amt

in good hands

the journal of the association of massage therapists ltd

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# President's Message



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## by Annette Cassar

AMT's 24th Annual Conference, which was held in Penrith, attracted record crowds, selling out on Friday and Saturday. I hope all delegates enjoyed the program as much as I did. Robert Schleip's keynote address, which explored the connection between fascia and function, was enlightening and Robert was a captivating speaker. Tina Allen's moving and inspiring presentation about her work with orphaned children left more than a few delegates reaching for the tissues. And Professor Jon Adams' accessible and approachable style has motivated me to get aboard the research wagon – it was heartening to hear an academic talk about bringing research to a grassroots level and into the realm of clinical practice.

Special acknowledgement is due to Tamsin Rossiter and Desley Scott for their excellent presentation about the AMT Code of Practice, specifically Work Health and Safety and record-keeping requirements. Complex and detailed information was delivered in an engaging manner.

Judging by feedback we have had so far, the breakout sessions were a great hit and delegates walked away with added enthusiasm and new skills to take back to their clients.

It was gratifying to see how many delegates entered into the spirit of the Mexican-themed gala dinner. The Victor Valdes Trio set the tone for a great night of dining, dancing and piñata whacking with their authentic Mexican music.

I would like to extend a warm congratulations to the AMT Massage Therapist of the Year, Takako Jawor. Takako has proved herself to be an inspiring role model through her work as a student mentor. Takako was presented with her award at the conference gala dinner, and her kind, gentle and caring manner was evident in her acceptance speech. She is clearly deserving of this award.

Negotiation is still ongoing with Medibank Private regarding proposed provider recognition. You can read about this in more detail in the Secretary's report, on page three of the journal. We will keep you informed of developments as they occur. At this stage, we are still waiting for Medibank to notify us of their new requirements.

This is the last edition of *In Good Hands* for the year, and I wish you all a Merry Christmas, Happy New Year and safe holidays. ■amt

# From the Editor …

**by Kat M Boehringer**

Events of the past couple of months have conspired to give me a newfound appreciation of our profession, by profoundly demonstrating the multi-faceted skill set involved in working as a massage therapist.

In October, I attended my first AMT conference. As a Blue Mountains branch member, the conference was at my doorstep, and I took the opportunity to soak up the knowledge on offer.

Eminent fascial researcher, Robert Schleip kept us up to date with the latest explorations in the field, and there were plenty of new practical skills to be gained– from kinesio taping to cranio-sacral techniques - at the breakout workshops.

Less than a week after the conference, I found myself smack in the middle of a state of emergency.

Juxtaposed against the resounding success of this year's conference, the Blue Mountains bushfires tore through my community, leaving a burnt out trail of heartbreak and devastation.

Many of us fled our homes – urged to pack our cars and leave - as predictions of a 'mega fire' dominated media headlines.

But some chose to stay, offering invaluable support to their community. Among them was a team of dedicated AMT massage therapists who were on the ground from six each morning, massaging weary, blackened fire fighters and emergency volunteers.

This selfless contribution demonstrated what I think is fundamental about massage work. In essence, we are part of the 'caring profession' and our inherent dedication to 'care' - something that cannot be taught - was amply illustrated in the bushfire emergency.

We should appreciate and value the level of knowledge, continuing education and care that is involved in being a massage therapy professional, and never underestimate our profession.

In this issue of *In Good Hands* I share some of my experiences from the AMT conference, including Tina Allen's inspiring talk on her work with children living in orphanages – another example of compassion within our profession – and Tamsin Rossiter gives us the news from the National Educators' Forum.

Conference keynote speaker, Robert Schleip writes about the latest research on fascia, in his article 'Fascia as an Organ'.

We speak with Professor Jon Adams, who lifts the veil on an exciting new joint research project between AMT and the Network of Researchers in the Public Health of Complementary and Alternative Medicine (NORPHCAM).

Don't miss the next installment from Dana Scully's research education series. In this issue, Dana takes us through what constitutes good research, demonstrating how to evaluate information sources to better inform our practices.

And in our review section, Ariana McKay shares her experience of Tina Allen's 'Certified Infant Massage Teacher Training' Workshop.

I hope you enjoy this issue of *In Good Hands*, and look forward to hearing your comments and suggestions. ■amt

## Need CEUs?

Journal question - December edition

### Can massage therapy eliminate toxins from the body?

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

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# Secretary's Report

## by Rebecca Barnett

Record attendance at this year's annual conference gave proceedings a special buzz. It was particularly gratifying to see AMT's brave leap into online video-conferencing pay off so handsomely during Robert Schleip's opening address. There's something pretty darn exciting about beaming an internationally renowned fascia researcher live to an audience in Sydney from half a world away - Robert was dialling in from Germany in the middle of his night. Watching Robert come to life during question time was genuinely inspiring and ignited more than a few sparks of interest, in both the current state of fascia research as it applies to the practice of massage therapy and in the emerging discipline of Fascial Fitness.

As both a clinician and a researcher, Robert is uniquely placed to articulate the relevance of his research findings to clinical practice. His presentation was firmly rooted in the domain of practical implications. And perhaps it is Robert's experience as a clinician that helps him to avoid the kind of reductionist approach and conclusions that we often associate with biomedical research. In fact, his fascial findings provide solid scientific underpinning to the concept of holism, unraveling the mind/body connection at an observable level and correlating fascial remodeling with chronic stress, for example.

Tina Allen's moving presentation about her work with the Liddle Kidz Foundation also left an indelible mark on those who were fortunate enough to be present. I would like to extend a heartfelt thanks to Tina for the opportunity she gave to a lucky band of AMT members who were offered scholarships to attend her infant and paediatric massage workshops at the end of October.

We are already looking forward to Tina returning to Australia in the future and taking her show on the road.

**Regulatory news**

In November 2010 health ministers agreed to conduct a national consultation about options for strengthening the regulation of unregistered health practitioners such as massage therapists. A consultation was undertaken in 2011 that sought submissions about whether regulatory protections such as the NSW Code of Conduct for Unregistered Health Practitioners, which came into effect in August 2008, are required nationally. You will recall that AMT was involved in this national consultation process and made a submission to the Australian Health Ministers Advisory Council (AHMAC). AMT's submission is still available for download from the AMT website.

NSW practitioners have been operating under the NSW Code of Conduct for Unregistered Health Practitioners for five years now. This code gave the Health Care Complaints Commission (HCCC) specific powers to investigate breaches and to issue prohibition orders or place conditions on the practice of unregistered practitioners found to be in breach. A prohibition order may prohibit a practitioner from practising for a limited period of time, or permanently, or place conditions on a practitioner for a limited period of time, or permanently.

Since the NSW Code's inception, AMT has cooperated with the HCCC on multiple occasions, providing expert advice and, on one occasion, subpoenaed evidence.

South Australia has enacted a similar scheme (which commenced operation in March 2013) and legislation is now before the Queensland Parliament.

At the Standing Council on Health (SCoH) meeting in June this year, ministers considered the final report of the national consultation, titled *Decision Regulatory Impact Assessment: Options for Regulation of Unregistered Health Practitioners.*

Ministers agreed in principle to strengthen state and territory health complaints mechanisms via the creation of:

- a single national Code of Conduct for unregistered health practitioners to be made by regulation in each state and territory, and statutory powers to enforce the code by investigating breaches and issuing prohibition orders;
- a nationally accessible web-based register of prohibition orders;
- mutual recognition of state-issued and territory-issued prohibition orders.

Ministers have asked AHMAC to undertake a public consultation regarding the terms of the first national Code of Conduct. AMT will obviously be involved in the next round of consultations and will keep you informed of developments as they occur. Given the time frames for the first round of consultations, we expect it will take at least two years for the terms of a National Code of Conduct to be agreed. New legislation will need to be enacted in every state and territory so it may be at least three years before the proposed National Code comes into effect.

**Medibank update**

As you are no doubt painfully aware, Medibank closed its books to new providers and new provider locations on September 1. The associations have been in dialogue with Medibank to find a way forward to establish ongoing recognition of remedial massage therapists.

At the time of going to print, Medibank had been finalising its new requirements for over three months. Thus far, Medibank has advised only that changes will be implemented via an addendum to the existing agreements between Medibank and each of the associations. Although Medibank circulated a draft list of provisions in early August for consideration, it is still largely unclear what the final requirements will be.

On October 22, four of the associations - AMT, AAMT, ATMS and ANTA - met with Medibank and representatives from the Community Services and Health Industry Skills Council (CSHISC) and the Australian Skills Quality Authority (ASQA) to discuss training standards and proposed provider recognition criteria. The intent of the meeting was, at least in part, to inform Medibank of the context in which training package qualifications are delivered and assessed, and the roles of the various bodies in establishing and monitoring standards.

The challenge for AMT and the other representative associations is that it looks like Medibank will try to devolve responsibility for Registered Training Organisation (RTO) delivery and assessment standards onto the associations. Additionally, Medibank seems to expect that associations can make quality assurance guarantees and adequately monitor undergraduate training on the basis of hours of delivery and duration of training at RTOs. Given the context of the competency-based training principles that currently underpin VET sector practice, the envisaged task for the associations is not only Sisyphean but fundamentally flawed and lacking in validity or currency.

AMT has consistently pointed out the pitfalls of this proposed approach to Medibank. We remain concerned that a requirement that associations put forward "white" or "black" lists of RTOs is not only outside our scope and authority but also cannot constitute an effective, ethical or valid way to tackle the problems underscored by Medibank.

At this stage, we still await confirmation from Medibank about the precise nature of the requirements we will be asked to adhere to. The only thing we can say with any confidence is that, if we are asked to comply with a process that we cannot do effectively, authoritatively or ethically, we will not be signing the addendum.

**Health Training Package Review**

The Massage Therapy Subject Matter Expert Group (SMEG) met on October 18 to review the units of competence within the Certificate IV in Massage Therapy Practice and the Diploma of Remedial Massage. There was substantial discussion about requirements for supervised clinical practice (number of hours and number of clients) and what actually constitutes supervision. There will be scope in the current review to be more prescriptive about assessment conditions and the criteria for qualified assessors, which will help to tighten up some loopholes in the current version of the training package. In light of negotiations with Medibank, this seems especially significant. Influencing training outcomes at the point of the training package design is a far more cogent use of AMT's resources than trying to monitor delivery at an individual RTO level.

The Industry Reference Group for CAM, which represents all training package qualifications within the complementary health sector, is scheduled to meet on November 20 to discuss cross-modality issues. The qualifications will be refined in early December and then released for consultation for two months from the end of January through to the end of March 2014.

If you are interested in providing feedback to the reviewed versions of the Certificate IV and Diploma, the training packages will be available for download from the Community Services and Health Industry Skills Council website.

**New AMT website**

I am delighted to announce that AMT has launched a new-look website. Our online home at www.amt.org.au now boasts improved navigation and a streamlined 'Find a Therapist' search facility. It is now possible to search for practitioners within a specified postcode radius, a vast improvement on the previous region/suburb system.

Special thanks and acknowledgement are due to Steve Vadla who has worked tirelessly and without remuneration to ensure that the AMT website not only looks fantastic but functions superbly and reliably. Steve has worked quietly in the background for more than a decade now, providing IT support to AMT Head Office. Steve Vadla, we salute you!

I hope you invest some time in navigating around the new website. I heartily recommend the 'Practice Resources' that are available in the members' section. You'll find useful templates, forms, promotional material and, of course, AMT's classified research database there. ■**amt**

# AMT Preferred Business Directory

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# Adventures Down the Rabbit Hole – A Personal Account of the AMT 24th National Conference

**by Kat M Boehringer**

There is a character, sadly overlooked in my opinion, in Lewis Carroll's *Alice in Wonderland*. He is known simply as 'the Mouse' but, as small as his character may be, I have found his wit and wisdom to trump exponentially many of my former 'teachers'.

The Mouse helped me through the dull moments of my education. Whenever I found myself at risk of falling asleep in class, I would think of this scene: Alice and the Mouse have fallen into the pool of tears and are desperately trying to dry off. The Mouse, in an attempt to remedy the situation, brilliantly bores his companions with a very 'dry' piece of history. To this day, I'm convinced that many of my teachers - perhaps considering their students to be too wet behind the ears - adopted the Mouse's method by applying their long-winded monologues and dry textbook regurgitations.

This year was somewhat of an educational turning point for me: I attended my first AMT conference. Never did I expect to have the privilege to listen to such an unparalleled line-up of engaging, thought-provoking speakers assembled under one roof.

And during the conference, I can honestly say I did not once think of my friend the Mouse.

## Robert Schleip's Evidence

*"There's more evidence yet to come, please your Majesty," said the White Rabbit jumping up in a great hurry: "This paper has just been picked up."*

A record-breaking 230 delegates crowded into the conference room at Penrith Panthers to hear Robert Schleip's opening address – and to participate in what (as Rebecca has mentioned in her Secretary's report) was AMT's first, ground-breaking, online video-conference, streamed live from Germany.

Robert's presentation on fascial research in relation to massage therapy brought abstract ideas into the realm of practical application. He began by introducing us to the close interaction between the autonomic nervous system and fascial tonus, indicating that any intervention in the fascial system may have an affect on the autonomic nervous system in general, and on all the organs directly affected by that system.

He delved into the latest discoveries regarding fascia and lower back pain, particularly the link between lower back pain and ischemia or inflammation in the lumbar fascia.

I'm sure I wasn't the only person in the audience who began to question my treatment approaches when Robert spoke of the enhanced proprioceptive enervation of the superficial fascial layers, and the idea that we can be more effective by targeting these areas with techniques such as skin rolling, taping, and cupping rather than by 'ploughing the muscles so deeply'.

The speed of touch was also highlighted, with Robert presenting studies on the hydrophilic nature of fascia and how fibroblasts sense mechanical stimulation. By moving our hands very slowly, particularly in a fluid shearing motion, we may be able to address fascial stiffness in a more effective manner than faster approaches to touch.

Also of interest were the latest developments in fascial training in sports medicine, now targeting the high elastic storage function of the fascial tissues. I must admit, acting on Robert's advice I am now endeavouring to go out dancing at least once a week to give my fascia a workout– all in the name of research, of course. I will keep you posted as to further developments.

## Tina Allen and the Garden of Live Flowers

*"Oh Tiger-lily, I wish you could talk," said Alice, addressing herself to one that was waving gracefully about in the wind.*

*"We can talk!" said the Tiger-lily.*

Almost from the beginning of her presentation, it was easy to see how Tina Allen has unlocked the hearts of children around the world with her contagious enthusiasm and genuine passion for her work.

I wasn't the only attendee wiping away a tear as Tina shared her inspirational experiences of massaging disadvantaged children in orphanages around the world.

The power of touch was brought to bear as we watched a video account of Tina's organisation, the Liddle Kidz Foundation Global, at work with children in a Vietnamese orphanage. According to Tina, some of these children are thought of as 'untouchable'. The improvement in the health and wellbeing of the children shone through the story of one such 'untouchable' child who, according to carers, had no communication skills and was 'not in there'. After holding and singing to the child, Tina was rewarded by hearing the child's beautiful, joyous laugh.

Tina's presentation showed how touch can enable children, often an underserved population in regard to touch, to reach their full potential, and how we, as practitioners, need to think creatively about how children prefer to be massaged.

## Professor Jon Adams – Advice from a Caterpillar

*"Who are you?'" said the Caterpillar.*

The outstanding point in Professor Jon Adams' presentation about researching massage therapy was his startling revelation that no solid description of massage therapy has been established in Australia: it is unclear who we currently are as a profession. And , therefore, how can we study 'massage therapy' when we don't know exactly what 'massage therapy' is?

So far in Australia, the majority of research about complementary and alternative therapies has focused on their effectiveness. Adams argued the point that we need to get back to basics. Fundamental questions need to be answered: what is massage therapy; who uses it; what type of research will address massage therapy practices; who sets the research agenda; and who has input and influence on the research focus?

Moreover, what is the role of the patient in such research? Adams pointed out that patients are central to practice and, therefore, should be central to research. He argued for a paradigm shift to enable massage research to reflect this relevance, treating patients as partners rather than as passive bystanders.

He left us with a persuasive argument for the role of massage therapy research: "Massage therapy is one of the most popular complementary and alternative therapies in Australia and, as such, it deserves empirical investigation using critical and rigorous methods."

## COP it Sweet with The Walrus and the Carpenter

*The Walrus and the Carpenter*
*Were walking close to hand:*
*They wept like anything to see*
*Such quantities of sand:*
*"If this were only cleared away,"*
*They said, "It would be grand!"*

Spills kits and record keeping might not be considered the most exciting of topics, but they proved to be worthy of review.

Desley Scott and Tamsin Rossiter's lively presentation on the Code of Practice (COP) produced a barrage of questions from the audience, indicating that at times we are still in the dark when it comes to important aspects of our operational framework.

While the AMT Code of Practice is considered to be the most comprehensive document for massage therapists in Australia, Tamsin highlighted the confusion that remains for some members when discerning between our Code of Practice, the Code of Ethics, Scope of Practice and the Health Care Complaints Commission (HCCC).

The Massage Therapy Code of Practice, which is readily available on the AMT website, contains 13 standards of practice for the safe and ethical practice of massage therapy in Australia. Tamsin and Desley provided a timely discussion about two of those standards: Record Keeping and Infection Control and Hygiene.

It has been some time since I studied record keeping and I found the refresher useful. Tamsin stressed the importance of maintaining accurate, detailed, legible records that must be signed and dated, even in electronic format.

Under the Code of Practice, therapists are required to have a management procedure for cleaning up blood and body substances which includes maintaining a spills kit. However, when Desley asked how many had a spills kit in our clinics, an underwhelming number of attendees raised their hands.

Desley and Tamsin reminded us of the significant need to check through our COP to refresh our memories on safe and responsible practice. And importantly, rather than policing the implementation of the COP, AMT is there to assist members to align our practices with the code.

## Through the Looking Glass: Myth Busting with Rebecca Barnett

*"That's very curious!" she thought. "But everything is curious today."*

The conference ended on a high note with AMT secretary, Rebecca Barnett, challenging some of our assumptions about the benefits of massage therapy, reminding us of the importance of open-minded scepticism.

Contrary to popular belief, we learned that massage therapy does not eliminate toxins from the body, nor does it help to reduce cellulite.

Evidence is mixed about whether massage enhances recovery from exercise - and evidence indicates, rather, that massage hampers lactic acid removal from the body.

I was surprised to learn that massage has not been proven to reduce cortisol in the body. But while research does not support that specific claim, overwhelming evidence does suggest that massage can reduce anxiety.

Finally, Rebecca gave us something important to consider when we are marketing our practices: there is no need to make false claims about massage therapy when a comprehensive database of evidence exists about what it *can* do (just check out the practice resources section of the AMT website).

## Conclusion – A Wonderful Miscellany of Food, Friends, Frivolity and Facts

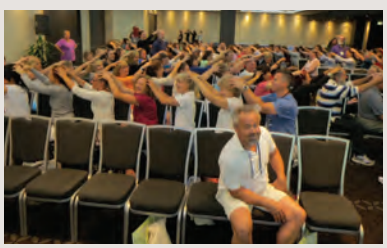
My only major regret about the conference was that I couldn't attend all of the breakout workshops – reports were overwhelmingly positive for all sessions. I was fortunate enough to attend workshops by Jeff Murray and Ron Phelan, both excellent presenters, who plied me with enough new tips and techniques to keep my practice varied for some time to come.

The theme of this year's conference was 'Connective Perspectives': it highlighted the opportunity to hear the latest research and practice about fascia, and to connect with other therapists.

New friends were made and old acquaintances renewed, especially around the food tables. I will have to simply repeat others' accounts of the fun and frivolity of the gala dinner, complete with piñatas and sombreros – sadly I couldn't make it. And if there were whispers of discontent about the quality of the food, there were not enough to make me rename this section 'Who Stole the Tarts': frankly, it came as a pleasant surprise to me that food was included as a part of the ticket price.

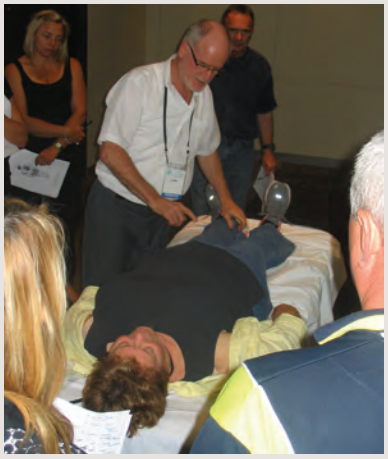
The conference was a wonderland of learning and the imprint it left in my mind was a strong one. If the conference presenters constituted a representative sample of the educators charged with moving our profession forward, then our future must be dazzling. I wholeheartedly look forward to being part of that journey. **■amt**

Or do you like this colour better? … Gabrielle Griffiths gets into the spirit of Kinesio Taping



Tina Allen organises delegates into a massage train, while Peter Wybenga takes time to reflect on all he has learned.

Therapist of the year … Takako Jawor receives her award from Annette Cassar



Ron Phelan in action

Esposa and esposo … Nancy and John Mason enjoy the festivities

The Three Senoritas … friendly, smiling faces at the gala dinner

Day of the Deadly Dames … Katie Snell at the gala dinner

**AMT would like to thank the following companies for their contribution to the 2013 Annual Conference:**

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**Special thanks to:**
Lippincott, Williams and Wilkins, and Therapacks for donating awards and prizes

# Fascia as an Organ of Communication

**by Robert Schleip**

More than twenty years ago, I was involved in a debate between instructors of the Feldenkrais Method of somatic education and teachers of the Rolfing Method of Structural Integration. Advocates in the second group claimed that many postural restrictions are caused by pure mechanical adhesions and restrictions within the fascial network, whereas leading figures in the first group suggested that "it's all in the brain", ie, that most restrictions are caused by dysfunctions in sensorimotor regulation. Feldenkrais proponents cited an account reported by Milton Trager, which featured a hospitalised old man whose body was stiff and rigid. Under anaesthesia, his muscle tonus was lowered and he became as limber and soft as a young baby. But, as soon as his consciousness returned, he became stiff and rigid again.

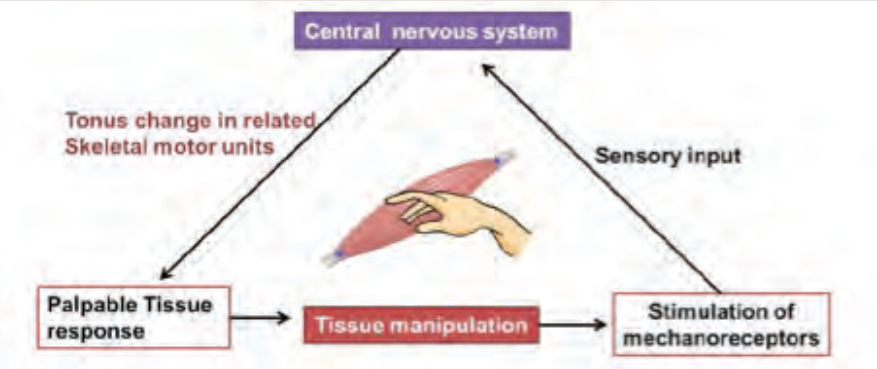
Subsequently, a small 'experiment' was set up involving representatives of the two schools, in which three patients underwent orthopaedic knee treatment. I was given consent to conduct some passive range of motion testing on the shoulder joint with the three patients before and during anaesthesia. With the patient in a supine position, I elevated the arms superiorly above the head and noted freedom of movement in this direction. In one case, the elbows dropped all the way to the table above the head before the anaesthesia, and was no different after he lost consciousness. However, with respect to the other two patients, I could not elevate their elbows all the way in their normal pre-anaesthesia state, ie their elbows kept hanging somewhere in the air above the head. Five minutes later, when they had lost consciousness, I again elevated their arms above the head and to my surprise, their elbows dropped all the way down to the table - no restrictions whatsoever -they just dropped!

Additionally, I dorsiflexed the feet of all three patients, before and during anaesthesia. When I did this, I did not detect any increased joint mobility during anaesthesia. (I used my subjective comparison only, without any measuring devices).

I must say that I was shocked by the result of my tests. On the basis of my Rolfer's point of view I had expected that remaining fascial restrictions would prevent the arms from dropping all the way to the table under anaesthesia. (I was not surprised by the unchanged mobility of the ankle joint, since none of the three patients seemed to have any limitations that would concern me as a Rolfer).

The ongoing interdisciplinary dispute after this event led to a rethinking of traditional concepts of myofascial therapies and, several years later, the first neurologically-oriented model was published as a proposed explanatory model for the effects of myofascial manipulation (Cottingham 1985) and was later expanded by many others in the field (Schleip 2003).

The body-wide network of fascia is assumed to play an essential role in our posture and movement organisation. It is frequently referred to as our *organ of form*.




Stimulation of mechanoreceptors leads to a lowered tonus of skeletal motor units, which are mechanically linked to the tissue under the practitioner's hand. The involved intrafascial mechanoreceptors are most likely Ruffini endings, Pacinian corpuscles (with more rapid manipulations), some of the interstitial receptors, and possibly some intrafascial Golgi receptors.

Given the limited scientific rigour of this preliminary investigation, the result nevertheless convinced me that what had been perceived as mechanical tissue fixation may at least be caused, partially, by neuromuscular regulation.

However, for decades ligaments, joint capsules, and other dense fascial tissues have been regarded as mostly inert tissues and have been considered primarily in respect of their mechanical properties. Nonetheless, in the 1990s advances were made in recognising the proprioceptive nature of ligaments, which subsequently influenced the guidelines for knee and other joint injury surgeries.

Similarly, the fascia has been shown to contribute to the sensorimotor regulation of postural control in standing.

It is now recognised that the fascial network is one of our richest sensory organs. The surface area of the many million endomysial sacs and other membranous pockets endows this network with a total surface area that surpasses by far that of the skin or any other body tissues. Interestingly, when compared with muscular tissue's innervation with muscle spindles, the fascial tissue is innervated by approximately six times as many sensory nerves than its red muscular counterpart. Additionally, the spindle receptors in the muscles are themselves found primarily only in areas that experience force transfer from muscle to connective tissues. Many different types of sensory receptors can be involved, including the usually myelinated proprioceptive endings such as Golgi, Paccini, and Ruffini endings, but also a myriad of tiny unmyelinated 'free' nerve endings found almost everywhere in fascial tissues but particularly in periosteum, endomysial and perimysial layers, and in visceral connective tissues. If these smaller fascial nerve endings are included in our calculation, then the number of fascial receptors may be equal or even superior to that of the retina, so far considered to be the richest sensory human organ. However, in respect of the sensory relationship with our own body - whether it consists of pure proprioception, nociception or the more visceral interoception – fascia definitely provides our most important perceptual organ.

While fascial stretch therapies and manual fascial therapies often seem to have positive effects on palpatory tissue stiffness as well as on passive joint mobility, it is still unclear which exact physiological processes may underlie these responses. Some potential mechanisms may be attributable to dynamic changes in the water content of ground substance, to altered link proteins in the matrix, to an altered activity of fascial fibroblasts, as well as to other factors.

However, today an increasing number of practitioners base their concepts to some extent on the mechanosensory nature of the fascial net and its assumed ability to respond to skilful stimulation of its various sensory receptors. The question then is: what do we really know about the sensory capacity of fascia? And what specific physiological responses can we expect to elicit in response to stimulation of various fascial receptors?

The first consideration is that fascial tissues are important for our sense of proprioception. Although much emphasis was placed in the past on joint receptors (located in joint capsules and associated ligaments), recent investigations indicate that more superficially placed mechanoreceptors, particularly in the transitional area between the fascia profunda and the fascia superficialis, seem to be endowed with an exceptionally rich density of proprioceptive nerve endings. While this may be relevant for the practice (and the often profound beneficial effects) of skin taping in sports medicine - as well as in other therapeutic fields - further research is necessary to confirm whether the innervations of this superficial fascial layer do indeed play a leading role in proprioceptive regulation.

The sensory nature of fascia includes its potential for nociception. Researchers from Heidelberg University have conducted research about the nociceptive potential of the lumbar fascia. Their choice to investigate the lumbar fascia is not accidental. While some cases of lower back pain are definitely caused by deformations of spinal discs, several large magnetic resonance imaging studies have clearly revealed that, for the majority of lower back pain cases, the origin may be elsewhere in the body, because the discal alterations are often purely incidental.

Based on this background, a new hypothetical explanatory model for lower back pain was proposed by Panjabi (2006) and subsequently elaborated by others (Langevin and Sherman 2007; Schleip et al. 2007).

According to these authors, microinjuries in lumbar connective tissues may lead to nociceptive signalling and further downstream effects associated with lower back pain. The new findings from the Heidelberg group showed the nociceptive potential of the lumbar fascia: in patients with nonspecific lower back pain, fascial tissue may be a more important pain source than lower back muscles or other soft tissues. These findings potentially have huge implications for the diagnosis and treatment of lower back pain. Because this is a newly emerging field, their research will definitely trigger further research investigations into this important field within modern health care.

A newly rediscovered field is fascial interoception, which refers to the mostly subconscious signalling from free nerve endings in the body's viscera - as well as in other tissues – that inform the brain about the physiological state of the body. While sensations from proprioceptive receptors are projected usually via their somatomotor cortex, signalling from interoceptive endings is processed via the insula region in the brain and is often associated with an emotional or motivational component. This field also promises interesting implications for the understanding and treatment of disorders featuring a somatoemotional component, such as irritable bowel syndrome or essential hypertension.

These exciting new topics emerging from recent research may lead to new insights for clinical applications. These are fully discussed in the book *Fascia: The Tensional Network of the Human Body: The Science and Clinical Applications in Manual and Movement Therapy*, edited by Robert Schleip, Thomas W. Findley, Leon Chaitow, Peter A. Huijing.
See www.tensionalnetwork.com/ for more information. **■amt**

**REFERENCES**

Langevin, H.M., Sherman, K.J., 2007. *Pathophysiological model for chronic low back pain integrating connective tissue and nervous system mechanisms.* Med. Hypotheses 68, 74-80.

Panjabi, M.M., 2006. *A hypothesis of chronic back pain: ligament subfailure injuries lead to muscle control dysfunction.* Eur. Spine J. 15, 668-767.

Schleip, R., 2003. *Fascial plasticity-a new neurobiological explanation. Part 1.* J. Bodyw. Mov. Ther. 7, 11-19.

Schleip, R., Vleeming, A., Lehmann-Horn, F., Klingler, W., 2007. Letter to the Editor concerning *"A hypothesis of chronic back pain: ligament subfailure injuries lead to muscle control dysfunction"* (M. Panjabi). Eur. Spin. J. 16, 1733-1735.

*Robert Schleip (PhD MSc) is director of the Fascia Research Group at Ulm University in Germany. He has been a Rolfing and Feldenkrais teacher for over 20 years. Frustrated with his own explanations for the supposed tissue changes in manual therapy, he entered the field of connective tissue research in 2004 and has been fascinated with this new field of exploration ever since. His laboratory research finding on active fascial contractility was honored with the Vladimir Janda Award for Musculoskeletal Medicine. He was also one of the driving forces behind the first Fascia Research Congress (Harvard Medical School, Boston 2007) and the subsequent international fascia congresses. He is author of numerous books and other publications and still maintains a part-time private practice as a Rolfing and Feldenkrais practitioner.*

## DEADLINE

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# Report on National Educators' Forum 2013: Spotlight on Qualitative Research

**by Tamsin Rossiter**

AMT has been hosting the National Educators' Forum in conjunction with the AMT Annual Conference for the past five years. In previous years, the program has included presentations by representatives from the Community Services and Health Industry Skills Council (CSHISC), the Australian Skills Quality Authority (ASQA) and the former Department of Education, Employment and Workplace Relations (DEEWR). Last year's presentation by ASQA Deputy Commissioner, Michael Lavarch was a high watermark in terms of demonstrating the reach and influence of the forum.

Feedback from educators has consistently highlighted the uniqueness of the event and its importance to ongoing professional development.

This year's forum featured a one-day workshop on qualitative research methods presented by Jon Adams, Professor of Public Health at the University of Technology, Sydney. The aim of the day was to arm teachers with resources to bring research to life for their students - making research accessible and fun.

The focus was to introduce educators to the qualitative research paradigm. During Jon's description of methods, purpose and the requisite practical approach, it became clear how suited this research method is to massage therapy and the wider complementary health sector. It makes complete sense to interpret the culture of the massage experience from the client's perspective when collecting research data from a clinical massage environment. Massage therapists negotiate treatment plans with their clients, and this negotiation can be viewed as a client-centered approach to health care. The culture of the massage treatment becomes a unique interaction between two individuals and the information disclosed by clients in the clinical setting is a valuable element when sourced from their perspective.

Similarly, Jon explained that the methods used in qualitative research involve gathering stories. In this approach, collected data is interpreted and retold with rigor and critical appraisal. An important element of qualitative research is that of 'hypothesis generation' rather than testing. Stories are interpreted from an experiential view to form an hypothesis, for example, when massage therapists interpret clients' health status and presenting conditions in the clinical massage setting to make a 'diagnosis'.

A variety of qualitative methods can be used in data collection. Jon led an informative and humorous exercise to demonstrate these research methods. We were paired off and asked to interview each other for five minutes regarding our teeth cleaning experiences. Through this exercise we identified the importance of designing appropriate questions, engaging in active listening skills, using accurate but subtle recording mechanisms and interpreting and reporting our findings. All these aspects were involved the qualitative process of analysis. We familiarised and immersed ourselves in the raw data, which, in my case, revealed a level of obsessive, compulsive teeth cleaning behavior.

We identified a thematic framework by recognising key issues. These included: to floss or not to floss; timing; duration; intensity; frequency; and location of cleaning products such as manual/ electric toothbrushes, cultural influences and standards of personal hygiene … you get the idea. Jon mapped and interpreted the results of our teeth cleaning research by providing a visual diagram to link themes and identify relationships between each grouping of themes. We then, somewhat sheepishly at times, critically appraised the data collected.

Jon identified the following key issues in the critical appraisal of qualitative research:

1) Is the purpose of the study clearly stated?
2) Is an appropriate rationale provided for using a qualitative approach?
3) Do the researchers clearly outline the conceptual framework for the study?
4) Do the researchers demonstrate an understanding of the ethical implications of their study?
5) Is the sampling strategy appropriate and will the sample represent the target group?
6) Do the researchers provide information about data collection procedures and how are they derived?
7) Do the researchers describe the procedures for recording data?
8) What methods of data analysis are used and are they appropriate to address the research question?
9) Do the researchers address the threats to reliability and validity in data collection, analysis and interpretation?

To further develop your understanding of qualitative research and to learn of the application and benefits of this research paradigm for complementary health, Jon recommends the following books:

Patton M., (2002) *Qualitative Research and Evaluation Methods.* Sage.

Hansen, E., (2006) *Successful Qualitative Health Research: A Practical introduction.* Allen and Unwin.

Pope C. and Mays N., (2006) *Qualitative Research in Health Care.* BMJ Books.

Adams, J., Andrews, G., Barnes, J., Broom, A. & Magin, P. (eds) (2012) *Traditional, Complementary and Integrative Medicine.* Palgrave-Macmillan: London. ■**amt**

# What Makes A Resource 'Good'?

## by Dana Scully

While much has been written about the benefits of evidence-informed practice and its counterpart, quality research, little has been forwarded on what constitutes quality research and, specifically, what makes a resource 'good' or 'bad'.

Resources, including material from books, journals, online sites, social media, or word of mouth, can be easily evaluated by asking the right questions.

**What type of source material is it?**
There are four types of health resource materials: grey literature, primary source materials, secondary source materials, and tertiary literature.

Grey literature (also referred to as 'grey lit') is unpublished or un-indexed source material such as websites, workshop proceedings, board reports, teaching notes, and technical reports. While these may contain an abundance of seemingly good information, most of it is not first-hand (primary source) material and often it is not referenced.

Primary source material is reference material that is first-hand, for example, original research that has been published in a peer-reviewed journal. This information is considered to be the best source because it is a first-hand account, and qualified authorities on the subject have reviewed it. It has not been interpreted - or more importantly, misinterpreted.

Primary source material has an evaluation system of its own:

- *Systematic Reviews* are at the top of the pyramid. These are analytical compilations of the best evidence available on a given topic.
- *Random Controlled Trials* (RCTs) are on the second tier. These are the 'gold standard' of primary source materials. RCTs allocate participants into either a control group or a clinical intervention group to compare results. These studies can be single-blind (meaning the participants do not know which group they have been allocated to) or double-blind (meaning both participants and researchers do not know who is assigned to which group).
- *Cohort Studies* are on the third tier of the primary source material pyramid. These studies investigate possible associations between individuals within a group (cohort).
- *Case Control Studies* are next on the pyramid. They are a type of comparison or observational study. Often healthy individuals will be compared to individuals with a specific condition or disease, and both groups have similar control variables.
- *Case Studies* are close to the bottom of the pyramid. They are written accounts of a single or a series of clinical observations of a particular condition, disease, or treatment. They often form the basis for further research. Current research that supports these studies is often unavailable and is the impetus for the clinician's case report.
- "*Editorials and Expert Opinions* form the base of the primary resources material pyramid." They are written accounts of clinical observations, but do not necessarily contain the detail or support of a case study.

**Secondary Sources** are summaries and/or evaluations of primary sources. This information is usually found within the pages of textbooks and scholarly articles. Although they are not as reliable as primary resources due to a reliance on referenced materials, secondary sources are considered to be quality sources.


Research Hierarchy

**Tertiary Literature** (also referred to as 'tertiary lit') is a secondary source of information that has become mainstream. This information is often found in encyclopaedias, handbooks, and popular literature. While mainstream literature is often assumed to be of a good quality, there is a risk that the essence of the original material may have been 'lost in translation'. It is considered best practice to find and review the original source material before using tertiary literature.

**Tools for Evaluation**

Qualifying the type of material is a good start to evaluating a source, but it's not the end - sources need to be questioned further. There are two tools commonly used by health professionals to complete a source evaluation: QUICK and SCAR.

The **QUICK** evaluator, also known as the Quality Information Checklist, is a short but insightful questionnaire, prompting you to ask the following:

- Is it clear who the author/s is/are?
- Are the aims of the source clear?
- Does the source achieve those aims?
- Is the source relevant for my purposes?
- Can the information contained in the source be checked?
- When was the source produced?
- Is the information contained in the source biased in any way?
- Does the source tell me about other options available?

The **SCAR** (also known as CARS) evaluator is an easy to remember acronym and asks similar questions to the QUICK evaluator. The SCAR acronym requires you to consider the following when evaluating a source:

S=support
C=credibility
A=accuracy
R=reasonableness

**Support**

Questions to consider regarding supporting information include: 'Is the contact information for the author/s, publisher, and/or producer noted?', 'Are references listed?', and 'Can they be checked and verified?'. Primary and secondary source materials include contact details for authors and/or publishers.

Websites list contact details either at the bottom of the home page or via the 'contact us' page. If contact details are not listed, look at the URL (uniform resource locator, aka: the world wide web address). In Australia, URLs ending in '.edu.au' or '.gov.au' are considered to be reliable sources.

Information contained in print or online should be referenced and checked via PubMed, The Cochrane Library, or an open source such as Google.

**Credibility**

When considering credibility, questions to ask include: 'Who has authored, the source?', 'What are the author's credentials, background, and authority?', and 'How do you know that this author's credentials, background, and authority are legitimate?'. Further questions include: 'Has the author been published previously?', and 'How many times and by what publisher?'.

These questions guide the therapist in making informed judgements about legitimacy and authority.

Letters after a name, such as PhD, LMT, or DChir, are not proof of credibility - it's all too easy to create a website or publish a book without a background check. Conduct your own investigation by 'Googling' the author, contacting the publisher, or asking a known authority.

**Accuracy**

To establish the accuracy of a piece of information, ask: 'Can the information contained in the source be replicated?', 'Does the information seem too good to be true or does it contradict itself?', 'What is the currency of the publication and when was it published or copyrighted?', and 'How often is it updated/edited?'.

Information that isn't easily replicated may not be the best reference material. This doesn't mean that you can't use the information, but instead, it highlights the need to conduct a thorough search of the topic rather than relying on a single source. If information seems too good to be true ("Free massage in your home guaranteed to take away your chronic pain in a single 30-minute session") or it contradicts itself ("relaxing trigger point therapy"), then it probably is too good to be true.

Continue your search using information that can be more accurately evaluated.

Currency, date of publication and copyright can be sticky issues. Some researchers neglect to consider publications older than ten years, thinking them out-dated by more recent studies. Although this may be the case, it is not always true. There are a few references that are considered to be seminal pieces and have yet to be outstripped by newer research, for example, Travell and Simon's *Myofascial Pain and Dysfunction*. These sources are often referenced and cited in newer research, and are easily reproducible. If using a secondary source book, check for new editions, or if using a website, check when it was last updated. Updates for websites are usually located at the bottom of the home page.

**Reasonableness**

When considering how reasonable a source is, evaluate: 'What is the purpose of the source?', 'Does the author, publisher, or producer have an affiliation with a sponsor that may bias the source?', and if so, 'How do you know?'.

Often you can 'see' that a book, article, or website is a marketing tool by its gimmicky look, but as consumers - and health professionals - become more savvy, so do advertisers. With every source, consider the purpose. Is it meant to educate, inform, sell a product, produce a bias, or suggest an affiliation? Consider what conflicts of interest an author may have, either directly or by sponsorship. In primary source materials possible biases are listed just before the references under the 'Acknowledgements' and/or 'Conflicts of Interest' subheadings. Again, it is often useful to do a background check via open resources such as Google, or by asking an industry authority.

**Conclusion**

The amount of information available to us today can be overwhelming. An understanding of the different classifications of materials is the first step in evaluating quality and usefulness.

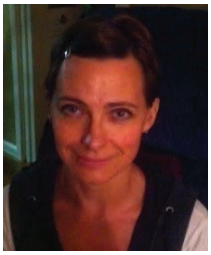
The next step in understanding what constitutes a good or bad source involves asking questions about the credibility, accuracy, reasonableness, and supporting information of the material. Taking the time to critically evaluate our research sources can make all the difference to an evidence-informed practice. ■amt

**REFERENCES**

Dryden, T. & Moyer, C.A. (Eds.). (2012). *Massage therapy: Integrating research and practice-Critical thinking, best practices, and future directions to advance the profession.* Australia: Human Kinetics.

Melnyk, BM. & Fineout-Overholt, E. (2011). *Evidence-based practice in nursing and healthcare: A guide to best practice* (2nd ed.). Sydney, Australia: Wolters Kluwer Lippincott Williams & Wilkins.

Taylor, A.G. (2004). *The organization of information* (2nd ed.). Westport, Connecticut: Libraries Unlimited.



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

## AMT's December Research Review Forum

Aligning with this month's article on 'What Makes A Resource Good', December Research Review Forum participants are asked to use the information in the article to review a website such as:

NCBI (National Centre for Biotechnology Information) at **www.ncbi.nlm.nih.gov**

WHO (World Health Organization) at **www.who.int/en/**

Medscape News at **www.medscape.com**

Merkle at **www.merkleinc.com/industry-solutions/life-sciences**

IJTMB (International Journal of Therapeutic Massage and Bodywork) at **www.ijtmb.org/index.php/ijtmb/index**

AMT (Association of Massage Therapists) at **www.amt.org.au**

Specify what type of resource the website is and what type of resources are contained therein. If you find specific information within the website that may be of use to other members, please discuss it, remembering to cite appropriately.

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# Workshop Review – Tina Allen's 'Certified Infant Massage Teacher Training'

**by Ariana McKay**

Last October I was lucky to be among a small group of AMT members who received scholarships to attend Tina Allen's three day infant massage training, held in Randwick. Therapists from a mix of professional backgrounds and from all around Australia - including Perth, Queensland and the ACT - travelled to Sydney to learn this invaluable skill from a world-renowned expert in the field.

Tina is a licensed massage therapist specialising in teaching paediatric and baby massage, and the founder of the Liddle Kidz Foundation, an organisation dedicated to children's health and nurturing touch.

Learning infant massage was something I had been interested in for a while but, because I'm not a parent, I didn't think I had the necessary life experience. I'm glad to say I decided to prove myself wrong by delving into this 'new world'.

The workshop began with Tina sharing stories about the truly inspirational work her organisation facilitates, including teaching and providing touch therapy to children and their caregivers in orphanages around the world. We were also given a brief introduction into the history of massage and different types of touch.

When Tina began talking about infant massage, one thing that stood out for me was that the physical and emotional benefits of providing nurturing touch to babies extend not only to the infant, but to the caregiver as well. It was rewarding to know that by learning this new skill I could be helping more people than I had previously realised.

The workshop covered a wide range of theoretical principles, including infant behavioural states, cues and reflexes, the role of infant massage in bonding and attachment, different types of attachment, how massage increases happy hormones and decreases stress hormones in infants, and infant growth and brain development.

We learned about the newborn sensory and nervous system and the social-emotional development of a baby. It was a fascinating insight into the world of infants.

On the second day we launched into the practical application. We began by learning how to set up a room for infant massage classes, and then moved on to individual and group practice sessions where we performed massage techniques on baby dolls.

At first I was surprised to learn that we would not actually be trained to massage our clients' babies at any stage. We were even advised not to make eye contact with the babies. As Certified Infant Massage Teachers (CIMT) our role would be to teach parents and caregivers how to massage their children by using baby dolls to demonstrate massage strokes. Tina explained that the goal is to help empower families in the use of infant massage to nurture their loving relationships.

This became an important distinction for me. The realisation that it was the parents or caregivers who would be my clients, rather than the infants, enabled me to see how I could pass on skills that potentially could last throughout the lives of the children. I was also aware that a big part of this experience for the parents and caregivers is the bond created between them and their babies, and I would not want to take that away from them.

On the third day we learned how to structure an infant massage class. Tina shared tips from her years of experience dealing with parents and their children, and taught us how to be effective facilitators. We fine-tuned our skills with a variety of stroke adaptations for common infant complaints including colic, indigestion, congestion, and teething. We were even given tips on how to market our new skills using the latest in social media development.

I was a little disappointed when the families who had been organised for our practical sessions could not attend, but we were able to improvise and gain some valuable feedback from Tina.

I truly recommend Tina Allen's CIMT training. Throughout the three days, Tina made me feel comfortable and at ease with her carefree approach to her classes, and I thoroughly enjoyed the experience. I am now looking forward to carrying these skills into my community. ■amt

*Ariana McKay has been practising remedial massage since 2011. She is the owner of Woodford Massage Therapy, a home-based business located in the Blue Mountains. Ariana specialises in remedial massage, relaxation massage, pregnancy massage, and hot stone therapy.*

# Interview – Jon Adams

In 2011, AMT formalised a partnership with the Network of Researchers in the Public Health of Complementary and Alternative Medicine (NORPHCAM) via a Memorandum of Understanding.AMT and NORPHCAM have spent the last two years evolving the partnership, which has culminated in the development of a specific research project. *In Good Hands* talks with NORPHCAM Executive Director Jon Adams about the new partnership, and the role of research in massage therapy …

**How did you first become interested in Complementary and Alternative Medicine (CAM)?**

My interest is based in a health social science perspective. I studied a sociology PhD in the early '90s, examining the politics of health care; specifically, the types of health therapies that people use but about which we know very little in terms of formal research studies. I began to look beyond the mainstream, at all the alternative and complementary practices.

I found it useful to adopt a multi-disciplinary approach because research about CAM draws upon a wide range of methods such as biostatistics, health economics and clinical approaches. I now consider myself a health services researcher.

**Can you tell us about the AMT partnership and NORPHCAM?**

NORPHCAM was originally set up in 2008. It is now based at the UTS Faculty of Health and constitutes an international network of researchers who share a common vision and passion: understanding that the concept of 'public health' today includes CAM therapies.

The Memorandum of Understanding between AMT and NORPHCAM will not only facilitate the development of CAM-related research but also will assist massage therapists to become, in the jargon, 'research literate'. We want to get people excited by research.

Let me emphasise that we don't expect every massage therapist to become a researcher because we recognise that engaging in 'research' is not why most people go into massage therapy or any other form of practice. We know their motivation is that they love being in practice.

***"The Memorandum of Understanding between AMT and NORPHCAM will not only facilitate the development of CAM-related research but also will assist massage therapists to become, in the jargon, 'research literate'."***

Our focus, rather, is to encourage the bulk of massage therapists to engage at some level with research. That could mean a whole range of things, from undertaking a research project to evaluating research data. We want them to be able to say, "Look, I've got an evidence base that I use in my practice. I don't just 'work intuitively' or 'do what I've always done' or 'do what I think is best'. I have actually taken the trouble to evaluate the evidence: I have examined what the evidence tells me and am able, because of my training, to understand and critically appraise that information and can change my behaviour and practice on the basis of that evidence."

**Why is research literacy important to massage therapists?**

Other areas of health care - for example, the fields of general practice or general medicine – have developed over the years so that they are now studied at university level and entire faculties research specialised areas relevant to practice. Even though these medical professionals might be in general practice, they have also undergone training in research methods.

The massage therapy profession needs to develop a similar capacity amongst its members.

It is important that the profession's research agenda is not run and led by researchers alone. Of course, convincing research relies on researchers and methodologists to ensure its rigour and validity. But the object of the research agenda must be to inform the practice reality of, in this case, massage therapy. This objective means that massage therapists need to be research literate, to know what research can deliver, to understand how to critically appraise different methods and approaches and, ultimately, to enable some therapists to be trained both as practitioners and critical researchers.

**Why subject CAM to scientific research?**

The position taken by NORPHCAM and AMT, as partners, is that complementary medicine is as worthy of study as any other health specialty, primarily because so many people use it. We know that three quarters of the Australian population use a range of complementary and alternative therapies including massage on a regular basis.

The position taken by some people in the scientific community – that CAM should be ignored or even closed down – seems strange in light of the overwhelming evidence of community use. The critics' position seems to be: we don't want to research it and we aren't interested in it because it doesn't 'work' and is just 'nonsense'.

To accept the critics' view of CAM, expressed particularly vehemently in recent times - that 'it's just not worth studying, we just need to shut it all down' – would be to deny the existence of a very important and significant area of health care consumption in Australia and elsewhere. This position simply makes no sense.

Our argument emphasises the importance of basing one's views about CAM on rigorous and scientific evidence – and that means that you can't ignore the reality of people's reliance on and use of complementary and alternative therapies.

We take the view that this reality should be the subject of critical investigation because it is vital that the entire health care system be safe and responsive. It is therefore important that all health practices become evidence-based.

**Is research such as the Randomised Controlled Trial (RCT) the best approach for holistic therapies such as massage?**
Random clinical trials, among other designs and approaches, are important and shouldn't be discarded. And let's be honest, they are the language of mainstream research and that's what people are going to judge massage therapy by.

***"… three quarters of the Australian population use a range of complementary and alternative therapies including massage on a regular basis."***

However, the RCT approach focuses on one particular element of practice, holding all the other elements constant for the purposes of research. It generates a small amount of information about a very particular element of treatment or practice. In that sense, because its emphasis is on one particular element, such research is reductionist and not useful or appropriate for researching holistic therapies, which involve the use and interaction of many approaches and treatments.

Random clinical trials ultimately aim to use the evidence generated to improve individuals' practise in the field under analysis and, therefore, how patients receive health care. However, as yet, basic research about what massage therapists do in Australia day to day in every consultation has not been done.

Without the early groundwork research – to establish the issues and the details about what massage therapy is actually about right now - random clinical trials are redundant because you don't know what it is you are trying to change.

**Where should our research focus be for massage therapy at this point in time?**
Right now, our research focus should be level, broad and balanced to establish the foundations for random clinical trials in the future.

If I were to pose questions such as: 'What does a massage therapist and their client talk about?', 'How long do they take?', and 'What type of content is involved in a consultation?', you wouldn't be able to find empirical data to answer me. At the moment, you would have to give me an anecdote because that is all anyone has got – you know some people who are massage therapists and you talk to them; or you are a massage therapist and you discuss any practice issues in terms of 'I tend to do this with my patients' or 'I do that'. The problem is, if we wanted to quantify that information we don't really know what the variations of massage therapy practice are - across regions, across gender, across all sorts of different variables.

**Can you tell us about the AMT-funded NORPHCAM study?**
That study is part and parcel of putting in place in Australia the building blocks of a broad approach to massage therapy research. The study is practice based and involves surveying practitioners and patients about what massage therapy is, what practitioners currently do, and both practitioners' and patients' experiences of it.

In this study, we won't use the methodology characteristic of experiments - where variables are examined one at a time while other aspects are kept constant. Rather, our approach is designed to identify what practice is about, warts and all. Once this practice-based detail has been charted, we will have established a firm evidence basis for the next level of research: evaluating practice and considering cost effectiveness and similar issues.

The NORPHCAM project will involve a partnership with AMT. AMT's clinical expertise will enable us to design the project to ensure that the findings accurately reflect the clinical reality of massage therapy. For our part, NORPHCAM contributes its methodological expertise, independence and rigour to ensure that the research is published in peer-reviewed journals.

AMT members will be intimately involved not only in conducting the research but also in analysing the results and, hopefully, writing up the project as well. A major objective of the project is to establish fruitful and ongoing research collaborations.

***"To accept the critics' view of CAM … would be to deny the existence of a very important and significant area of health care consumption in Australia and elsewhere."***

**What are the hopes for the study?**
We think that the study will identify some interesting practice-based issues for massage therapy patients. We want to know: is their experience positive or negative and in what particular ways? It will be important to identify and categorise their evaluations and experiences of massage therapy and the motivations that prompt patients to consult a massage therapist for a particular condition rather than another health provider. That identification can feed into better practice by providing empirically-based evidence about what patients like and dislike and their experiences of certain aspects of massage therapy.

This evidence can also feed into policy positions taken by the industry. It is important to stress that this project is a preliminary piece of research: we are just dipping our toes into the research water to identify issues relevant for longer-term research. Nonetheless, real outcomes will flow from this project - findings that will be beneficial, not only for the profession but for massage therapists and patients as well.

And we shouldn't overlook the fact that this research may have significance for massage therapy more widely: there is a good chance that it will be read and implemented in practice beyond Australia. Our work is oriented not only to producing research findings; it is also about translating the findings to impact the practice of a variety of different stakeholders.

***"… it is vital that the entire health care system be safe and responsive."***

I'm hoping that the NORPHCAM and AMT joint research project, and others like it, will generate the development and growth of a research culture within massage therapy as well as among naturopaths, chiropractors, and other areas.

**NORPHCAM has been assisting AMT members in other ways, such as with research literacy …**

At this year's AMT conference, I gave a keynote address and ran a workshop for educators about qualitative research and how to engage with critical research papers (Editors Note: for more information, see Tamsin Rossiter's article '*Report on National Educators' Forum*'). My goal in these presentations was to identify and encourage enthusiastic therapists interested in research by presenting the very early building blocks that can develop research-related thinking. My hope is that these workshops may spur someone to do a masters degree, or to obtain a research qualification, or just get people reading more research articles. I think that is the beginning.

**As well as heading NORPHCAM, you have ventured into an exciting new project, as the director of the Australian Centre for Research in Complementary and Integrative Medicine (ARRCIM). Can you tell us about this organisation?**

A small team in Australia has been working behind the scenes to create an evidence base in relation to CAM therapies, not just for massage therapy but for a range of practices beyond the mainstream and outside conventional care.

We have been engaged in this project in Australia for the past ten years. Last year (2012) it dawned on me that although our body of work attracted a lot of grant money, our publication output was substantial and we were writing books, we hadn't established a presence in terms of a 'brand'. So when I moved from the University of Queensland to the UTS Faculty of Health last year, I made it part of my mission to set up the first national research-intensive centre on this topic.

Other centres and groups who research these areas of health care often do so from very narrow perspectives and their methodological expertise is quite limited.

***"Our aim, for a number of years, had been to refute critics by assembling basic scientific evaluations and assessments that supported the practice of integrative and complementary therapies."***

Our group answered the call to subject complementary medicine health care to the same rigorous methodologies and scientific approaches as every other aspect of the health care system. Our aim, for a number of years, had been to refute critics by assembling basic scientific evaluations and assessments that supported the practice of integrative and complementary therapies. And that is where ARCCIM came from.

**What are some of the issues that ARCCIM is attempting to address?**

A major issue at the moment is that the complementary and alternative therapy field is underfunded and it's bursting at the seams.

The field is not only subject to all the usual challenges that every aspect of the health care system experiences, but complementary therapies and therapists are often ignored in terms of evaluating the possibilities inherent in fostering researchers, including massage therapists. We are attempting to address this.

**Since this interview was conducted, collaborative work has begun between NORPHCAM and AMT on the design of both the patient and practitioner surveys for the massage therapy study. Recruitment for the study will begin early 2014. Patients will be recruited via AMT practitioner members. Practitioners must be willing to have a researcher present to interview 10 consecutive patients after their treatments. The project has gone through full ethics approval and appropriate informed consent procedures will be followed. Please stay tuned …** ■amt

*Jon Adams is Professor of Public Health and is Director of the Australian Research Centre in Complementary and Integrative Medicine (ARCCIM) - the premier national centre focused upon complementary health care use and practice. Jon holds a prestigious National Health and Medical Research Council (NHMRC) Career Development Fellowship and is a Senior Fellow of the Oxford International Leadership Programme, Department of Primary Health Care, University of Oxford. He is also Associate Editor for Complementary Therapies in Medicine, Journal of Acupuncture and Meridian Studies, BMC Complementary and Alternative Medicine and the European Journal of Integrative Medicine.*

# IN THE NEWS



Takako Jawor and Noreen Davern massage weary emergency crew during the bushfire crisis in the Blue Mountains.

## Blue Mountains AMT members on the front lines

A group of dedicated Blue Mountains AMT members lent a soothing hand to crews on the ground during the recent Blue Mountains bushfire emergency. The AMT team, which included Takako Jawor, Maree O'Connell, Angie Hawke, Tamsin Rossiter, Alison Maynard, Danielle Fox, Natasha Vincent, and Noreen Davern, massaged weary fire fighters, State Emergency Service crew, Rapid Relief Team members and ambos at the Faulconbridge and Winmalee Rural Fire Brigade fire stations. The therapists worked hard, starting their shift at 6 am every morning and returning again for an evening shift. Noreen said: "Quite a number had never had massages before but kept coming back for more. Their bodies were blackened, tired and very stiff. They are amazing, most of them giving up their day jobs without pay to help stop the fires. It was an honour to work with them."

### AMT member takes out prestigious award

Tamsin Rossiter, AMT member and massage educator, was recently recognised for her outstanding contribution to training up-and-coming health professionals. Tamsin, who has recently resigned from her position as the head teacher for Complementary Health at the Blue Mountains College in Katoomba after 17 years in the job, was named Vocational Education and Training Teacher/Trainer of the Year at the 2013 NSW Training Awards, held in June. She was awarded the prestigious title for her focus on professional outcomes for her students. The awards recognise excellence in vocational education and training in Western Sydney.

### Australian GPs embrace massage therapy

A recent Australian study has highlighted the importance of massage therapists in health care in regional and rural NSW. The study, published in the *Journal of Manipulative and Physiological Therapeutics*, surveyed GPs about their knowledge, attitudes, relationships, and patterns of referral to massage therapy in primary health care. The study revealed more than three-quarters of GPs referred patients to massage therapy at least a few times per year, with 12.5% of GPs referring at least once per week. The researchers concluded: "There are high levels of support for massage therapies among Australian GPs, relative to other CAM professions, with low levels of opposition to the incorporation of these therapies in patient care."

(Jon L. Wardle, David W. Sibbritt, and Jon Adams, "Referral to Massage Therapy in Primary Health Care: A Survey of Medical General Practitioners in Rural and Regional New South Wales, Australia", (2013) *Journal of Manipulative and Physiological Therapeutics* [published online 22 October 2013: www.jmptonline.org/article/S0161-4754(13)00232-7/abstract])

### Barefoot debate on shaky ground

Barefoot runners are being cautioned to 'tread carefully' by a new review concluding that the evidence on the ground is still shaky. Although we evolved to run barefoot, researchers are saying that barefoot running is not necessarily for everyone and, so far, the benefits remain unproven. The review, published online October 9 in the *British Journal of Sports Medicine* points to the fact that even if the net benefit of going barefoot is positive, runners could be in danger of getting hurt while getting used to being shoe-less, and cautions runners to make a gradual transition. Meanwhile, researchers are calling for an evidenced-based approach to the question of barefoot running. The review did not look closely at so-called minimalist or barefoot running shoes.

# News from the regions

## Blue Mountains
by Ariana McKay

Our September Branch Meeting was held on the 12th at the Royal Hotel in Springwood. Our guest speaker, Kat Mullard Boehringer, talked about AMT's journal, *In Good Hands*. Kat encouraged us to consider contributing articles to the journal including research articles, DVD reviews, AMT accredited workshops reviews and book reviews. As editor of the journal, Kat offered her assistance in all aspects of article submission, including help with formulating ideas, writing articles, and editing content. Kat also reminded members about the value of participating in the AMT Research Forum, which can be accessed via the AMT website.

Due to venue noise and privacy concerns, our November 4 Branch Meeting and Meet and Greet was held at the CWA Hall in Penrith. Our Branch Meeting/Christmas gathering will be held in December 2013 (date and venue to be confirmed), and the first 2014 Meet and Greet will be on February 17 at 7pm (venue to be confirmed).

## Hunter
by Chloe Dirs

We have had quite a few new faces at our branch meetings lately, which is excellent to see. More attendees means more input into discussions around association matters, massage and the massage industry. Interesting conversations have been generated, for example, discussions about how much client-therapist dialogue is appropriate, and rumours have been put to rest regarding current health fund concerns.

At our September meeting, we had an interesting presentation from Sharon May-Davis (aka 'The Bone Lady'), a scientist in the equine field. Sharon spoke about her work regarding soft tissue management in the rehabilitation of club foot, including her use of massage, laser, magnetic pulse and stretching regimes in equine rehabilitation.

Our November meeting, which was our last meeting for the year, was a relaxed session, which began with a massage-train demonstration of Tina Allen's paediatric massage (taken from her presentation at the AMT conference).

We have an exciting year planned for 2014. In January, local vet and guest presenter Kelly Davis will speak about animal acupuncture. Our March meeting will feature a talk about occupational therapy for children. And in May, we have tentatively booked Kyle Lotz, a chiropractor, who will be demonstrating how to recognise a healthy spine.

## Illawarra
by team Illawarra

Our meetings are proving to be both a valuable resource and a network hub for local massage therapists, with attendance continuing to grow.

Last month we were fortunate to once again have local physiotherapist and exercise physiologist, Matthew Whalan at our meeting. Matthew gave an interesting presentation on disorders of the lower limb and their effects on the lower back, hip knee and ankles. Matthew also spoke about changes in injury treatment as a result of advancements in technology, for example, how the plantaris muscle is now viewed as an important component in the treatment of the soleus and gastrocnemius muscles.

Our Annual General Meeting was held on November 26 at the Warilla Bowling Club. This was our last networking session for the year. Our next meeting will be held on February 25, 2014.

## South Sydney
by Sujittra (Suzi) Makatham

We will celebrate the festive season at our last meeting for the year, to be held on Wednesday, December 4, at the Allawah Hotel, Allawah from 6.30pm.

We now have additional resources available to branch members, thanks to our librarian, Jenny Della Torre who purchased DVDs from this year's AMT conference. Titles include 'Clinical Shiatsu', 'Reflexology for Feet and Hands,' and 'Mastering Pregnancy Massage'.

Sujittra (Suzi) Makatham has created a Facebook page for our group called 'AMT Sydney South Branch'. We hope this will become a useful communication channel for members to keep in contact between meetings.

Our branch is growing quickly, and we now have approximately 50 members. Because of this we need to refine some meeting rules. Starting next year, the exhibition area will open at 6.30 pm for member to sign in, and doors will close at 7pm sharp. Members who arrive at meetings after 7pm will not be allowed to attend.

We are still looking for suggestions for guest speakers in 2014. Let us know your ideas. For branch enquiries, email Suzi at m.sujittra@live.com.au

## Sunshine Coast
by Lesley Carter

We wrapped up another successful year with our Annual General Meeting in October. Diana Glazer presented a workshop on postural analysis, demonstrating how gathering client information can save time in the long run by assisting in therapy planning. It also serves as a benchmark for progress, treats the client holistically and demonstrates our level of professionalism. The workshop was a well-balanced reminder for us to brush up on our skills.

Dates for next year's meetings are as follows: March 16, June 15, August 17, and October 18 (AGM). We will start the year with another visit from Diana who will be talking about taking an effective client history. The session will include practical work. Details are being finalised and will be emailed out to members.

# Provider Recognition Criteria

**AMT has negotiated provider status on behalf of members with the Health Funds listed. All funds require a minimum of $1 million insurance, first aid and CEUs.**

| HEALTH FUNDS AND SOCIETIES | | CRITERIA |
|---|---|---|
| ahm Health Insurance | Medibank Private | These funds recognise Senior Level One and Two members. |
| A.C.A Health Benefits Fund | Onemedifund | ARHG recognises all AMT practitioner levels. They require you to use their provider number. This number is AW0XXXXM, where the X's are your 4-digit AMT membership number. |
| Cessnock District Health Benefits Fund | Peoplecare Health Insurance | |
| CUA Health Limited | Phoenix Health Fund | |
| Defence Health | Police Health Fund | |
| Frank Health Insurance | Queensland Country Health Ltd | |
| GMF Health | Railway & Transport Health Fund Ltd | |
| GMHBA | Reserve Bank Health Society | |
| health.com.au | St. Luke's Health | |
| Heath Care Insurance Limited | Teachers Federation Health | |
| HIF WA | Teachers Union Health | |
| Latrobe Health Services (Federation Health) | Transport Health | |
| Mildura District Hospital Fund | Westfund | |
| Navy Health Fund | | |
| Australian Unity | | Australian Unity recognises members with HLT50302/07 Diploma of Remedial Massage, HLT50102/07 Diploma of Traditional Chinese Medicine Remedial Massage, HLT50202/07 Diploma of Shiatsu and Oriental Therapies, 21920VIC or 21511VIC Advanced Diploma of Remedial Massage (Myotherapy), Diploma of Health Science (Massage Therapy), Advanced Diploma of Applied Science (Remedial Massage) and Advanced Diploma of Soft Tissue Therapies. Existing Senior Level One and Two providers remain eligible. |
| BUPA | | BUPA recognises members with HLT50302/07 Diploma of Remedial Massage, HLT50102/07 Diploma of Traditional Chinese Medicine Remedial Massage, HLT50202/07 Diploma of Shiatsu and Oriental Therapies, 21920VIC or 21511VIC Advanced Diploma of Remedial Massage (Myotherapy). Existing providers remain eligible. |
| CBHS Health Fund Ltd | | CBHS recognises all AMT practitioner levels. |
| The Doctor's Health Fund | | Doctors' Fund recognises members with HLT 50302/07 Diploma of Remedial Massage, Advanced Diploma of Applied Science (Remedial Massage), Advanced Diploma of Soft Tissue Therapies, Advanced Diploma of Remedial Massage (Myotherapy) and Bachelor of Health Science (Musculoskeletal Therapy). Existing providers remain eligible. They require you to use their provider number. This number is AMXXXX, where the Xs are your 4-digit AMT membership number. |
| GU Health | | GU Health recognise members with HLT40302/07 and all Senior Level One and Two members. |
| HBF | | HBF recognises Senior Level One and Two members. |
| HCF | | HCF recognises members with HLT50302/07 Diploma of Remedial Massage, 21920VIC or 21511VIC Advanced Diploma of Remedial Massage (Myotherapy), Advanced Diploma of Applied Science (Massage) and Diploma of Health Science (Massage Therapy). Existing providers remain eligible. |
| NIB | | NIB recognises members with HLT50302/07 Diploma of Remedial Massage; HLT50102/07 Diploma of Traditional Chinese Medicine Remedial Massage; HLT50202/07 Diploma of Shiatsu and Oriental Therapies; Advanced Diploma of Remedial Massage (Myotherapy) |
| WorkSafe Victoria | | Worksafe Victoria recognises Senior Level One and Two members. |

**To be eligible to remain on the above Health Fund lists you must:**

1. Be financial and have a commitment to ongoing education (ie: an average of 100 CEUs per year)
2. Provide your clients with a formal receipt, either computer generated, or with rubber stamp or address label clearly indicating practitioner's name, AMT member number (eg: AMT 1-1234), practice address (no PO Box numbers) and phone number. Client's name, date of treatment, nature of treatment (ie: Remedial Massage), and particular health fund provider number may be handwritten.
3. Provide AMT Head Office with a practice address (or business address for mobile practitioners; no PO Boxes) - failure to supply these details to us will result in your name being removed from health fund listings.
4. Notify AMT HO of all relevant practice addresses.

**Please check the AMT website for further information on specific Health Fund requirements: www.amt.org.au**

# Calendar of Events

Courses accredited by AMT attract 5 CEUs per hour. Courses not accredited by AMT attract 1 CEU per hour. Please check dates and venues of workshops (using the contact numbers listed below).

| December 2013 | | CEUs |
|---|---|---|
| 1 | ACT Branch Meeting. TBA. Contact Maxine 0408 238 274. | 15 |
| 1 | Riverina Branch Meeting. Corowa. Contact Jodee 03 5482 6422. | 15 |
| 3 | Blue Mountains Branch Meeting. Springwood, NSW. Contact Ariana 02 4758 8536 (answering machine) | 15 |
| 4 | South Sydney Branch Meeting. Hurstville. Contact Anthony 0410 138 557. | 15 |
| 8 | Curly Customers Muscles that Confound. Presented by John Bragg. Springwood. Contact 0410 434 092. | 35 |
| 18 | North Shore and Northern Beaches Branch Meeting. Belrose. Contact Brenda 0410 353 913. | 15 |
| 21 | Mid-North Coast Branch AGM. Port Macquarie, NSW. Contact Jeannie 0402 322 755. | 15 |

| January 2014 | | |
|---|---|---|
| 7 | Ortho-Bionomy Foundations . Presented by Anthony Swan. Canberra, ACT. Contact 0412 286 385. Weekly 2-hour modules every Tuesday commencing 7 January to 4 March | 70 |
| 11-13 | Oncology Massage Module 2. Presented by Tania Shaw. Buderim, QLD. Contact Kylie 07 3378 3220 or 0410 486 767. | 105 |
| 14 | Ortho-Bionomy Foundations. Presented by Anthony Swan. Canberra, ACT. Contact 0412 286 385. Weekly 2-hour modules every Tuesday commencing 7 January to 4 March. | 70 |
| 16-17 | Fascial Fitness Introduction. Presented by Divo Muller and Robert Schleip. Sydney. Contact 0402 059 570. | 70 |
| 17-18 | Fascial Fitness Trainer's Course. Presented by Divo Muller and Robert Schleip. Sydney. Contact 0402 059 570. | 70 |
| 21 | Ortho-Bionomy Foundations. Presented by Anthony Swan. Canberra, ACT. Contact 0412 286 385. Weekly 2-hour modules every Tuesday commencing 7 January to 4 March. | 70 |
| 23-25 | Oncology Massage Module 1. Presented by Gillian Desreaux. Central Coast, NSW. Contact Kylie 07 3378 3220 or 0410 486 767. | 105 |
| 28 | Ortho-Bionomy Foundations. Presented by Anthony Swan. Canberra, ACT. Contact 0412 286 385. Weekly 2-hour modules every Tuesday commencing 7 January to 4 March. | 70 |
| 31-2/2/14 | Oncology Massage Module 1. Presented by Lizzie Milligan. Randwick, NSW. Contact Kylie 07 3378 3220 or 0410 486 767 | 105 |

| February 2014 | | |
|---|---|---|
| 1-3 | Oncology Massage Module 1. Presented by Tania Shaw. Buderim, QLD. Contact Kylie 07 3378 3220 or 0410 486 767. | 105 |
| 4 | Ortho-Bionomy Foundations. Presented by Anthony Swan. Canberra, ACT. Contact 0412 286 385. Weekly 2-hour modules every Tuesday commencing 7 January to 4 March. | 70 |
| 8 | Anatomy in Clay Muscles of the Pelvic Girdle/Powerhouse. Presented by Joe Muscolino. Sydney. Contact 0402 059 570. | 35 |
| 9 | Anatomy in Clay Muscles of the Shoulder Girdle. Presented by Joe Muscolino. Sydney. Contact 0402 059 570. | 35 |
| 11 | Ortho-Bionomy Foundations. Presented by Anthony Swan. Canberra, ACT. Contact 0412 286 385. Weekly 2-hour modules every Tuesday commencing 7 January to 4 March. | 70 |
| 13-15 | Oncology Massage Module 1. Presented by Kate Butler. Northcote, VIC. Contact Kylie 07 3378 3220 or 0410 486 767. | 105 |
| 14 | Muscle Palpation as an assessment tool for Orthopedic Massage. Presented by Joe Muscolino. Sydney. Contact 0402 059 570. | 35 |
| 14-16 | Master Class in Traditional East-West Cupping. Presented by Bruce Bentley. Sydney, NSW. Contact 03 9576 1787. | 105 |
| 14-18 | Advanced Certificate in Integrated Cupping Therapy. Presented by Bruce Bentley. Sydney, NSW. Contact 03 9576 1787. | 175 |
| 15-16 | Clinical Orthopedic Manual Therapy for the Neck. Presented by Joe Muscolino. Sydney. Contact 0402 059 570. | 70 |
| 16 | Arm and Hand Pain. Presented by John Bragg. Springwood, NSW. Contact 0410 434 092. | 35 |
| 17-18 | Modern Cupping Therapy. Presented by Bruce Bentley. Sydney, NSW. Contact 03 9576 1787. | 70 |
| 17-18 | Clinical Orthopedic Manual Therapy for the Lower Back & Pelvis. Presented by Joe Muscolino. Sydney. Contact 0402 059 570. | 70 |
| 18 | Ortho-Bionomy Foundations. Presented by Anthony Swan. Canberra, ACT. Contact 0412 286 38. Weekly 2-hour modules every Tuesday commencing 7 January to 4 March. | 70 |
| 21-22 | Clinical Orthopedic Manual Therapy for the Lower Back & Pelvis. Presented by Joe Muscolino. Gold Coast. Contact 0402 059 570. | 70 |
| 22-23 | Neurostructural Integration Technique Introductory. Presented by Marianne Grainger. Perth, WA. Contact 0407 036 047. | 70 |
| 22-23 | Certificate of Pregnancy Massage. Presented by Catherine McInerney. Canberra, ACT. Contact 03 9571 6330. | 70 |
| 23-24 | Akupunkt Massage according to Penzel© Course A. Presented by Rene Goschnik. Sydney, NSW. Contact 02 9547 0158. | 70 |
| 23 | Advanced Joint Mobilisation. Presented by Joe Muscolino. Gold Coast. Contact 0402 059 570 | 35 |
| 24-26 | Oncology Massage Module 1. Presented by Bronwyn Sutton. Corowa, NSW. Contact Kylie 07 3378 3220 or 0410 486 767 | 105 |
| 25 | Ortho-Bionomy Foundations. Presented by Anthony Swan. Canberra, ACT. Contact 0412 286 385. Weekly 2-hour modules every Tuesday commencing 7 January to 4 March. | 70 |
| 25 | Illawarra Branch Meeting. Formal Meeting. Corrimal. Contact Linda White 0417 671 007 | 15 |
| 28-2/3/14 | Oncology Massage Module 1. Presented by Deb Hart. Ardross, WA. Contact Kylie 07 3378 3220 or 0410 486 767 | 105 |
| 28-1/3/14 | Onsen Volume I Structural Assessment and Corrections of the Sacrum, Pelvis and Thoraco-Lumbar Region. Presented by Jeff Murray. Melbourne. Contact 0427 310 510 | 70 |

**Please view the Calendar of Events on the AMT website for the complete 2013/2014 listing: www.amt.org.au**

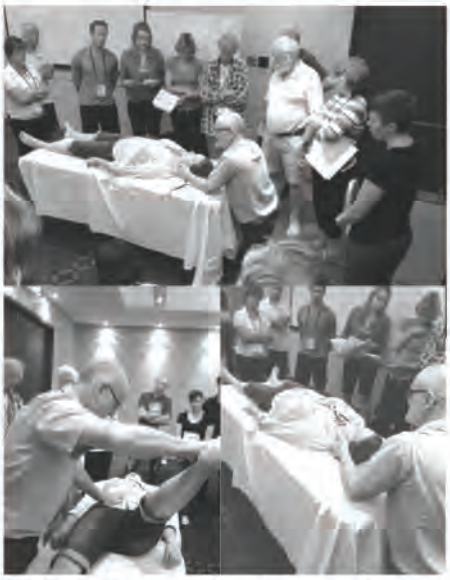
# NeuroStructural integration Technique (NST)

## Work smarter, not harder!

***As seen at the 2013 conference in Penrith.***

***Pelvic and TMJ - Amazing results!***

**CEU points**



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

***NST*** - founded on Australian Tom Bowen's later more advanced work. NST incorporates the philosophy of De Jarnettes, Sacro Occipital Technique and is validated according to the principles of Applied Kinesiology.
***NST*** allows you to access Bowen's astonishing intuitive powers via the philosophy and techniques you will learn at this workshop.
Learn how to recode your client's visceral, musculoskeletal, fascial and nervous systems so the body can regulate itself, controlling pain and boosting energy levels.
***NST*** is the fast, smooth form of Bowen, consistently effective even in difficult cases.
Non-invasive and generally a lighter touch compared to similar bodywork therapies.
***NST*** results are sometimes astounding, usually instantly noticeable and generally long lasting.
From a practitioner point of view, ***NST*** provides an effective form of treatment without the use of oil. Patients can be worked upon through light clothing reducing laundering costs considerably.

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

**5 day Basic class** – The 5 day NST Basic Workshop is exclusively available for practitioners of bodywork and healing. This course is comprehensive in covering all major areas of the body including neck, TMJ, shoulders, sacral, coccyx, hamstrings and ankles. **175 CEU's**

**Other courses open to all therapists:**

**The "Essential" TMJ - level 1 and level 2**

"The single greatest improvement to Bowen in the last 20 years" - Dr Manon Bolliger ND, Bowen College, Canada.

Melb - Feb 15/16. Sunshine Coast April 26/27

**NST Deep Cures** Melbourne March 1-3.

**Note: CEU's apply to TMJ level 1 only – 35 CEU**

Your NST teachers

Ron Michael Marianne Robert Wendy Shayne Angela

**2 Day Introductory classes**

**Perth** – Feb 22/23 , June 7/8 *Marianne : 0407036047.*
**Brisbane** – March 1/2, May 31/June 1 *Robert : 0448 428 020.*
**Sydney** – March 15/16, June 14/15 *Wendy : 0412417719.*
**Geelong** – *Feb 15/16, Mar 15/16, April 19/20, May 3/4, June 7/8, Shayne : 0417011192.* **Melbourne** – Dec 10/11, Feb 1/2, April 26/27 *Angela : 0402744251*

**5 Day Basic classes**

**Melbourne** - March 20-24, **Perth** – April 4-8
**Sunshine Coast** – April 30 – May 4 *Ron : 0419380443*

***For more information re: courses visit our website - www.nsthealth.com***
***Ron directly at bowenst@iprimus.com.au or Mb : 0419380443***

association of massage therapists

# Call for Nominations
## for Association Office Bearers for 2014

Nominations are called for the following positions, which take effect from the close of the 2014 Annual General Meeting:

**President,**
**Vice-President,**
**Treasurer,**
**Secretary**
**and up to 5 other Directors**

**Nominations shall be on the form or in the form prescribed below and close at the AMT office 3pm Friday 31 January 2014.**

Where nominations equal vacancies on 31 January 2014 then those persons are deemed to be elected.

Where nominations exceed vacancies, a postal ballot of practitioner members that were financial on 1 January 2014 will be conducted during February. Where nominations are below vacancies, the differential shall be treated as casual vacancies at the Annual General Meeting.

## Nomination for Office
## for the Association of Massage Therapists Ltd

I * (name) _____

consent to be
nominated for the position of _____

Signature _____ Ph _____

Nominator * _____ Ph _____

Seconder * _____ Ph _____

* All must be financial members of AMT

ASSOCIATION OF MASSAGE THERAPISTS LTD
in good hands

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