.

Stay tuned for the next instalment ...

(This may be an ongoing look into practice building. Look in your next Newsletter to see if I have been invited back for a second instalment or if I have been voted off the pages of the Newsletter by the members and an ungrateful Editor.)

Editor's note: Me ungrateful? Never...! If contributions to the Newsletter attracted frequent flyer points you would have flown to Switzerland by now.

MASSAGE THERAPY AND THE LAW

by Catherine Ordway, AMT Honorary Solicitor

Spurred into action by Rebecca Barnett's June editorial and gentle reminders from Diana Glazer, I propose now to provide you with another ~very~ occasional column covering massage therapists and the law.

I have been prompted to provide you with a reminder about what your legal obligations are because I have recently received queries from a number of AMT members and also read copies of the Health Care Complaints Commission reports over the last couple of years.

Some of you may have attended seminars I have presented in the past covering duty of care and risk management. As a service provider, you owe a duty of care to a whole range of people potentially including clients, members of the public, employees, independent contractors and government employees.

Obviously, the main category of people you will need to care for are your clients and I will deal with that category in this column. In developing a risk management policy for your work, you need to consider the potential risks facing you which may arise from your dealings with the client. You would need to consider any possible complaints that the client may make about you to the Health Care Complaints Commission. In terms of a risk management strategy, this is called identifying the risks. Then you need to determine how to **minimise** the risks you have identified.

In the June issue of *In Good Hands* an anonymous review was written focusing on a massage treatment which identified a number of areas where a client would have cause for complaint.

I will use the first of these areas as the basis for my discussion, namely:

"No case history was taken."

When seeing a client for the first time, most massage therapists have a standard form (a template of which can be obtained from the AMT) setting out the types of appropriate questions which must be asked of a first-time client to ensure that they do not have any medical condition(s) that could adversely impact on their massage treatment.

Even if the client is not a new one, the therapist should always ask whether they have had any illnesses or injuries or periods of hospitalisation since their last visit which may contraindicate massage. You can make it clear to the client that it is necessary for you to know this information so that you can determine whether any of the treatment needs to be altered accordingly. A recent newspaper report featured a footballer who is claiming that 'physical therapy' to his legs after a football match caused a blood clot to dislodge and damage his heart. It is therefore always crucial to get a detailed history of any recent injuries or trauma that the client may have suffered.

Also, as this information is confidential to the client, you need to ensure that proper notes are taken in legible long lasting ink and kept within an easily accessible and lockable filing system. Clients must not be able to access details relating to other clients. That includes other clients who are waiting unattended in the treatment or waiting rooms. So lock up client files and put appointment diaries out of their sight (many clients can read upside down!). Until next column, enjoy a safe practice!



EDITORIAL

Excerpts from the Editor's diary (with sincere apologies to Bridget Jones)

Saturday 9th June, 2001

Weight: 51.3 kilos (must be the beer)
Alcohol units: 5 beers (Wallabies versus NZ Maoris)
Cigarettes (passive): Seven and a half
Calories: 18,605 - 3 kofta, 4 vine leaves, baba ghannouj (inestimable) and a Mars Bar
Rugby games watched: 1

June issue of newsletter went out early (hooray!). Received a seething email from John Cassidy. He thinks my humour is on par with The Footy Show. Experience new low in adult life. Eat Mars Bar. The world and my face take on a whole new complexion.

Thinking about Mark Deal's article in the March issue on the proliferation of bodywork modalities (yes, yes, I know ... must get a life!). Decide that if it is good enough for pointy-headed intellectuals to formulate a Grand Unified Theory of Everything then it's good enough for massage therapists to attempt same. I start preliminary sketches on Grand Unified Theory of Massage. Must work on acronym. GUTM. Sounds too much like sputum.

GUTM starts to take shape. So far, have developed one killer point:

1. Muscles which are most painful to release all start with the letter 'P' - pec minor, popliteus, piriformis, psoas major, posterior inferior serratus, psupraspinatus, pquadratus lumborum and psternocleidomastoid. (Wonder why those Greeks were so mad about silent P's?).

Formed meaningful relationship with 7022 large, beery Maoris at Sydney Football Stadium. Narrowly escaped death.

Sunday 30th June, 2001

Weight: 51.9 kilos (must be the beer)
Alcohol units: 3 beers (home brew!!)
Cigarettes: none
Calories: 23,561 - vegetarian pizza with artichokes, garlic bread, a packet of Quick-eze
Rugby games watched: 1 (Wallabies versus The British Lions)

Went shopping in the morning and remembered for the zillionth time how much I hate shopping. Walked past a shopfront with half a dozen naked, female mannequins in the window. Felt peculiarly drawn to examining them at length (I know, I know ... should really, seriously get a life). Postural analysis of store dummies unfavourable. Exaggerated lumbar lordosis in every specimen and right foot externally rotated in four cases.

Hands on hips accentuate anterior pelvic tilt. God knows what palpation and ROM testing would reveal. Fashion industry and Kylie Minogue have a lot to answer for.

Formed meaningful relationship with Wallaby captain John Eales against all odds (dramatic discrepancy in height, playing ability and commitment to relationship).

Tuesday 7th August

Weight: 50 kilos
Alcohol units: 5 glasses of chardonnay to facilitate Census completion
Cigarettes: None
Calories: 12 - stirfry with broccoli and bok choy
Ribald conversations concerning bodily functions: 1
Rugby games watched: 0

Discussed one of the biggest problems facing massage therapists with my students at TAFE - how to stay calm when a client farts. Much lowbrow, Footy Show-style humour ensues. Must work some of the suggestions into my Grand Unified Theory of Massage.

It's Census night! For the first time in living memory I get to write 'Massage Therapist' under 'Occupation'. There wasn't enough room under 'Tasks and Duties' for a full list so I proffered the decidedly non-descript 'Soft Tissue Therapy'. By the time I made it to Question 39 'Goods produced/services provided' I was sick of repeating myself so I rather boldly claimed 'Health and well-being' as a product of my business.

There was no rugby to speak of. Was forced to content myself with an ancient episode of Star Trek. Formed a meaningful relationship with V-necked velour pullovers for the first time since the seventies. I really must get a life.

Saturday 11th August

Weight: 48.6 kilos (must be stress)
Expressions of extreme frustration excluding obscenity: 1
Expressions of extreme frustration including obscenity: 78 (approximately)
Expressions of extreme joy incorporating obscenity for the fun of it: 79
Rugby games watched: 1 (Australia versus the All Blacks)

Finished typesetting the *%![^]# \$ newsletter. Damn thing is two pages too short. Forced to write a silly editorial and scrounge more material from Diana Glazer. Must remember to bribe her with more chocolate.

Formed meaningful relationship with entire Wallaby team. Now that's what I call a life...

AMT Calendar Of Events

SEPTEMBER TO DECEMBER 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.

SEPTEMBER 1-8th	Angel 3 Mountain Mountain Bike Bash. Begins in Tamworth Massage volunteers needed. Ph Sharon Keogh 0414 624153.	V
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 Please see insert in this newsletter	100
28th to OCTOBER 1st	Myofascial Release 1 – Fundamentals (32 hours). Presented by Paul Doney Peridor Health Schools, Bondi Junction. Ph/Fax: 93880699	160
<hr/>		
OCTOBER 13-20th	Hell on Wheels Cycle Classic. Tenterfield to Coffs Harbour Massage volunteers needed. Ph Sharon Keogh 0414 624153.	V
14th	Seated Massage Presented by Carol Holden Peridor Health Schools, Bondi Junction. Ph: 93872319	30
20-21st	Articular Therapy (See advertisement on page 7) Presented by John Pollard. Ph: 0407 944361 Nature Care College, St Leonards.	60
22-28th	Myofascial Release 4 - (60 hours) Presented by Patricia Farnsworth Peridor Health Schools, Bondi Junction. Ph/Fax: 93880699	300
28th	Relay for life. Casino. Massage volunteers needed. Ph Sharon Keogh 0414 624153.	V
<hr/>		
NOVEMBER 4th	Massage for Pregnancy Presented by Carol Holden Peridor Health Schools, Bondi Junction. Ph: 93872319	30
10, 11, 17, 18th	Myofascial Release 1 - Fundamentals (32 hours). Green Point Community Centre, Greenpoint (Central Coast) Ph: (02) 43844263	160
17 18th	Articular Therapy Presented by John Pollard. Ph: 0407 944361 Om Shanti College of Tactile Therapies	60
