PROVIDING NEWS AND INFORMATION TO MASSAGE THERAPY PROFESSIONALS IN NEW ZEALAND

MNZ MAGAZINE

massage new zealand

4TH QUARTER 2017

GETTING TO THE POINT

DRY NEEDLING • CUPPING THERAPY • **AWAKEN THE BACK SHU POINTS** • ANATOMY OF A PERIPHERAL NERVE ROOT • **6 SECRETS TO ATTRACT AND RETAIN MORE CLIENTS** • MASSAGE THERAPY INSURANCE: WHY YOU NEED IT • **THERAPEUTIC EXERCISE AND INVERSION ANKLE SPRAINS** • A GUIDE TO NZ MASSAGE SCHOOLS

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MASSAGE & MYOTHERAPY AUSTRALIA

The Association for Professional Therapists

EDITORIAL

Haere mai to Odette as co-editor, it is great to have new energy on the editorial side of production. Once again I am humbled by the dedication and passion that has gone into making this magazine possible, from the international and local massage community, in particular from Diane Jacobs whom we met recently at the MNZ conference and is so keen to share her published information. She makes understanding nerves very readable. This issue is also the beginning of Stan Williams new Whakatauaki – Maori Proverb. We look forward to his inspiration.

Enjoy reading and sharing this edition of your magazine.

Carol Wilson

Well, thanks to Carol's encouragement and persuasiveness I've taken on the role of co-editor for the magazine. I've already been providing some assistance with proofreading over the past 22 months and have contributed the occasional article, so I have some familiarity with how Carol puts the magazine together. I hope that by having a co-editor it means the editorial load is made somewhat easier as we share some of the tasks of compiling MNZ Magazine and bringing it to you each quarter. One thing that has struck me since I started helping with the magazine, is the amount of work that goes in to sourcing articles of relevance and interest to our members. We have some great articles from overseas writers, which is fantastic as it shows that we are connected to what is happening in our profession internationally. It would be wonderful to increase the number of local articles, so that the magazine has a strong New Zealand flavour as well. After all, it is a magazine for New Zealand therapists. If you have something to contribute, a technique you find really effective, a review of a course you attended, maybe you have a case study you would like to write up, or a reflection you've made about your practice then we would love to hear from you. We are happy to give some advice and tips on writing for publication. Articles written by MNZ members also accrue CPD hours, so it's another way of boosting your CPD. I hope you enjoy this final issue for 2017.

Odette Wood

MNZ MAGAZINE
Q4 2017
CONTENTS

ADVERTISING RATES AND INFORMATION

ADVERTISING RATES

Valid from Feb 2017. All rates are GST inclusive.

MNZ Magazine: Now ONLINE only

RMT and Affiliate members receive a 15% discount on magazine advertising.

All adverts are in full colour

Casual advertising rates:

Full page	$290
Half page	$160
Quarter page	$90

Package deals (in 4 publications over 12 months):

Full page	$840
Half page	$450
Quarter page	$240
Magazine inserts (per insert)	$0.75c

MNZ Website:

RMT and Affiliate members receive a 15% discount on magazine advertising.

All website advertising is placed for 2 months, unless otherwise stated when booking.

Advertising blocks (6 adverts)	$280
Events/adverts page (one off)	$50

MNZ Magazine and Website Annual Bulk Advertising Packages:

Packages provide magazine and website coverage. A discount is already included in these prices.

Package 1 includes:

Magazine full page advert (x4)	
Website advertising block (6 ads)	$1120

Package 2 includes:

Half page advert (x4)	
Website advertising block (6 ads)	$760

Email Advert to MNZ Members:

Provides a one–off mass email blast to membership.

Members (RMTs & Students)	$25
Non-members + Affiliates	$80

SUBMISSION DEADLINES

The MNZ Magazine will be published:

Q1 2018 (deadline end Jan 2018)
Q2 2018 (deadline May 1st 2018)
Q3 2018 (deadline Aug 1st 2018)
Q4 2018 (deadline Dec 1st 2018)

Note: submission dates may be changed or delayed as deemed necessary by the Editor.

The MNZ Magazine link will be emailed out to all members and placed in the members' only area on the website.

Requirements of advertisements:

Advertisements must have good taste, accuracy and truthful information. It is an offence to publish untruthful, misleading or deceptive advertisements. Advertisements for therapeutic goods and devices must conform to New Zealand therapeutic goods law.

Only a limited number of advertisements can be accepted. Advertising availability closes once the quota has been filled.

ADVERTISING BOOKING AND SPECIFICATIONS

Advertising for magazine, website and email blasts to members should be booked via our online booking form and can be paid online with credit card at www.massagenewzealand.org.nz/about/advertise/advertising-opportunities.aspx

Emailed advertising forms are no longer accepted.

Magazine Page Sizes

- Full page is 180mm wide x 250mm high
- Half page is 180mm wide x 124mm high
- Quarter page is 88mm wide x 120mm high

For any enquiries about advertising with MNZ, please contact advertise@massagenewzealand.org.nz

PAYMENT

FULL PAYMENT MUST ACCOMPANY EACH ADVERTISEMENT

Methods of Payment:

- Credit via our online payment gateway when booking the advertisement online
- Internet banking to ASB A/c 12-3178-0064216-00
  Please include your business name in the 'reference' field when making an internet transfer.

ARTICLES, CONTRIBUTIONS, RESEARCH, COMMENTS AND IDEAS...

ARTICLE SUBMISSION GUIDELINES

- Word count - Max 1800 words include references
- Font - Arial size 12
- Pictures - Maximum 4 photos per article, send photo originals separate from article, each photo must be at least 1.0MB
- Please use one tab to set indents and avoid using double spacing after fullstops. The magazine team will take care of all formatting
- We prefer APA referencing (see http://owll.massey.ac.nz/referencing/apa-interactive.php)

Editor - Carol Wilson

magazine@massagenewzealand.org.nz

MNZ EXECUTIVE, STAFF AND SUB-COMMITTEES

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Education Sub-Committee
Pip Charlton, Bridie Munro, Roger Gooch, Sheryl-lee Judd

Publicity Sub-Committee
Rachel Dickinson, Nikky Wright, Tess Peek

Research Sub-Committee
Joanna Tennent, Deborah Harris, Rachel Ah-Kit

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PRESIDENT & EXECUTIVE REPORTS

PRESIDENT

It's an exciting time with a new Executive Committee. We've had our first meeting and it was great to meet everyone and to see the enthusiasm infused into it. We welcome Luke, Craig, Tania and Sarah. As you know from my regular emails, we were short a Treasurer after the AGM, but with a good deal of pleading – our wonderful and committed Reina has again stepped into the breach for one more year. We are very grateful to have her experience and expertise.

As you will see from the other reports there is a lot happening. With new massage education providers coming onstream and a new Executive Committee - new directions for MNZ are an inevitable outcome. Nothing to report on ACC registration as yet. I am working to develop relationships with people to move this along. I have had good feedback from members and have taken this with me into meetings. Thank you to those who have provided help along the way.

The Conference was a great success and I feel humbled by the enthusiastic response at the AGM. This can only augur good things for the future. It was great to see Iselde win the Bill Wareham Award for outstanding service to the massage industry – well deserved - as was Reina's Life Membership Award. Thank you to you both for your energy and commitment to massage and to MNZ.

Helen Smith

VICE PRESIDENT

What an interesting and exciting year it has been! This year I feel that I have come to grips with my role a lot more and am really able to appreciate the commitment and passion for our industry that we all have. Speaking of passion - it was fantastic to see so much of it at our conference in Wellington this year. What a great vibe! We also had some excellent presenters and it has been wonderful incorporating some new ideas and techniques into my own practice. I also really enjoyed meeting and making connections with therapists from all around New Zealand.

I have been involved in a few 'curly' complaints in recent times. In each case, it didn't involve an MNZ registered therapist. I find it interesting that the public only search for a regulatory body to speak with when something has gone wrong with a treatment. It's important to reinforce how important it is for people to look in the 'find a therapist' section of our website before making an appointment. We all know how this ensures that the client is receiving a professional treatment from a fully qualified therapist, but it also drives business to RMT's and raises the awareness of MNZ to the general public - not just to massage therapists.

Until next time, take care.

Teresa Karam

TREASURER

I have taken up the position of Treasurer again for one more year as Frances Kendall who was nominated at the AGM had to resign due to family circumstances. All the best Frances and thank you for considering the role!

Unfortunately, there were no other takers for the role so I was asked to help out. I can take more of a back seat now though only doing on average one hour a week as Sarah Duckworth has been appointed as Financial Administrator for approximately three hours per week processing the financial data.

At our first Exec meeting since the AGM I was very impressed with the motivation and drive of the new Exec and I look forward to being part of this committee moving forward.

So, you will have me around for a bit longer!

Reina Reilly

PUBLICITY OFFICER

Hi everyone, my name is Luke McCallum. I am born and bred in South Taranaki and I now reside in Central Auckland. I spend a lot of my free time running and travelling and try to combine the two wherever possible.

Clinically, I am a Level 7 Registered Massage Therapist at Sports Lab, a multidisciplinary clinic located in Grafton. During my time at Sports Lab I split my time between treating clients and as the Event Manager. I have a particular interest in human movement and biomechanics and continue to upskill in this area.

I have recently come on as the new Publicity Officer and I am very grateful to have Rachel Dickinson, Nikki Wright and Tess Peek in the Publicity sub-committee as I believe we have a group of very passionate therapists who are motivated in helping move the industry forward.

After the AGM at the recent Massage New Zealand Conference held in Wellington there was a feeling of excitement moving forward into the next 12 months. I will be looking to encapsulate this sense of moving forward to help create a plan alongside our committee members to further promote Massage New Zealand's involvement within the massage industry. In addition to this, helping with the promotion of Massage New Zealand and how as an industry we can work alongside other allied health professionals.

Over the coming months, the Publicity sub-committee with collaborate together to create a plan for the year on how to build Massage New Zealand's position within the public eye and with other health professionals.

Luke McCallum

EDUCATION OFFICER

I felt very honoured to be nominated back onto the MNZ Executive Committee as Education Officer at the recent AGM. The Education sub-committee has a full complement of highly experienced members. Pip Charlton and Bridie Munro remain on this committee and are joined by Roger Gooch (returning), Sheryl-Lee Judd and Dawn Burke. We have already had our first meeting and it was great to share the work of the sub-committee for the past year and set some plans in motion for the upcoming year, which include simplifying the process for RPL for overseas applicants, and focusing on increasing student membership.

It has been great to communicate with so many education providers this year who are beavering away to bring in the new qualifications for the upcoming year. This has been a huge work load and yet each individual I have spoken to is so enthusiastic about the curriculum they have created for their institution. This is showcased in an article in this issue.

Rosie Greene

REGIONAL LIAISON CO-ORDINATOR

A warm Kia Ora to you all. I am thoroughly thrilled to be able to introduce myself as the new Regional Liaison Coordinator for MNZ. I have been a member of MNZ since the beginning and (oh my gosh!) that means I have been part of the NZ Massage industry for over 13 years now. Over the past few months I have realised that now is the time for me to put my hand up and take on more of a role within MNZ and help continue on with the pioneering work that has already been forged.

I have been incredibly blessed in my career to have worked alongside and around many amazing people in the health, wellness, sporting and medical fields. When i reflect on the highlights, or the things that have really stood out, it is quite clear that it is those moments surrounded by genuine and like-minded people. Of course eating wine and cheese off the Ranfurly Shield and packing Kona Coffee into the hollow of my massage table on a trip back from Hawaii (and explaining to Homeland Security that it was a good idea to keep it unsquashed) are two that spring instantly to mind.

I have worked in multi-disciplinary health, wellness and medical clinics in Wellington and Auckland and now call the beautiful Whangarei home. Up here in the gorgeous winterless North we all look forward to our monthly meeting. It is a chance

for us to share, to connect and to learn. Especially if you work solo, these meetings are an opportunity to surround yourself with knowledge, with a network and with like-minded friendly faces. I urge you to regularly attend your regional meeting.

I am looking forward to learning more about what the Executive Committee does and sinking my teeth into this role. I enjoy connecting with people and sharing massage knowledge with all.

Tania Kahika-Foote

RESEARCH OFFICER

Following a successful engineering career in the UK that was not taking me in the direction I wanted in life, and having experienced Sports Therapy for the first time (due to a martial arts injury), I pursued it as a career in late 2015.

I achieved my latest qualification (BTEC level 5 Diploma) at the Oxford School of Sports Massage, which is recognised as the highest qualification in the UK and accredited by the Sports Massage Association.

After running my own successful private clinic in Warwickshire England, I moved to New Zealand in April 2017 to extend my knowledge and experience to an entire new level. Having joined MNZ this year, it has been a catalyst to my knowledge and understanding of the industry. As a late bloomer to the industry and a new therapist to Wellington, I am keen to meet other therapists by sharing knowledge and clinical experiences.

In my treatments, I like to focus in soft tissue manipulation, muscle energy techniques, myofascial release, positional release techniques, neuromuscular techniques, biomechanics, rehabilitation, remedial exercises and stretches for injury prevention and therapeutic purposes.

My greatest area of interest in my work is to understand and respect every client I treat as an individual. Each client will possess unique physical, physiological and psychological characteristics; therefore it is essential that treatment is tailored to accommodate their requirements. I like to consider myself as a 'musculoskeletal detective' as it is my aim to problem-solve soft tissue imbalances using well grounded, perceptive subjective, objective,and palpative assessment techniques.

In my spare time I like to keep myself fit and active with cross fit, martial arts, cycling, skateboarding and trail running. I tend to juggle all of them depending on my current health and injuries.

It will be great to share input to this role with the Research sub-committee: Joanna Tennent, Deborah Harris and Rachel Ah-Kit.

Craig

STAFF REPORTS

EXECUTIVE ADMINISTRATOR

It was great to meet many of you at the Conference and AGM in August, putting a face to many names was invaluable and helps to make me feel a part of the MNZ team. We received many positive comments about the Conference and AGM and a huge thank you goes out to Bridie Munro and the Conference Committee for a wonderfully organised weekend.

The new Executive Committee are well underway and hard at work, we had many people put their hands up to join sub-committees and now also have the newly created Research sub-committee which is fantastic. I would like to welcome Sarah Duckworth to the MNZ team, Sarah was the successful applicant for the newly created position of Finance Administrator and will be working closely with the Treasurer.

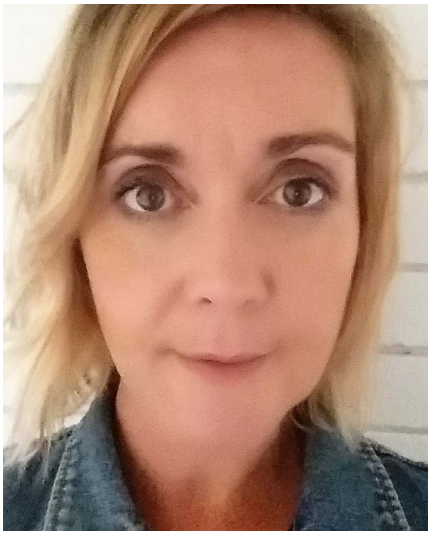
Initial planning for a Dunedin based 2018 Conference is underway. We have received a handful of people keen to find out more about being involved in an organising committee, a meeting will

be held in November. Rachel Dickinson is currently busy working on revising conference planning documents, which will be a wonderful help for a newly formed committee. If you would like to be on the organising committee please email: admin@massagenewzealand.org.nz

Melissa and I both work part-time hours (approx. 10-15 hours each per week) from home. As we do not work every day when contacting us please be aware it can take a few days to receive a reply, but we will be in touch.

I'm closing in on the last month of my Diploma with only several assignments and assessments left, I'm looking forward to putting the study cards and notes away.

Nicole Hedges



GENERAL ADMINISTRATOR

Hi all MNZ members. What an exciting year it has been so far for MNZ. The atmosphere at Conference this year was fantastic! Lots of very motivated, passionate and driven Massage Therapists enjoying soaking up the fabulous workshops we had on offer. Such an amazing time and weren't the Conference Team outstanding! I really enjoyed it, long days for me but great to put faces to names and get to know you a little better. My usual interaction with members is in my little home office looking at a computer screen so it was really nice to step out from that. I'm so looking forward to the next one in 2018!

Membership numbers keep increasing every month and as I write this in mid-September there are over 435 MNZ members altogether. A great improvement from last year, and we are only half way through the year and new members are coming on board all the time. We had a great response with those RMT Level 6 members and above that wanted to be listed on the Southern Cross Database, another great benefit to being an MNZ member.

Nicole and I thought you might like it if we spoke a little about ourselves personally and our roles with MNZ. I thought when I joined MNZ as a member a few years ago that there was probably a central office with a team of staff. This isn't the case. My office is in my home. Beside my MNZ computer and work station lives a musical keyboard on one side, a fish tank on the other and presently a Barbie house behind me! So yes, that means I have girls - two of them, 8 and 9, gorgeous of course. When I am not looking after them, I can be seen massaging in my home clinic which is filled with fantastic regular clients. I really enjoy a great mix of massaging and admin. I did my studies in massage over 6 years ago now and have had my clinic at home now for 5 years. I also have a corporate chair massage job which gets me out of the house once a week, it's nice to see a staff room and have some adult talk.

My MNZ admin role is about 10ish hours a week. Usually on a Tuesday, Wednesday and Thursday I can be seen in my office. I have been with MNZ just over a year. It has been a full-on role, lots of learning. I turned up when there was a lot of change happening, what with our new website (isn't it fab) plus lots of other behind the scenes projects.

Nicole and I always try our best to reply to your emails as soon as we can, some weeks we have a lot of work to fit in our part time hours for MNZ so we really do appreciate your patience with this and we really love all the positive feedback we get.

Going forward I'm really excited about where MNZ is heading and I enjoy being a part of the team growing and moving MNZ along.

Melissa Orchard

FINANCE ADMINISTRATOR

Hi, I am Sarah and I have recently taken on the part-time role of Finance Administrator with MNZ. I have a background in small business book-keeping. I have worked for the past 33 years in theatrical lighting hire and arts festivals, both in New Zealand and Edinburgh. I have also worked in the publishing industry, for a restaurant, a bakery and a retail audio store. My most recent client acquisition is an upmarket hair salon, which is loads of fun. I've also been Treasurer for a local community council, and for a Blues Club here in Wellington. I'm very much enjoying my new role at Massage New Zealand.

Sarah Duckworth

REGIONAL ROUNDUP

UPPER NORTH ISLAND

What a busy few months it has been! At Northland's meeting in July, Nancy and Eva demonstrated how to work with the neck sidelying and supine. They had a good group of half a dozen turn up. For August's meeting they had Robyn Shepherd covering the basic EFT (Emotional Freedom Technique) Tapping sequence and language, the science behind EFT, Tapping to help sleep and a new EFT technique, Matrix Reimprinting. The meeting also included some valuable group practice. Tania Kahika-Foot has kindly offered to have a turn at organising the Northland Meetings and her first was on the 4th of September 2017 with guest speaker Kiran Harding, Physiotherapist and Lymphodema Facilitator. She shared an abundant amount of knowledge on the oncology work she does for PINC and Next Steps here in Northland. The next meeting is scheduled for 2nd of October.

Auckland had 19 turn up to their May meeting with Alla Kalinina talking on 'Facing up to your emotions with Ukrainian Classical Facial Massage'. Alla demonstrated the effects that classical facial massage has not only on the face but on the whole body. On the night everyone was really engaged in learning new techniques and creating a fabulous atmosphere. July had Marienne Barbara from Benefic talking about and demonstrating Thai Herbal Compress Therapy. There were 8 therapists in attendance and they worked around 3 tables with each of them getting to take home a Thai herbal pack. Barry Vautier said they are a great product. Kathy Bray was the lucky winner of the door prize of a 1.5 hour Ukrainian Classical Facial Massage – congratulations Kathy! The September meeting with Ross Keen speaking about Spironics was well received with over 30 people attending. Auckland's next meeting will be on 9th of November.

In May Hamilton had Andrew Jones and Amanda Barr from Waikato Podiatry chat with them. Andrew talked a bit about plantar heel pain and the different factors that lead to it. He went into a little bit of detail around tendinopathy as this is becoming more commonly something that Podiatrists are dealing with. Amanda talked a little about the affect of arthritis and diabetes on her clients. June's meeting had Colin Gibbs talking about Ortho-Bionomy. It was an informal evening where most of the talking was done around a massage table with several members being used for demonstration. We learnt a lot and it even generated a spin off Phase 4 course being scheduled by Colin. August's meeting had Jenni from VipCare talking about Zoono Protection for your hands. Like alcohol hand sanitisers it kills the germs on your hands but Zoono continues to kill the germs on your hands for up to 24 hours plus it is alcohol free. There is also a surface protector which kills germs for up to 30 days. Cool Xchange was the other product which is basically an ice cold compression bandage that doesn't need freezing or refrigerating, just pop it back in its packet and use it again and again for up to six months! Hamilton's next meeting is scheduled for 3rd of October.

Hamilton has seen courses on MLD and Ortho-Bionomy which have been well received. Also there have been workshops on Reflexology in Whangarei and Alexander Technique in Kamo. It's great to see learning in some of the smaller areas.

After struggling with meeting attendance Tauranga needs some more interested and committed members to show interest in networking and learning together. A group in the North Shore is looking into organising meetings as many find it difficult to attend Auckland although they'd like to. Likewise with the greater Coromandel region, there are a few who are unable to make the Auckland or Hamilton meetings so may potentially start their own. Please let me know if you are interested in networking in any of these areas and I will put you in touch with others in your locale.

Annika Bishell

LOWER NORTH ISLAND

It's been a bustling half year since the last issue and so much of that vibe is down to the awesome conference put on this year!

From an organisation that was scraping the barrel for volunteers this time last year, this year we had an abundance of volunteers filling almost all positions and even creating a previously not-existing Research sub-committee. For me though, the highlight was when we decided to go back to annual conferences (they're so much fun and a great way to earn your CPD hours in one go) and we had volunteers to organise the next three years of conferences! It's unheard of and so inspiring to me! It feels as though we as a community are really owning the fact that we ARE this industry and WE are the key components to educating and elevating the status of Massage in the eyes of the public. I'm also waiting with anticipation to see how Helen Smith goes with her pursuits of ACC recognition for Massage in New Zealand.

Aside from the buzz from the conference, I've been talking to, introduced to and meeting with Massage Therapists from around the country and within my region and it feels like there's a lot of proactive practitioners out there both in the cities and rurally, keeping the people of Aotearoa moving and happy. In Wellington, we've had workshops on movement by some wonderful Physios and we're looking forward to a hands-on workshop on pain and the language of pain. I've met a woman in Hawkes Bay who is doing advanced studies into Visceral Manipulation and one from Christchurch delving into the world of Neurokinetic Therapy and plenty of other therapists investing in advanced studies. I've discovered the 'Napier Massage Therapists' closed group on Facebook which could be a good tool for therapists to use to find CPD or networking opportunities happening in Hawkes Bay.

MNZ MAGAZINE ▪ PG 8

I'd love it if anyone wanted to suggest more regional FB Massage groups that I don't know about so that I can direct local members to an accessible medium of communication like this.

Aside from this I've also begun attending Allied Health Aotearoa New Zealand meetings and creating a 'presence' for Massage amongst our colleagues in many fields. I've discovered an organisation through this role that some of you may be interested in called Nga Pou Mana (www.ngapoumana.org.nz), which has free membership and offers opportunities for anyone interested in a national organisation with a membership that represents Maori allied health professionals. They offer affiliate membership for non-Maori and opportunities to discover courses including topics around cultural considerations for health practitioners.

I look forward to the next quarter – be in touch if you want

Iselde de Boam

The South Island Regional Coordinator role is still vacant and interest in the role is being sought.

Exciting News:

We know the Locations for Preliminary upcoming MNZ Conferences

2018 Dunedin
2019 Hamilton
2020 New Plymouth

INTRODUCTION TO MEMBERS INVOLVED IN SUB-COMMITTEES

Always good to have this level of experience behind the scenes.

EDUCATION SUB-COMMITTEE

Pip Charlton, Tauranga

Bridie Munro, Wellington

Roger Gooch, New Plymouth and Sheryl-lee Judd, Hawke Bay

Dawn Burke, Hamilton

PUBLICITY SUB-COMMITTEE

Rachel Dickinson, Wellington and Deborah Harris, Wellington

Tess Peek, Christchurch

RESEARCH SUB-COMMITTEE

Joanna Tennent, Wellington and Nikky Wright

Rachel Ah-Kit, Christchurch

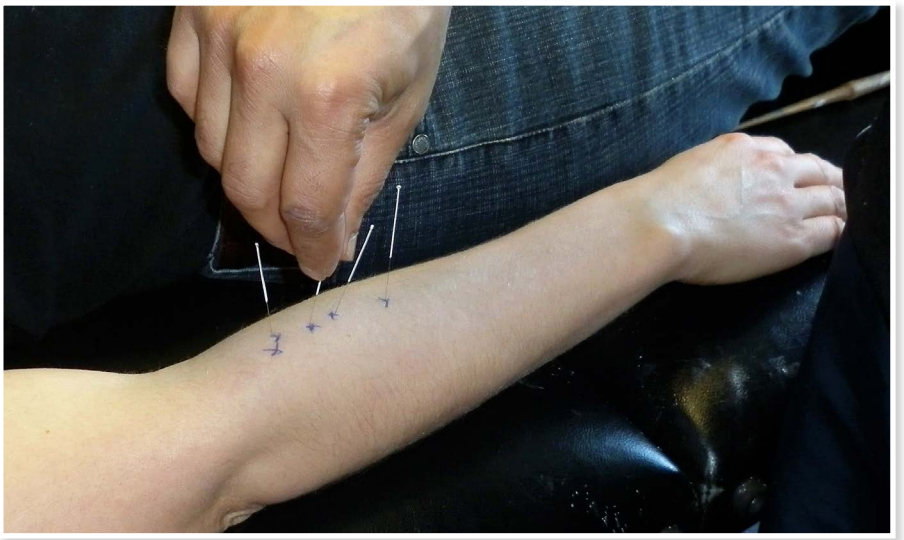
If you have organised or been involved in a MNZ event in your area we would love to hear from you! Please email your Regional Roundup or What's On dates to: magazine@massagenewzealand.org.nz

WHAT'S ON...

DATE	WHAT/WHERE/HOW TO REGISTER
Northland MNZ Networking Group **November 6th** **6.30-7.30pm**	**Guest Speaker:** Niki Barker – Explains Pilates Strength & Soul 3 Porowini Ave, Whangarei **Contact:** Tania Kahika-Foote liaisoncoord@massagenewzealand.org.nz
Coromandel MNZ Networking Group **November 2nd** **5.00pm-7.30pm**	**Contact:** Annika Leadley uppernirep@massagenewzealand.org.nz for info
Auckland MNZ Networking Meeting **November 9th** **7-9pm**	**Guest Speaker:** Aaron Jackson - Podiatrist Sports Lab 19 Auburn Street Grafton, Auckland We will look closely at pronation of the foot. What is the relevance to gait, how much is too much, what are the merits of this movement and how this can be measured. **Contact:** Mark Fewtrell mark3massage@gmail.com
Tauranga MNZ Massage Group	**Contact:** Annika Leadley uppernirep@massagenewzealand.org.nz for info
Hamilton & Surrounds MNZ Networking Meeting **November 7th** **7-8pm**	**Guest Speaker:** Erica Weerekoon – Grief Counsellor Cancer Society 32 Tainui Street, Hamilton An approach to counselling including all three aspects - counselling, mindfulness and supervision. **Contact:** uppernirep@massagenewzealand.org.nz
Wellington MNZ Networking Meeting **November 28th** **7.30am – 9am**	Petone Seashore Cabaret Café Come to breakfast with one question/statement/ problem that has arisen from your practice. Contact: Iselde de Boam 021 044 8552 lowernirep@massagenewzealand.org.nz
Christchurch MNZ Massage Group	**Contact:** Volunteer required
Wellington NZ College of Massage **November 11,12th** **First Aid**	NZ College of Massage Level 9, 76 Manners Street, Wellington Full weekend or refresher on Saturday for MNZ registration https://www.massagecollege.ac.nz/courses-study/short-introduction-courses/

GETTING TO THE POINT

Co-editor Odette Wood recently interviewed Wellington Physiotherapist, Acupuncturist and Massage Therapist, Joannes Boele van Hensbroek, to get the low down on dry-needling.



What is dry needling and how does it differ from acupuncture?

Dry needling is a relatively new western form of acupuncture which differs from both Western acupuncture and Traditional Chinese acupuncture. Western acupuncture utilises meridian points but applies western reasoning with particular consideration to relevant neurophysiology and anatomy. It does not utilise any traditional Chinese medicine assessment methods or paradigms. Points are stimulated to create local, spinal segmental, or supraspinal, pain modulating effects.

In contrast, Traditional Chinese Acupuncture examines changes in the tissues through the prism of the meridians as well as the status of the qi (energy), blood and fluids (fundamental substances). Acupuncture is then applied to the meridians either utilising specific acupuncture points or non-specific areas where tissue changes are evident. Elimination of painful spots in muscles may be done by needling distal acupuncture points which stimulate the qi flow to eliminate the qi blockage which is attributed to the pain. TCM acupuncture is also used to needle tender points in muscles called Ashi point needling.

Dry needling on the other hand specifically targets painful myofascial triggerpoints (MTrPs) in muscles by inserting of a fine acupuncture needle into the skin and muscle in order to improve or restore function of the tissues. When the needle penetrates the trigger-point, it elicits a 'local twitch response' in the muscle and may bring about a reduction in pain at the site of the trigger-point and/or referral area of the trigger-point.

There are a number of types of dry needling but the most common types used are superficial and deep dry needling.

Superficial dry needling was developed in the 1980s. It involves insertion of needle 5-10mm into the tissue above the MTrP for a brief period of time (30-60 seconds) to reduce the tenderness of the point. This may be repeated until all tenderness is gone. Deep dry needling involves insertion of the needle into the MTrP and then moving the needle around until a local twitch response is elicited. The needle is then withdrawn from the muscle but not from the skin. Instead it is angled slightly and reinserted into the area of the MTrP until another twitch response results. The procedure is repeated until no more twitch responses are evident.

What conditions is dry needling useful for?

When a muscle is put under stress for a period of time, it will start to exhibit changes. It may be tense, hypertonic, inflamed and/or develop either active or latent trigger points. The defining symptom is referred pain. It is often felt as an oppressive, deep ache or felt as an intense sharp intolerable pain. Dry needling is useful for pain management and is based on the understandings in pain science. It is useful for headaches, referred pain, pain around the trapezius, sciatic-like pain, overuse, stressed and irritated muscles.

How does dry needling fit in with massage therapy?

Dry needling is not a stand-alone treatment, but is used as part of a comprehensive treatment plan. As such, it can be a complementary adjunct to massage therapy, combined with soft tissue techniques, stretching, strengthening, stabilisation and postural training. It can allow the therapist to treat a number of areas at once by being able to dry needle one area or muscle, then massage another area before returning to the area being dry needled.

What safety concerns are there be around dry needling?

It is essential that practitioners only use dry needling after attending a course. Because acupuncture needles penetrate the skin, every precaution must be taken to prevent the transmission of blood-borne diseases by following standard protocols related to infection control and the correct handling and disposal of needles. There are also a number of areas that need to be avoided, including open wounds, vulnerable pathological sites such as varicose veins, acutely inflamed or infected areas. Care also needs to be taken around vulnerable areas such the neck, groin, apex of the lung, thorax, orbit of the eye, veins, arteries and nerves. There are a number of contraindications associated with dry needling which include bleeding disorders, fatigued and frail patients, cancer, heart problems, acute mental instability such as psychosis and acute immune disorders. It

is important to take a thorough evaluation before deciding on dry needling as the appropriate treatment approach.

BIO

Over the last twenty years, Joannes Boele van Hensbroek has focused on combining a traditional Chinese Medicine approach with Western medicine for pain management. Qualifying as a Physiotherapist and Masseur in the Netherlands in 1984 Joannes settled in New Zealand in 1988 and in 1996 he completed four years of Acupuncture study at the International College of Oriental Medicine in England. He has a taught at the New Zealand School of Acupuncture and the New Zealand College of Massage. He runs his own private clinic in Wellington, successfully combining his knowledge of traditional Chinese medicine with gentle mobilisation techniques to treat a wide variety of problems.

Co-Editors note:

The evidence for myofascial triggerpoints is a topic that continues to go through a great deal of discussion and debate by researchers in the field of pain science. We encourage massage therapists to stay current with the latest evidence in pain science including the role of the nervous system in the mechanisms of pain, and to continually apply a critical thinking approach to all techniques and treatment approaches, thereby ensuring that one remains an informed practitioner. In addition, because dry needling is an invasive procedure involving the insertion of needles into tissues, there is risk of injury and infection associated with this. It is important that any massage therapist undertaking training in this modality has an appropriate level of knowledge of human anatomy, physiology, pathophysiology and clinical assessment, which ensures that the massage therapist remains within their scope of practice.

CUPPING THERAPY—AN ANCIENT TECHNIQUE FOR THE MODERN WORLD

By Samuel Wong

Practiced in various cultures for more than 3,000 years, cupping therapy is a traditional form of alternative medicine on par with acupuncture and Chinese massage (tui na). The technique uses cups and suction to create negative air pressure next to the skin to stimulate the flow of body fluid and energy. While research has yet to conclusively support the practice, therapists who use it say this age-old modality decreases muscle pain, improves lymph flow, and can even reduce cellulite.

CUPPING PRINCIPLES

Cupping therapy, as practiced in traditional Chinese medicine (TCM), is based on the concept of balance between yin (feminine) and yang (masculine) energy in the body. The energy, known as qi, flows in a closed network of channels and locks commonly referred to as meridians and pressure points. In TCM, chronic pain is regarded as an indication that qi is not flowing freely in the body: "tong ze bu tong; tong jiu bu tong (pain means no free flowing; free flowing means no pain)."

Stagnated blood is considered the primary block that impedes the free flow of qi. Through negative air pressure, cupping breaks the capillaries to let out stagnated blood and sets off a chain reaction of repair and restoration, resulting in the formation of distinctive, circular skin markings on the treatment area. The body's metabolic process rebuilds the "managed bruising" of the local tissues, absorbs the bruises into the bloodstream for waste disposal, and restores the free flow of body fluid and energy. Skin marking from cupping usually disappears in 5–7 days.

There are several ways cupping is administered. I utilize suction for my cupping therapies, using a pump to create the negative air pressure. A more traditional technique is to use fire (applying rubbing alcohol to the inside of the cup and lighting it on fire before placing it on the client's skin), although the obvious risks with this technique must be considered carefully, as they are not covered under many professional liability insurance policies. Another variation on cupping that is well outside the scope of massage practitioners is wet cupping, where controlled medicinal bleeding becomes part of the treatment.

Although acupuncture is often used in conjunction with cupping, it is not essential to the therapy's viability. Massage can also be a component of cupping: when oil is applied to the client's skin beforehand, suction cups can then be moved easily around the body to address areas of pain.

The objectives of cupping therapy include keeping meridians open, promoting circulation of qi and blood, dissolving stagnated blood, relieving chronic pain, moderating yin qi and yang qi, clearing "internal heat," and dispelling internal cold and dampness. Cupping therapy is another way of using external approaches to treat internal problems—a treatment strategy in TCM.

CONTRAINDICATIONS AND INDICATIONS

As with all therapies, it's important to understand the circumstances under which cupping should be avoided. Cupping therapy is not advised for persons with a bleeding tendency, cancer, edema, high fever, infection, sensitive skin, spasms, twitching, or ulcers. It should also not be applied over the abdominal or sacral regions of pregnant women.

Cupping therapy is effective for shoulder and back pains, joint pains, soft-tissue injuries, and several internal conditions.

The typical sites for treatment of shoulder and back pains include points on the bladder, conception (ren), gall bladder, governing (du), large intestine, small intestine, sanjiao, spleen, and "extraordinary head-neck" meridians. These specific points are dazhu (BL11), fengmen (BL12), geshu (BL17), ganshu (BL18), shenshu (BL23), ciliao (BL32), weizhong (BL40), qihai (CV6), fengchi (GB20), jianjing (GB21), yaoyangguan (GV3), dazhui (GV14), quchi (LI11), binao (LI14), jianyu (LI15), jianzhen (SI9), tianzong (SI11), jianwaishu (SI14), waiguan (SJ5), sanyinjiao (SP6), and bailao (Ex-HN15). The courses of these meridians are in the posterior body and anterior arms, so cups should be applied on these areas of the body.

The typical sites for treatment of internal conditions such as constipation or abdominal bloating include points on the bladder, conception (ren), governing (du), kidney, spleen, stomach, and "extraordinary back" meridians. These specific points are geshu (BL17), pishu (BL20), weishu (BL21), zhonglushu (BL29), ciliao (BL32), guanyuan (CV4), qihai (CV6), dazhui (GV14), dahe (KI12), sanyinjiao (SP6), diji (SP8), guilai (ST29), zusanli (ST36), and shiqizhui (Ex-B7). The courses of these meridians are in the anterior lower abdomen, posterior lower- and mid-back, and medial legs.

CUPPING AT WORK

Cupping is a technique that can be easily combined with other hands-on modalities. Here is a brief overview of what cupping looks like to the practitioner.

To begin, lightly lubricate your hands and glide over the areas of pain or discomfort on your client to feel for muscular adhesion and tightness (stagnated blood or fluid). Then, lubricate the problem area liberally. Place a vacuum cup over the area and extract air pressure from the cup with a suction gun. Adjust suction according to the client's condition and reaction. Use two or three cups along the same meridian, as needed. Remove the cups after 10–15 minutes. Apply effleurage or petrissage strokes to the distal segment of the meridian while the cups are on the skin. Wipe off lubrication after the cups are removed, and sanitize the cups using Standard Universal Precautions.

Cups are medical instruments. It is crucial that you sanitize them after use. For my own practice, I wipe the cups with Disinfecting Wipes, then wash them with mild kitchen detergent and rinse them with cold water to remove the residual disinfectant after each treatment session. I do not boil the cups because the heat will hasten the deterioration of the rubber seals. Other practitioners sanitized their cups in bleach water or iodine solution.

INTERPRETING THE RESULTS

After removing the cups, you can further discern the client's condition by evaluating what you see.

- If the skin marking appears moist and water-filled, the client's internal condition is "damp" and yang-deficient.
- If the skin marking is colored dark red or purple-black, is filled with spotted bruises, and is warm to the touch, the client's internal condition is "overheated" and yang-excessive.
- If the skin marking is colored dark red or purple-black, but there are no spotted bruises and it's not warm to the touch, the client's internal condition has stagnated blood.
- If the skin marking has no change of color and is not warm to touch, the client's internal condition is "cold" and yang-deficient.
- If the skin marking is itchy or wrinkled, the client's internal condition is cold and gaseous.

CONCLUSION

The mechanics of cupping are relatively simple. Although the theoretical basis of cupping therapy revolves around meridians and pressure points, its application can be adapted according to Western understanding of human anatomy and physiology—knowledge that therapists have acquired in their initial training and refined in their clinical practices.

Cupping therapy, especially using vacuum cups, can be an invaluable tool for massage and bodywork therapists, and it can be learned in a short time, ideally in a workshop under the supervision of a cupping expert.

CUPPING CAUTIONS

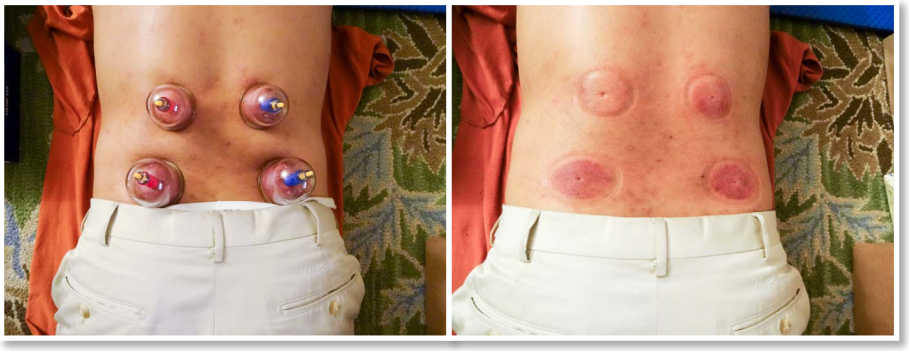
Use no more than six cups in a cupping treatment session to allow for focused treatment. Ensure that the cups do not remain on the skin for more than 15 minutes, and for the initial treatment, limit the time to 10 minutes. Allow a 3–5 day interval between treatments.

CAPTION: Even in a dry cupping session, there is potential (though rarely) for exposure to blood for the practitioner. Before removing a cup, the practitioner should examine the treatment area to see if blood has oozed out under the cup. If blood is present, wear gloves for protection before removing the cup and use Standard Universal Precautions to clean the area and any tools that come in contact with the blood. (Note: In my several years of doing cupping, I have encountered only one client who had blood oozing from the treatment area in a dry cupping session.)

THREE CASES

I have had a variety of experiences incorporating cupping into my therapeutic sessions. Here, I note three cases that indicate how I interpreted my clients' cupping results.

CASE 1 is a male client in his mid-30s. He reports having back pain, due perhaps to his posture at work. Cups are applied on his posterior lower back, their suction focused on the bladder meridian (the quadratus lumborum area). The darker red color of the lower right posterior skin marking shows a high level of excess yang energy

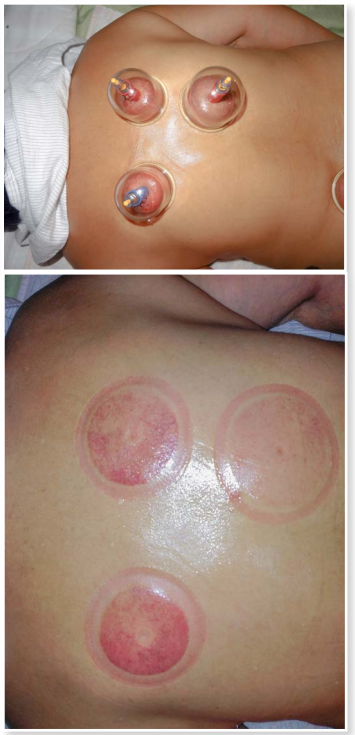


Images of Case 1

in his lower back. The marking is on dachangshu (BL25), indicating that his lower back pain is due to congestion in the large intestine, as well as muscular adhesion in the lower back.

CASE 2 is a female client in her late 60s. She reports having tightness in her back, due perhaps to her sleeping position. Cups are applied on her posterior upper back, inferior to the scapulae, their suction focused on the bladder meridian and the erector spinae group. The darker red color of both posterior superior skin markings show a high level of excess yang energy in her upper back. The markings are on jueyinshu (BL14), indicating that the back pain is due to congestion in the chest, as well as muscular adhesion in the upper back.

CASE 3 is a female client in her mid-40s. She reports feeling uncomfortable, due to stomach bloating. A single cup is applied on her anterior lower abdomen (what TCM identifies as the dantian area) where gas bubbles are present; its suction is focused on the inferior segment of the ren meridian. After the cup is removed, there is no change of skin color or texture, indicating that the bloating is due to excess yin energy. The gas bubbles are released through guanyuan (CV4), a key pressure point on the ren meridian.

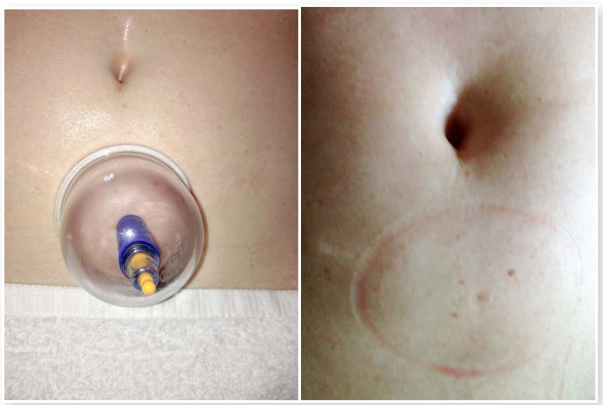


Images of Case 2

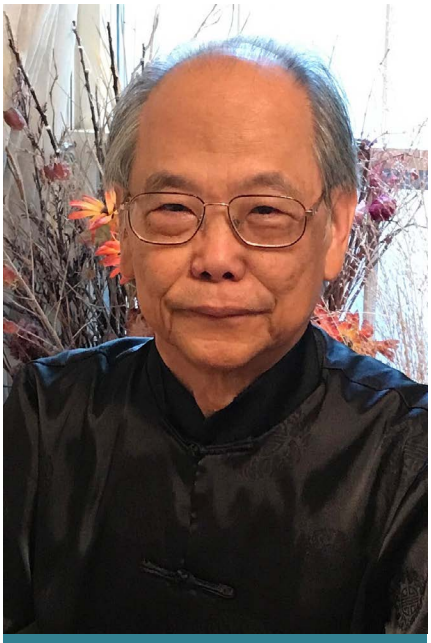
CLIENT TAKE-HOME INSTRUCTIONS

When sending your cupping client home after a session, be sure to offer these home-care tips:

- Keep yourself warm. Don't be exposed to cold air.
- Don't take a bath or shower immediately after treatment.
- Don't vigorously rub the treatment area.



Images of Case 3



Sam Wong is a retired massage therapist in the United States. However, he continues to be involved in learning and writing about the blending of Chinese tuina and Western massage and the use of massage to care for caregivers. He is currently working on a book about meridian massage. His book Becoming a Massage Therapist at Age 70 is available from Amazon. He can be reached at drsamwong39@gmail.com.

Resources

Chirali, I. (2007). Traditional Chinese Medicine: Cupping Therapy. London, England: Churchill Livingstone.

Wong, S. (2015). Becoming a Massage Therapist at Age 70. Indiana, United States: XLIBRIS: 190–91.

"Bahuoguan." Accessed June 2016. www.baike.com.

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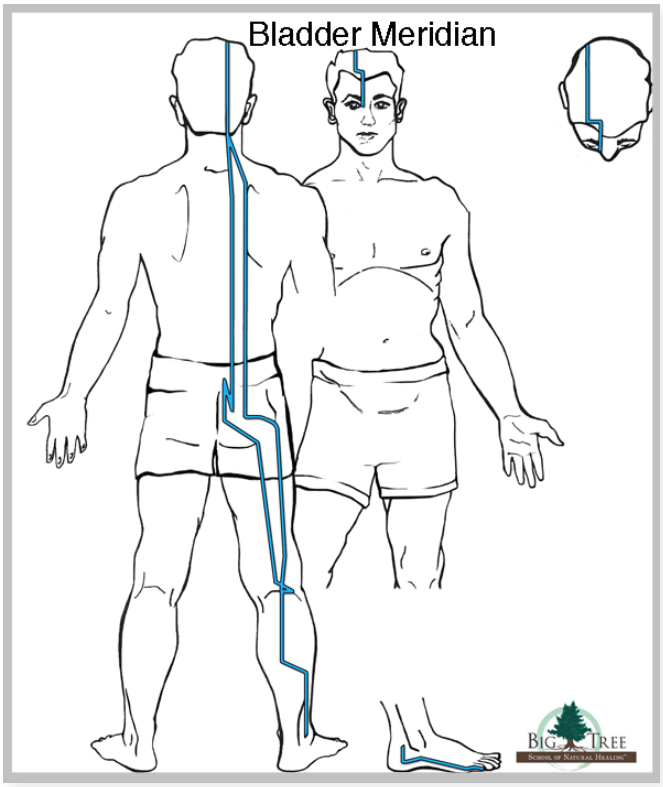
AWAKEN THE BACK SHU POINTS!

By Cindy Black, LAc., LMT

The Bladder meridian has intrigued me for years. It spans the entire body from head to foot, splits into two pathways on the back, and seems to have a point to relieve just about any symptom.

PATHWAY OF THE BLADDER MERIDIAN

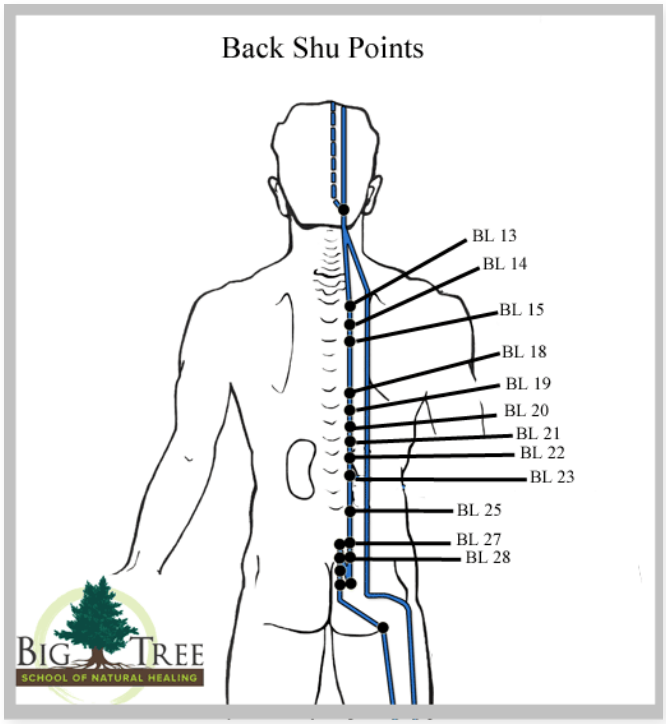
The Bladder meridian begins at the inner corner of the eye, at Bladder 1 (BL 1). From here, it travels up the forehead, over the head, down the back, across the buttocks, down the center of the hamstrings and gastrocnemius, along the lateral surface of the Achilles tendon, the lateral malleolus to end at BL 67 on the little toe. It's a long meridian!



On the back, the Bladder meridian offers a series of points called the "Back Shu Points." These points are easy to locate and offer tremendous potential for every organ of the body. Activating these points can be easily integrated into any form of massage therapy. Let's take a closer look at the Back Shu Points!

12 BACK SHU POINTS CORRESPOND TO THE 12 ORGANS OF CHINESE MEDICINE.

"Shu," in this context, means "transporting." The "Back Shu Points" are the transporting points located on the back - simple! Contact to these points can transport Qi to a specific organ. Organ health



is primary to every bodily function. Every Organ needs a constant supply of fresh Qi. A practical way to support your client's overall health is to add gentle, mindful contact to these points during a massage.

STEPS TO ACTIVATE THE BACK SHU POINTS

1. General massage to the back
2. Focused compression to the Bladder Meridian pathways along the back
3. Add some gentle movement to the back and spine to awaken the movement of Qi
4. Beginning at Bladder 13, sinking, mindful pressure to each of the Back Shu Point. Contact each point on both sides of the body at the same time.
5. Compression down the back of the leg (the Bladder meridian continues down the center of the back of the leg).
6. Simple massage to the 5th toe (this is where the Bladder meridian ends).

LOCATE THE BACK SHU POINTS

The Back Shu Points are located on the inner line of the Bladder meridian, which runs vertically along both sides of the spine. That is the easy part. To locate the inner pathway of the Bladder meridian, use the halfway mark between the spinous processes and the medial border of the scapula.

The more challenging aspect of these points is finding the horizontal reference mark, which are the spinous processes of the vertebrae.

Each Back Shu Point is described according to which vertebrae it is next to. For example, Bladder 13 (the Shu point of the Lungs) is on the inner Bladder line level with the spinous process of the third thoracic vertebrae (T3). The third thoracic vertebrae is level with the superior angle of the scapula.

Below is a list of the exact vertebrae associated with each Back Shu point. Each point is level with the spinous process of the given vertebrae, on the inner Bladder line.

T= Thoracic vertebrae, L = Lumbar Vertebrae, S = Sacral Vertebrae

T 3 – Lungs

T 4 – Pericardium

T 5 – Heart

T 9 – Liver

T 10 – Gallbladder

T 11 – Spleen

T 12 – Stomach

L 1 – San Jiao (Triple Warmer)

L 2 – Kidney

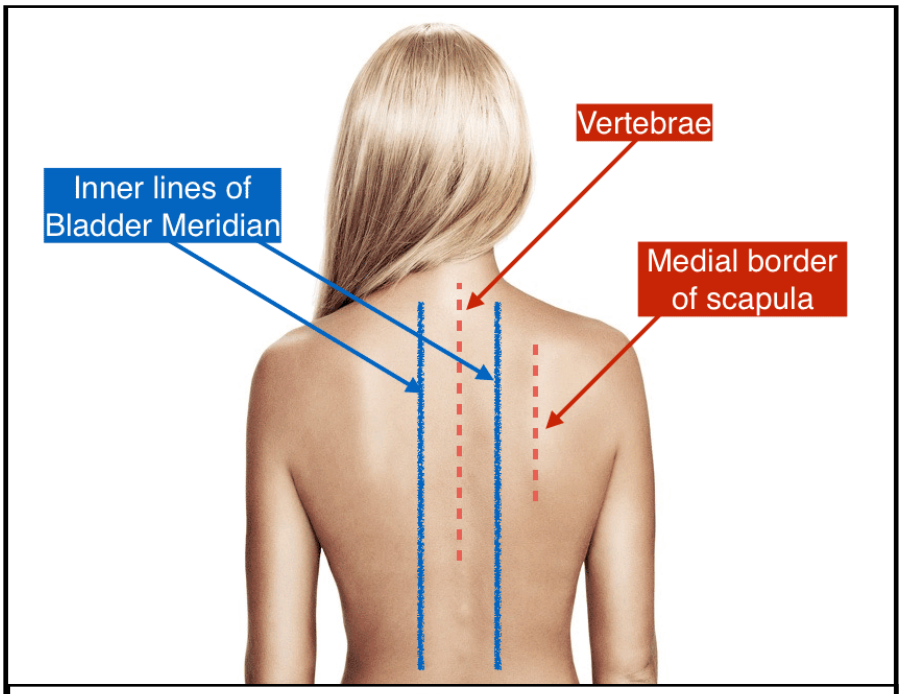
L 4 – Large Intestine

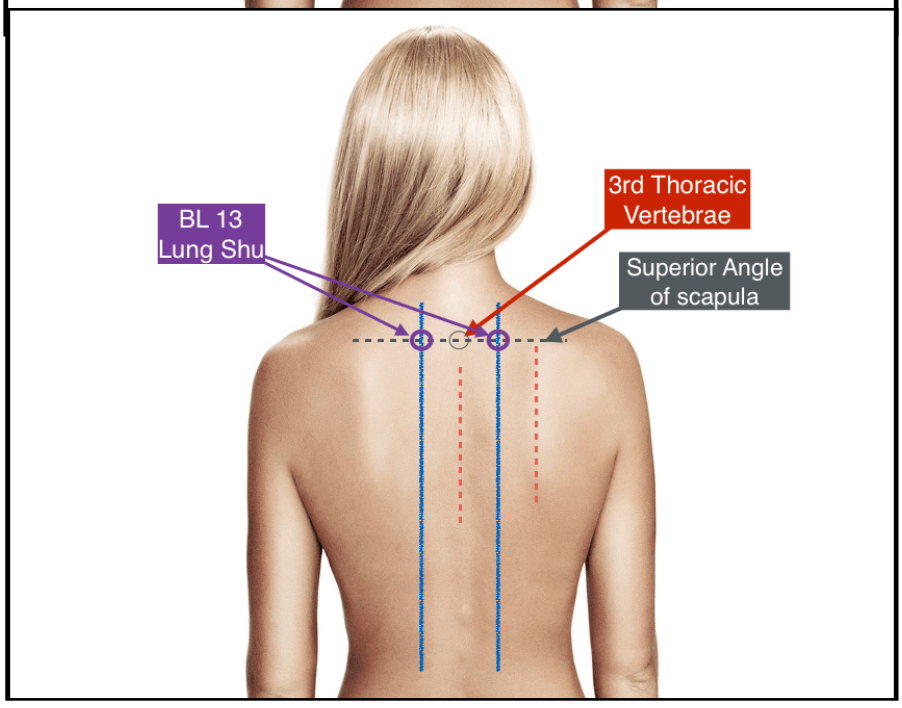
S 1 – Small Intestine

S 2 – Bladder

Practice, practice, practice.

By working all of the points down the inner line of the Bladder meridian, you will contact all of the Back Shu points. With time and experience, you will feel each of these points clearly. As you gain confidence in the mechanics of locating these points, use the chart below to determine which Back Shu point you are contacting. The more aware you are of which organ you are supporting with each point, the more benefit you will offer as you work.





Cindy Black, L.Ac., LMT, is the founder of the Big Tree School of Natural Healing and the author of Meridian Massage, Opening Pathways to Vitality. She developed the Meridian Massage Approach by integrating the theory of Classical Chinese Medicine with mindful, hands-on contact to meridians and acupoints. Cindy has been teaching online and in-person for over 20 years. She is a lifelong student of Nature, ever on the trail of health and happiness.

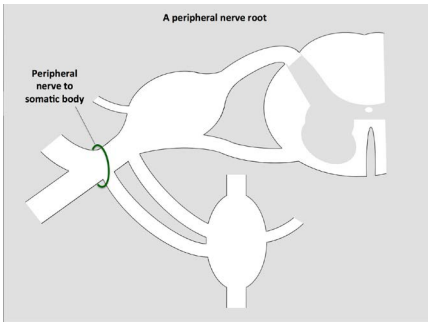
ANATOMY OF A **PERIPHERAL NERVE ROOT**

by Diane Jacobs

It's embarrassing to admit that even though I've been a therapist for over 40 years I still have to go back to review the basics on a regular basis. I'm a visual learner when it comes to learning the nervous system. If I can't "see" it, I can't make a memory for it. Most images out there are so complicated and cluttered they don't really help.

I decided to make my own, post them around on the internet, as files, and here, as a sort of comic strip. The images and any content they contain are a compilation from many sources, greatly simplified. I made these images, and I'm showing them to you. My hope is that they can help a viewer learn the wiring diagrams more easily. The images are not copyrighted in any formal way - I would hope and trust, that no one would stoop to stealing them or not attributing them or trying to sell them...I made them myself. Feel free to use them, but please link back to this blogpost, at least...

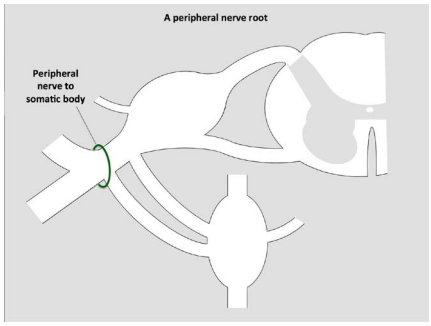
1: THE BASIC PLAN



The junction between CNS and PNS is a foreign land to most manual therapy practitioners. They know it exists but don't understand it very well. So, they default to imagining they can affect tissue directly with their hands. Even more alarming perhaps, in the long ago past, a certain cargo cult mentality emerged in which human primate social groomers imagined they could affect this junction directly by bouncing around on the spine forcing noise to emerge from it. The spine houses this intricate system, but since when did a computer ever work better by banging around on the housing of it, as if it were a reluctant coke machine?

The fact is, this junction houses very long neurons that talk to each other and to the CNS/brain at many levels. These long neurons come all the way out to skin. You can touch them there. You don't have to try to bang the housing around like some kind of home renovator/carpenter. Instead, just hack into the nervous system itself - metaphorically of course. So much easier and kinder.

2. SPINAL NERVE COMPONENTS



There are a few names to learn. Do not confuse them.

Posterior (dorsal) root
Anterior (ventral) root

Those are the bits that plug straight into the spinal cord, before the peripheral spinal nerve is even a nerve. They are closest to CNS. There are no postganglionic ANS fibres in these. Our peripheral nerve isn't ready for distribution quite yet.

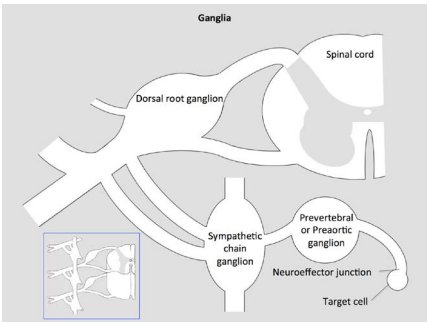
Dorsal ramus
Ventral ramus

These are the two divisions that occur right after all the circuitry is in place, after post ganglionic fibres have added themselves, after all the fibres have sorted themselves out and are ready for the long trip to wherever they are going to end up. The dorsal ramus heads for the back. It innervates paraspinal muscles and skin on the back of you, from the top of the head down to the tip of tailbone. The ventral ramus innervates everything else in the whole body (below the head), all four limbs, muscles and skin. It innervates a body wall that surrounds the whole body, including the back of the body.

Wait a minute: didn't I just say the dorsal ramus innervates the muscles of the back? Yes, but not the neck and limb muscles that cover the back and enclose it, shutting it off from the world.. only a little of them, close to the spine. Trapezius covers the back of the neck all the way down to T12. Latissimus covers the back all the way from T6 down to the sacrum.

The cutaneous portions of the dorsal rami must pierce through both these huge flat muscular sheets to reach the skin organ. By then all they have are sensory and autonomic fibres. I think this anatomical arrangement poses a dilemma for them, could account for some portion of back pain in the population. But I digress.

3. GANGLIA



There are a whole bunch of these located just outside the spinal cord (DRGs), inside the body (chain ganglia), some of them in front of the aorta (prevertebral or preaortic). They are so interconnected that when you look at an anatomical image of them, it's bewildering, and the eye can't take in the information the first million times you try to look at it and understand it visually - there is just too much information - it looks like a big net covering up stuff. And it is. It's the body's

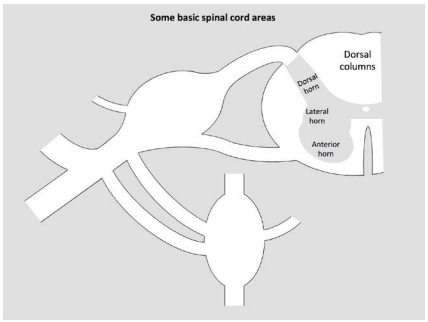
internet. Sort of. It's necessary to slow way down, make it really simple, visually, in order to understand its workings, first. That's what this series is. A step-by-step breakdown of a cluttery looking system. It might help to visualize this horizontally, the way it is oriented in fish, in quadrupeds.

What's kind of awesome is the fact that these ganglia, this system, predates the CNS, predates the spinal cord. Fish invented the spinal cord a half billion years ago - up to then, it is thought that this nerve net was all there was. In fact, invertebrates are distinguished from vertebrates in that they do not have a CNS (spinal cord/brain), which doesn't mean they aren't smart - octopi are quite smart according to most accounts. Apparently a PNS suffices for a very large percent of the population on the planet.

Please note that the DRG is not to scale in this picture. In reality it's way smaller than it looks here. And it's not right up against the anterior root.

We will find out what these ganglia are for. But first...

4. SOME BASIC SPINAL CORD AREAS

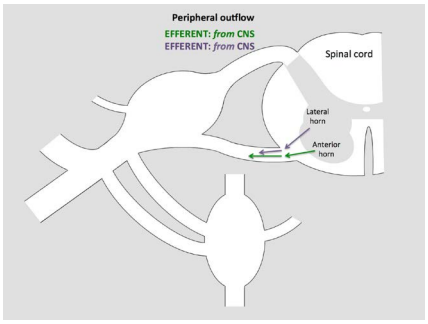


As vertebrates, however, we do have a CNS. As humans, we are inordinately proud of ours, mostly of our brains. This is where the PNS, the oldest critter brain portion of our nervous system, joins the CNS, in the spinal cord, the oldest part of the CNS, or what I like to think of as the fish brain.

I always think of the spinal cord as a land spit stretching out into the ocean of the body, festooned with little docks on each side. It seems weird that the spit was there before the continent formed at one end. But it was.

5. PERIPHERAL OUTFLOW (EFFERENT)

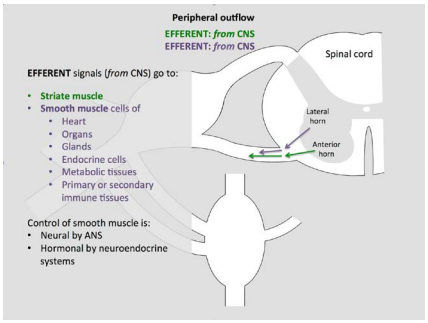
A lot of people confuse efferent and



afferent. Personally, this has never been a problem, but I can understand the problem. The words are pretty close in how they look. You just have to memorize them. Ponder them until the meanings and the distinction sink in. They are opposites.

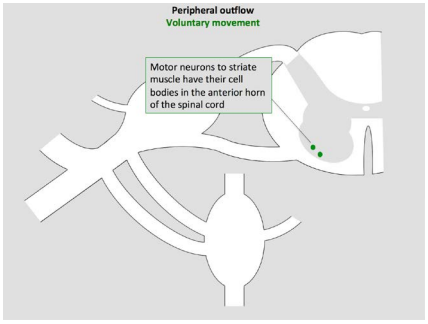
There are two kinds of "Efferent" from the spinal cord. One is from the critter brain further upstairs, and the other from the human brain (well, at least we'd like to think we are... human I mean..)

6. PERIPHERAL OUTFLOW (EFFERENT)



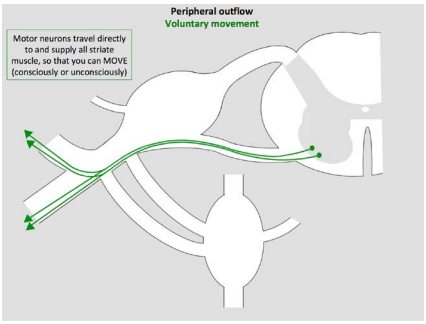
Here are the two kinds. Basically, one is for striate muscle and the other for smooth. The kind for smooth muscle basically runs all the physiology for the body. The brain needs to be able to intervene and change things in a big hurry, sometimes. That's what the sympathetic NS is all about.

7. PERIPHERAL OUTFLOW: VOLUNTARY MOVEMENT



We will tackle the easy stuff first, get it out of the way. Unfortunately, this is usually all that we learn in PT school. When I try to remember PT school, I'm also pretty sure this is all that was ever taught, too. Maybe it's different nowadays.

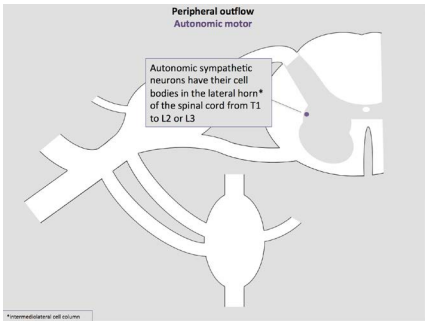
8. PERIPHERAL OUTFLOW: VOLUNTARY MOVEMENT



This system lets you execute everything from the playing of Chopin, to knitting, or breakdancing, or winning the 100 meter dash in under 10 seconds. You were a lot more aware of your voluntary movement when you learned to walk, learned your first lessons about gravity. You were a lot more aware of your voluntary movement when you learned to talk, and learned what sort of effect vocalizing at various decibel levels had on those in your social environment.

Striate muscle is amazing, but it's good to remember it's just an effector tool at the end of an executive central nervous system that wants to output something to its environment through its anterior horn neurons.

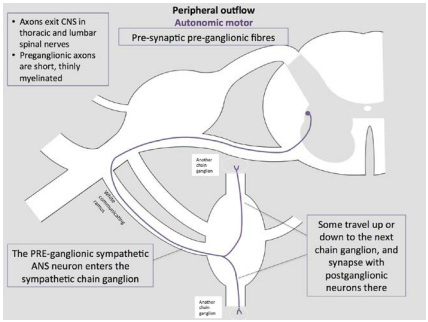
9. PERIPHERAL OUTFLOW: AUTONOMIC



Let's take a look at the autonomic output system now. Yeah, I know you've been dreading this. But it's not that bad. Not really. Baby steps now, baby steps...The CNS outflow neurons for the ANS live in the lateral horn of the spinal cord.

(Yes, there are parasympathetic neurons too. They are in the top end [brain] and tail end of the spinal cord. None of them end up in the skin we ordinarily contact in manual therapy, so I'm more interested in sympathetic outflow.)

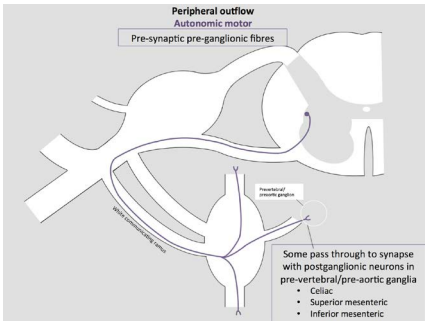
10. PERIPHERAL OUTFLOW: AUTONOMIC



So, first we trace the preganglionic neurons to their destinations. These are CNS neurons, and they go to ganglia. Period. Full stop. Only a short way. Not that they don't travel through a few ganglia up and down the chain until they decide to hook up with a post ganglionic fibre.. they certainly do.

They are a little bit myelinated. Therefore, the communicating ramus between the anterior root and the chain ganglion is called the white communicating ramus, or white rami communicantes if we're speaking Latin, and in plural.

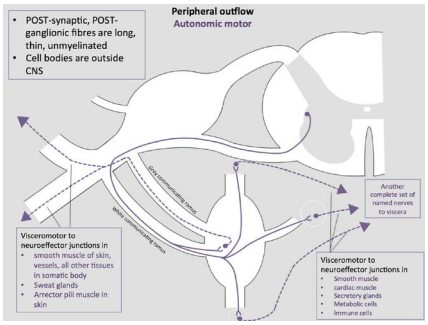
11. PERIPHERAL OUTFLOW: AUTONOMIC



Eventually they synapse somewhere, be it in a chain ganglion or a prevertebral ganglion, and then the PNS takes over, taking the info from the brain further out and down into the ocean, oops - I mean body.

12. PERIPHERAL OUTFLOW: AUTONOMIC

Here's the thing: if a preganglionic fibre



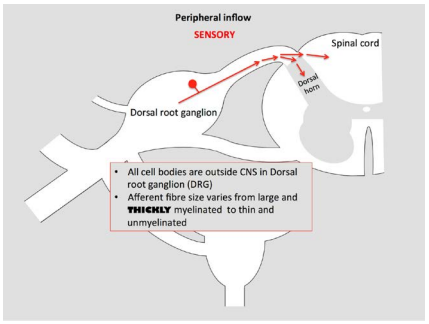
synapses with a postganglionic fibre in a chain ganglion, it's going to head off down a familiar peripheral nerve for the soma. This is the musculoskeletal system and all the smooth muscle cells there, including all the glands and immune cells and blood vessels. This includes running all the thermodynamically obedient, heat-regulatory, heat-dissipatory layers and layers of vasculature in the thick skin organ/ blubber layer that vertebrates evolved.

If a preganglionic fibre does not stop in a chain ganglion, projects further, and synapses with a post ganglionic fibre in a prevertebral ganglia, it will send info to the smooth muscle of viscera instead. Not that viscera doesn't have its own nervous system. It certainly does. It's called the enteric nervous system, and it works quite well all by itself without any help from the sympathetic nervous system, thank you very much. However, if a bear is coming at you, the sympathetic NS will intervene to stop the enteric NS so that blood flow can go into muscle instead, so you can run away from the bear. Cool eh? It will also divert a bunch of blood from the skin organ into the muscle layer, for the same reason. Got to escape. Don't worry, we can cool you down later. Right now it's more important to get outta here.

But I digress.the grey communicating ramus, or grey rami communicantes, contains only unmyelinated neurons. No myelin, no white, more grey.

13. PERIPHERAL INFLOW (AFFERENT)

This is my favourite part of the PNS. My bias is because this is the part I can send kinesthetic messages to somebody else's CNS through, by touching their skin in the course of treatment. People can give themselves feedback through this system, through proprioception from striate muscle.

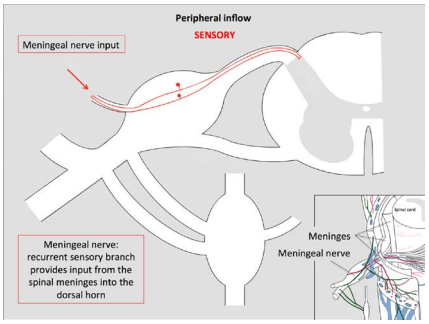


This is how you learned to play Chopin, and breakdance, in the first place, remember?

This is a very, very old old old part of the PNS. It takes info to the CNS along a wide variety of sizes of fibre. The bigger and thicker and fatter and more myelinated the fibre, the faster will be the input. Without feedback the system does not have a clue what to do. You wouldn't know where your limbs are with your eyes closed. You wouldn't know your butt is tired from having been sat on for too long. The visual system can be hijacked into overthrowing this input, to a certain extent, through rubber hand illusions, etc.

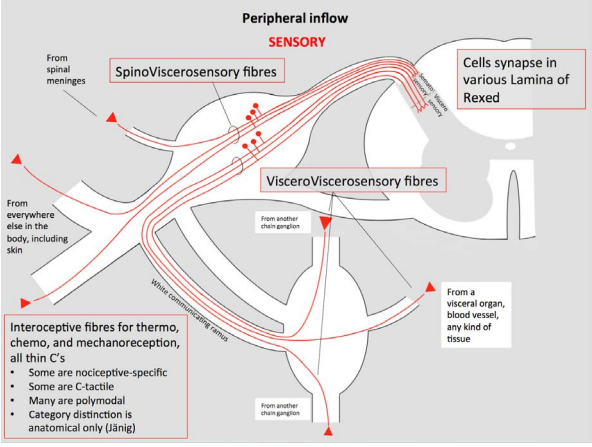
Mostly though, I like accessing peoples' brains through their skin. I like remembering that somatosensory fibres are so long, and so accessible, all the way out to skin, that there are only six cells between my brain and the consciously aware brain of somebody I'm treating. Three on their side and three on mine.

14. PERIPHERAL INFLOW (SENSORY): MENINGEAL NERVE



This is a nerve we all hope never becomes sensitized. It gives the CNS information about its own three-layer overcoat. It's pretty short. One can't get their hands directly on it. I don't think manipulating spines in a high-velocity fashion does this nerve (or any other nerve for that matter) any favour, long term.

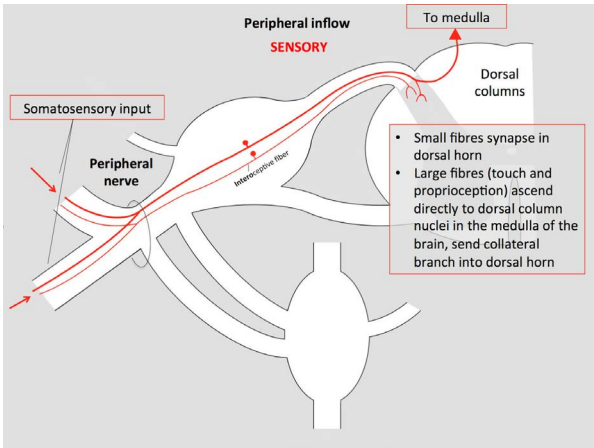
15. PERIPHERAL INFLOW (SENSORY): SOMATOSENSORY NERVE



This is my favourite input channel - especially those fat fibres that go all the way, from skin contact, up to dorsal column nuclei in the medulla before they terminate, synapse with another neuron. There are other cool neurons in there, however - C-tactiles, thin C's in skin that transduce only pleasant sensation, or what I like to call yes-ception, a term coined by Jason Erickson, a massage therapist.

One should remember, though, that fibres in these nerves are sending info in from everywhere inside the body, including all the nerves themselves, and the back of the head. Here is the last slide, and it shows that.

16. PERIPHERAL INFLOW (SENSORY): FROM EVERYWHERE



That's it. That was easy, right?

From Diane Jacobs blog

http://humanantigravitysuit.blogspot.co.nz/2014/12/anatomy-of-peripheral-nerve-root.html 2014

Having met Diane recently in Wellington we were humbled by how much information she has published and she is so willing to share. Thanks so much to Diane.

CAN PAIN BE A TIP WITH NO ICEBERG?

by Todd Hargrove

I just came across a very interesting article linked by Diane Jacobs on Facebook titled All Tip No Iceberg: A New Way to Think about Mental Illness. Diane said the ideas in the article might be a good way to think about pain. I agree! Here's a brief summary of what I mean.

Psychiatrist Denny Bursboom and others have proposed a network theory of mental illness which departs from conventional ideas about the relationship between a collection of symptoms and an underlying disorder.

The conventional idea is that symptoms are caused by a disease, and that our ultimate goal should be treatment of the latter. For example, if you have a bacterial infection, this might be causing fever, pain, and fatigue. It would not be a good idea to address this health problem by taking Advil and coffee. Even though this would eliminate the symptoms, the underlying problems would remain.

According to Borsboom, the conventional model is problematic in complex conditions that have multiple causes. For example, depression and anxiety are notoriously linked to a host of other negative symptoms, including fatigue, insomnia, pain, and addiction. When all these symptoms cluster together, what exactly is the underlying disorder? For example, anxiety can make you socially avoidant, which leads to loneliness, which causes depression, which makes you drink, which makes it harder to do your job, which makes you anxious, which makes it harder to sleep, which makes you tired, so you can't work out, so you gain weight, and you become more anxious. So now obesity, alcoholism, anxiety, insomnia, unemployment and depression are clustering together, one reinforcing the other. What is the "real" problem causing all these others? Your Mom? Your genes? Everything in the Universe? According to Boorsboom, the problem is not some hidden X factor causing all the symptoms. Instead, it's the way the symptoms mutually support one another in a network of relationships.

Thus, the network itself is the disease, and the goal of treatment is to destabilize it by eliminating one or more its key "nodes." Some of the "nodes" in the network may play more of a central connecting role than others. Imagine a network of friends who all get together on a regular basis. Perhaps there is one friend who is the "glue" holding them all together. As soon as she leaves town, the group falls apart. Or maybe the group is more stable because everyone is close friends with everyone else.

A SOCIAL MEDIA NETWORK. WHERE ARE THE KEY NODES HOLDING IT TOGETHER?

In the case of a mental illness, the key node connecting all the problems might be failure to get enough sleep, or not having a job. In this case, treating this one symptom might help treat the whole "disease." I think these concepts can be applied to treat chronic pain, which is properly understood as being multi-causal, and involving similar networks of pathological relationships, including many of the exact symptoms discussed above.

For example, pain lowers mood, which reduces physical activity, which leads to poor sleep, which feeds anxiety, which leads to catastrophising, which reduces physical activity, which leads to deconditioning, etc. By eliminating one or more of these nodes on the network, maybe it the whole thing can be broken up.

Thus, many people can treat their chronic pain by improving their exercise, sleep, stress management, cognition and fear, even though an "issue in the tissue" is never identified. Practitioners with a more biomedical orientation might think this treatment plan will fail because it does not identify the underlying disease, the true prime mover for the pain. But if the pain is sufficiently complex, this search for an underlying disorder is not only unnecessary, but perhaps impossible. In other words, maybe it is true that pain is sometimes a tip with no iceberg.

Printed with permission by Todd Hargrove author of the Better Movement blog at bettermovement.org and A Guide to Better Movement: The Science and Practice of Moving With More Skill and Less Pain."

6 SECRETS TO ATTRACT AND RETAIN MORE CLIENTS

by The Institute for Integrative Healthcare Studies (Abridged)

1.HOW TO CREATE A SALES FUNNEL

First, what is a sales funnel?

Imagine a funnel where prospects are being poured into the top of the funnel. Maybe 100 prospects come in, but only 10 become clients. That's a sales funnel. Those people who reached the bottom of the funnel did so because you convinced them over a period of time that you were the right choice for massage therapy. That means you marketed to them, and gave them a reason to come into your practice. Maybe it was an offer for a 50% off massage for 1st time clients, a free report detailing how to hire the right massage therapist, or something else.

The truth is, 99% of massage therapists don't have a strategic sales funnel setup that will bring those new clients back to you again and again. Many of them would like to establish a consistent client base so that marketing becomes irrelevant. Word of mouth marketing then takes over. For massage therapists, one very effective thing to do is to create a lead magnet (free report, short video, Newsletters). You want to help people make a buying decision. Doing this will cement you as the "go to" expert for massage therapy.

2.WHY LEADS ARE THE MOST VALUABLE ASSET IN A BUSINESS

It's often said "The money is in the list." Whether that's building a list of email subscribers, or building a database of people who have taken you up on a free offer in your massage practice, don't be afraid of FREE. Many business owners stubbornly refuse to give away a free gift, but they're actually losing money and don't even know it. As a sole massage therapist, it may not be feasible for you to do free massages, but focus on what you can give away. A free report or a free 15-minute add-on for first-time clients, may help build reciprocity.

For every person who calls your office for massage therapy, yet doesn't convert into a client, the chances of you ever hearing from that person again are slim. So your lead magnet must be compelling.

Maybe you would have a dedicated web page that says something like... Are You Brand New to XYZ Massage? Download My FREE Report "How To Hire The Right Massage Therapist" and Get 50% Off Your First Massage. Enter your email below now.

Now all you need to do is write a series of emails that go out automatically every day to remind those prospects that they can claim their 50% discount, but it expires in the next 5 days. Setting hard deadlines like that works very well at getting people off the fence.

Your local newspaper and classifieds are an option. However, you can waste a lot of money that will produce very little return if you're not careful. Many massage therapists take a shotgun approach. They will advertise to everyone in a newspaper. When you're speaking to everybody, you're speaking to nobody.

You need to be targeted with your advertising. Who is my ideal prospect? Who is most likely to benefit from massage therapy? What age are they? Male or female? What's their income level? Are they already spending money on similar services? Remember, just because someone reads your ad in a newspaper doesn't mean they qualify for your services. Also, remember that you may have more than one profile for the "ideal client."

Think about where your ideal massage therapy clients could already be spending money. It could be yoga studios, hypnotherapists, natural health stores, naturopaths, pilates clinics, gyms, or anywhere that people pay money to reduce stress. These target groups of people are ideal to go after. They've already shown a willingness to spend money on stress reduction. The next step is to build a relationship with these businesses. Doing targeted marketing to hot prospects will pay dividends, whereas a newspaper ad will likely produce dismal returns.

3.THE MAGIC OF TRIPWIRE MARKETING

Remember, low priced is good in the beginning. In any business, 90% of the profits come from the backend sales. This initial low priced transaction is often called a Tripwire. It's simply meant to get some money exchanging hands, even if it's low priced. I recommend that you make a low price offer to people immediately after they sign up for your free report (lead magnet) on your website.

You could just redirect them to a download page and say... "Congratulations! As a New Subscriber You Qualify for 50% Off Your First Massage". Again, a low price offer in the beginning is good. Some companies even lose money just to get a first time customer in the door. You may have heard of "Loss Leaders" before. This is when a company loses money on a product, but does so just to get the client in the door. They know you'll purchase other items to make up for the loss.

4.HOW TO WRITE A POWERFUL ADVERTISEMENT

A good ad should solve a problem that your prospective client is having. I'm going to lay out a simple formula for you to use for writing ads.

Here it is: Problem, Agitate, Solution

State the problem, and deliver your solution. Always start your ad with a BIG bold headline, e.g...

"Imagine your mind, body, and spirit taking a relaxing 30-minute vacation right here in our massage therapy studio located at 123 Massage Drive..... You'll leave feeling more relaxed than ever, we GUARANTEE it. Rest assured that our massage therapists are all registered.

"To download your FREE report, and get 50% off your first massage, go to XYZmassage/FREE and enter your email. When you do, you'll be be able to schedule your discounted massage right there on the website.

After you sign up for the free report and 50% off massage offer, you'll have 5 days to come into the office and use it before it expires.

Regards, Your name"

5.ADVERTISING MEDIA

When it comes to placing your ads, where are the best places to do so? We've already talked about classifieds, and joint ventures, but there are several other options you should know about. I mentioned before that you NEED a website. Without one, many of these options won't work for you.

PPC (Pay-Per-Click)

Type a search term into Google and you'll see text ads pop up. Some company, somewhere, is paying Google every time someone clicks on that text ad. When they click they are brought to that company's website to sign up for an offer they are making.

PPC ads can be very effective, but can quickly get expensive if you're not careful. You'll pay every time someone clicks on your ad. If the conversions are low and clicks are high, you can spend a great deal for little or no return.

SEO (Search Engine Optimization)

What search terms do you want your website to be associated with when someone types it into Google. Search engine optimisation is the science of ranking your website for key terms that people search for.

It's important to note that once your website is optimised, that's free organic traffic that the search engines will send your way when someone searches on your terms. This traffic will include both new customers and existing customers.

Social Media

Social media platforms like Facebook and Twitter are used to build a list of followers and maintain their interest and connection with you. These are highly targeted people who are interested in what you offer.

This is really no different from building and maintaining any other pool of leads. It's an asset of like-minded people you can make offers to. Maybe you could send out a message to your social media followers about your 1st time free massage. Maybe you post a picture of a new massage technique you are now offering or something that would be of interest to your audience.

Direct Mail

Direct mail can be very powerful for scaling up your massage therapy business. Mailing lists can be bought that are very targeted. For instance, you can find mailing lists of people who subscribed to Yoga magazine, or the like. These are the exact targeted prospects you want.

Email Marketing

We've hit on email a bit, but it can be the top producer in your marketing arsenal. Here's why. Email marketing allows you to stay on top of the minds of your clients, while building a relationship with them. Relationship building is key to client retention. You can send them emails with links to discount offers, holiday promotions, and more. You'll want to use a good email autoresponder company like Mailchimp. With email autoresponders, you can have prewritten emails go out automatically to anyone who signs up for your free report.

With your email marketing efforts, you'll get your highest results when you use scarcity. Scarcity is when you make your offer scarce. For example, use hard end dates. Writing emails with copy like "This offer ends in 3 days," and "You're about to miss out on the BIGGEST massage discount this year" works great to get people moving.

6.HOW TO BUILD AN EXPLOSIVE REFERRAL PROGRAM

It's the most cost-effective way to get new clients. Referral clients are like gold because they're already pre-sold on your service. It doesn't take nearly as much convincing, to get a paying customer through referrals.

Leaving it up to your clients to refer people on their own isn't effective. Most of them won't refer anyone unless you give them a reason to do so. Many referral programs are built around offering gift certificates for your massage services, or actually offering physical gifts to clients who refer X number of new clients.

One thing is for certain. You need to lay out a system in your massage practice for every client who comes in the door. Have a form ready to give to each client when they come in for massage. Simply tell them: "We have a popular referral program for all of our clients. Here's how it works. You can choose from....., yours FREE, when you complete this referral form and send it back to us."

Get busy implementing these ideas now, and I guarantee you will see your practice take off like a rocket ship in no time.

Kindly shared by The Institute for Integrative Healthcare Studies (Abridged) go to http://www.integrativehealthcare.org/mt/ where you can download your free report

Morris Cohen, President, The Institute for Integrative Healthcare Studies. The Institute was founded in 1996 to provide lifelong learning resources for healthcare professionals. In our mission of offering tools and ideas for professional growth, we serve our colleagues through educational opportunities that enhance their abilities and deepen their knowledge to practice safely and ethically.

MASSAGE THERAPY INSURANCE HERE'S WHY YOU NEED IT!

Being a massage therapist can be a rewarding yet challenging career, and there's no doubt you've worked hard to build your business, so it only makes sense to protect it.

Below are the top 5 reasons Massage New Zealand members should hold and maintain a Professional Liability Insurance package.

#1 PROTECT AGAINST CLAIMS OF NEGLIGENCE, MALPRACTICE AND PROFESSIONAL MISCONDUCT

Massage therapists are in a unique position of trust, and the service you provide comes with an expectation of a high level of professionalism and specialist knowledge. If something goes wrong you may be held liable. Someone could make a claim against you for providing incorrect or ineffective treatments, giving negligent advice to clients in relation to their wellbeing, or even an allegation of professional misconduct.

Professional Indemnity insurance provides essential protection against financial losses for legal action taken against you as a result of a breach of your professional duty. It covers legal and defence costs, court attendance costs, public relations costs, damages awarded against you, and loss of earnings.

#2 PROTECT AGAINST 3RD PARTY INJURY AND PROPERTY DAMAGE

If you have people coming into your practice or you perform your work at a client's place or other venue and you accidentally injure someone or cause property damage, you face the risk of legal action as result of a breach of your general liability.

Public Liability insurance protects you against claims from customers or other third parties by covering any compensation awarded against you, as well as legal and defence costs whether you are found responsible or not.

#3 PROTECT AGAINST UNINTENTIONAL BREACHES OF NEW ZEALAND STATUTES

All businesses, including massage therapists, are exposed to breaching many of New Zealand's Acts of Parliament, and as a result face fines, penalties and damages. An example of some common statutes that could be breached are: Health & Safety in Employment Act,

Consumer Guarantees Act, Fair Trading Act, Privacy Act, Resource Management Act.

Statutory Liability insurance protects you and your employees against unintentional breaches of certain statutory acts. It covers investigation and defence costs, as well as fines or penalties arising from prosecution for an offence under an insured statute.

#4 YOU'RE RESPONSIBLE FOR PROVIDING A SAFE WORKING ENVIRONMENT

If you employ any staff for your business you have a responsibility to provide a safe working environment and regardless of the lengths you go to in doing so, it's important to hold Employers Liability insurance.

It protects you and your business against settlements or damages, including defence costs, as a result of an employee suffering a workplace illness or injury not covered by the ACC and where you may be held legally liable. Claims can arise from Occupational Overuse Syndrome (OOS) and Repetitive Strain Injury (RSI), occupational stress, mental injury, nervous shock or fright, heart attack or stroke caused by work related stress, and disease arising from circumstances where the employer has failed to provide a safe workplace.

#5 MAINTAIN A PROFESSIONAL STANDARD AND PROTECT YOUR REPUTATION

Whilst insurance may not be mandatory, the image we portray sends an important message to our clients, and as a massage therapist your reputation means everything. Holding the relevant insurance provides credibility and assists you in upholding a professional standard. It also allows you to pursue legal avenues to clear your name and defend your reputation in the case of an alleged breach of professional misconduct.

Maintaining a Professional Liability Insurance package is not only a best practice standard for health professionals, but rather a necessity. It's important to ensure your business is covered before you commence trading, because the minute you open your doors for business is the minute you're exposed to risk.

BizCover has partnered with Massage New Zealand to offer its members the best possible insurance protection from QBE Insurance, which meets the specific needs of massage therapists. The package includes Professional Indemnity, Public Liability, Statutory Liability and Employers Liability coverage.

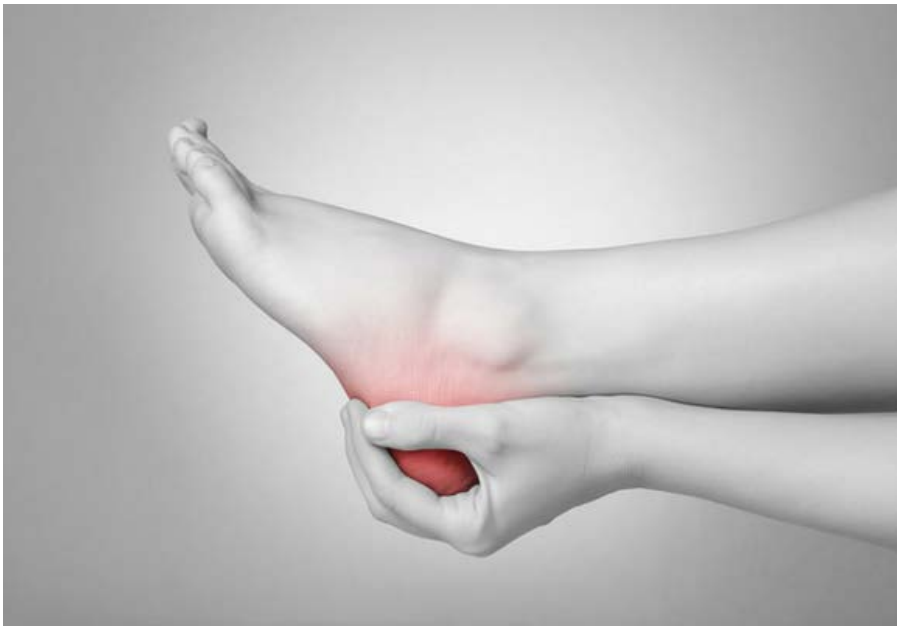
To obtain your exclusive member only rate of $294 all inclusive:

1. **Visit www.bizcover.co.nz or call 0508 249 268**
2. **Enter a few basic details about your business**
3. **Select the QBE package and enter your Massage NZ membership number in the Partner Code field to obtain your special rate**

BizCover.co.nz

THERAPEUTIC EXERCISE AND INVERSION ANKLE SPRAINS

By Jamie Johnston



When she came in, you could see the pain on her face. Wincing with each step toward the treatment room, her limp was noticeable as she was protecting the ankle. As I helped her sit down, of course, my first aid protocols popped into my head first, so I ran through the typical questions. Fortunately, she didn't hit her head and there was no "pop."

She had rolled her ankle and had a pretty typical inversion sprain, the swelling was already noticeable. What made it worse for her was the stress and worry of whether she could run as it was her favourite thing to do.

She wanted to get that ankle back to her normal activities ASAP.

HELPING PROTECT THE INJURY

As I mentioned, the first thing I thought of was the first aid protocols when it comes to an injury.

This particular incident was obviously in the acute stage, so all the RICE protocols are the first thing I thought of. While there has been lots of debate online about using ice and rest, I still believe that in the acute stage it's the best way to go.

Where I have changed my opinion is how long to use RICE.

In the past, we would use ice and rest for way longer (at least I did) than was probably appropriate. During the inflammation phase, (which is the first 48 hours) it is important to rest and support the tissues involved in the injury but still, keep up with some movement and continue to load the tissue within pain tolerances.

Since most of you probably already know how to rest, ice, and elevate I thought we would go over the compression portion and demonstrate how to properly wrap and inversion sprain, to give it some support and

help control swelling over that first 48 hours. https://youtu.be/ZFGZO49MNk8

Properly wrapping an ankle like this can give it that little bit of extra support (and confidence) in order to help the patient continue to move and also help with pain management.

LOADING THE TISSUE

More and more over the past few years, we have been hearing and seeing more research on the importance of loading tissues post injury.

We've heard the stories about how they get patients up and moving almost immediately after surgeries.

Research is showing that loading the tissue or causing mechanical tension (muscular force) is actually a way to help influence wound healing. As the injury enters into the repair phase we can start to load the tissue even more.

This, of course, depends on pain and weight bearing abilities. If the patient can do full weight bearing pain-free you should be able to load the tissue more than if they can't do full weight bearing. If they can't bear full weight, giving the patient something to hold for balance will help decrease the amount of weight we are loading into the tissue and help with a decrease in pain, but still have the ability to move and load the tissue.

Here is an example of how you can begin some weight bearing exercises and load for an inversion sprain. https://youtu.be/nh7pg9IEgoc

Once the patient feels more comfortable and pain has decreased, you can then progress them to this kind of exercise in order to load the tissue more: https://youtu.be/rfPpXBF3TWw

As the patient continues to progress, here is a 3rd progression you can use to load into the injury more: https://youtu.be/EleySGmdQKU

It is important to work within your patients pain tolerance when doing any kind of exercise, but one study showed that doing isometric contractions actually helped to decrease pain in patients with a tendinopathy. While an inversion sprain isn't a tendinopathy, we can use it as a reminder that it is okay to load the tissue early in the healing process. So, in addition to doing some massage therapy, actually loading the tissue will not only help strengthen the area but also assist in decreasing pain for the patient. However you decide to set up your treatment plan, these are movements that can be taught in the clinic and incorporated into your treatment but also given as homecare exercises to help the patient progress. For those of you who don't have "exercise" in your scope of practice, let's just call it "therapeutic movement!"

From https://themtdc.com/therapeutic-exercise-and-inversion-ankle-sprains/ at https://themtdc.com/

Registered Massage Therapist in Victoria BC, First Responder instructor, hockey fan and volunteer firefighter. Jamie Johnston writes blogs on the "Massage Therapist Development Centre" website with the aim to promote Massage Therapy, highlight its great affects as well as highlight what Massage Therapists are doing in their communities.

A GUIDE TO NEW ZEALAND NZQA **ACCREDITED MASSAGE PROVIDERS**

EDUCATOR NAME (LISTED FROM NORTH – SOUTH)	PROGRAMMES	DESCRIPTION OF PROGRAMME
Evolution School of Beauty & Massage **Whangarei** www.evolutionschool.co.nz	Diploma in Wellness and Relaxation Massage Level 5 40 weeks Feb - Dec 2018	The programme focusses on Relaxation Swedish massage, Infant and Child Massage, Onsite / Chair Massage and Sports Massage along with Nutrition, anatomy and physiology and integral biology, professional conduct and business awareness. The programme has a research component in terms of an Interventions project and students undertake a high number of case studies and consultative processes.
NZ College of Massage **Auckland, Wellington and Christchurch campuses** www.massagecollege.ac.nz	**OFFERING IN 2018:** NZCM Certificate in Massage (Preparation and study) Level 4 – 6 months full-time or 10 months part-time	A massage career preparatory programme covering the foundations of relaxation massage and the anatomy and physiology underpinning safe and effective application.
	Diploma in Wellness and Relaxation Massage Level 5 – 1 year	Year 1 of the degree programme develops the knowledgeable, skills and attributes required of a professional massage therapist to fulfil their role in the field of wellness and relaxation specifically and healthcare in general.
	Diploma in Advanced Clinical Massage Therapy (equates to NZ Diploma in Remedial Massage) Level 6 – 1 year	Year 2 of the degree programme develops the knowledgeable, skills and attributes required of a remedial massage therapist through education in assessment, treatment planning, and techniques for the management of a variety of soft tissue dysfunctions.
	Bachelor of Health Studies (Massage and Neuromuscular Therapy) Level 7 – 3 years (incorporating L5 and 6 Diplomas)	Final year of the degree programme builds on the knowledgeable, skills and attributes developed to-date and challenges the student to creatively devise person-centred treatment strategies based on current best practice for increasingly complex and novel cases.
Wellpark College **Grey Lynn** **Auckland** www.wellpark.co.nz	Diploma in Wellness and Relaxation Massage Level 5 July 2018	Increase in practitioner self-awareness, clinical practices, whole body systems approaches and links to evidence-based critical thinking. Students have more hands-on skill development and access to new specific populations. We incorporate whole system integration and wellness that addresses mind and body, benefitting students and clients alike.

NZ College of Chinese Medicine (NZCCM) **321 Great South Road Greenlane, Auckland** www.chinesemedicine.ac.nz  Established in 2003, the New Zealand College of Chinese Medicine (NZCCM) is a Category 2 Private Tertiary Education Provider accredited and approved by the New Zealand Qualifications Authority – NZQA. IN 2015, NZCCM merged with the Lotus Holistic Centre in Hastings and inherited their Massage Qualifications together with membership of Massage New Zealand.	Diploma in Relaxation and Wellness Massage Level 5 – 1 year 2018	This programme equips graduates with the underpinning knowledge and skills for the application in wellness and relaxation therapies intervention: including anatomy, physiology and neuro-musculoskeletal anatomy relevant for relaxation massage techniques; wellness techniques; muscle specific massage techniques; healthcare programming for stress and wellness interventions; client education; movement integration and reflexology.
	Diploma in Remedial Massage Level 6 – 1 year 2018	This programme enables graduates to provide evidence based knowledge, ability and skills to assess, plan, implement and evaluate remedial massage therapy interventions to address musculoskeletal dysfunction and other common health conditions requiring remedial massage interventions for a broad range of clients in a safe healthcare context (this qualification staircases into the Bachelor of Massage Qualification offered in New Zealand).
	Diploma in Tuina Level 7 - 2 years	This programme provides sufficient knowledge, practical skills and behavioural attributes for the general maintenance of health and lifestyle using traditional Chinese Medicine therapies, practices and philosophies of Tuina (Chinese Therapeutic Massage)
Wintec **Tristram St, Whitiora, Hamilton** www.wintec.ac.nz Wintec WAIKATO INSTITUTE OF TECHNOLOGY		Massage course under development for 2018
Toi Ohomai Institute of Technology **Windermere (Tauranga) and Mokoia (Rotorua)** TOI-OHOMAI Institute of Technology www.toiohomai.ac.nz	Diploma in Therapeutic and Sports Massage (equates to NZ Diploma in Wellness and Relaxation Massage) Level 5 Feb - Nov 2018 34 Weeks	Our student centred philosophy has created a programme that provides learning and networking opportunities. A student centred learning approach and project based assessment. Furthermore, this is enhanced by creating meaningful connections with current local industry leaders throughout the programme. Semester 1: Anatomy and Physiology of the Human Body, The Fundamentals of Therapeutic Massage, The Professional Practitioner Semester 2: Human Movement and Exercise Fundamentals, The Fundamentals of Sports Massage, Massage Therapy: Theory to Practice
Eastern Institute of Technology **Hawke Bay** **www.eit.ac.nz** EIT EASTERN INSTITUTE OF TECHNOLOGY	Diploma in Wellness and Relaxation Massage Level 5 1 yr full-time OR 3 years part-time	The purpose of this qualification is to provide the health sector and massage therapy industry with people who can provide wellness and relaxation massage therapy services. Subjects covered: Anatomy and physiology, Relaxation Massage, Massage Practice, Nutrition, Activity & Health, Professional Studies, Sports massage, Massage Therapeutics, Clinical Practice.
	Diploma in Remedial Massage Level 6 1 year full-time 3 years part-time	Graduates will be able to assess, plan, implement, and evaluate remedial massage therapy interventions to address musculoskeletal dysfunction. Subjects covered: Clinical assessment, Pathology for massage therapy, Neuromuscular therapy, Massage for physical performance, Applied clinical practice, Understanding research, Psychology of health and sport.

WelTec **Buick St, Petone** **Wellington** http://www.weltec.ac.nz/	Diploma in Wellness and Relaxation Massage Level 5	Beginning March 2018 – subject to NZQA approval
Southern Institute of Technology **Invercargill** **Supported by:** www.sit.ac.nz **see website for a fuller description**	New Zealand Diploma in Wellness and Relaxation Massage (Level 5)	Year 1 of the Bachelor of Therapeutic and Sports Massage degree programme with the aim to provide the health sector and massage therapy industry with people who can provide wellness and relaxation massage therapy services. Students can apply to enrol in to either the L5 Diploma or year 1 of the BTSM. Course covers: Health Aspects of Exercise and Nutrition, Surface Anatomy, Physiology for Massage Therapy, Foundations of Therapeutic and Sports Massage, Professional Studies, Therapeutics I.
	New Zealand Diploma in Remedial Massage (Level 6)	Year 2 of the Bachelor of Therapeutic and Sports Massage degree programme with an emphasis on providing the health sector and massage therapy industry with people who can provide remedial/therapeutic massage therapy services. After successful completion of the Diploma L5 or the BTSM year 1, students can apply to enrol in to either the L6 Diploma or year 2 of the BTSM. Course covers: Pathology for Massage Practitioners, Massage for Physical Performance, Clinical Reasoning and Functional Assessment, Clinical Practice I, Clinical Practice II, Therapeutics II, Research Statistics.
	Bachelor of Therapeutic and Sports Massage degree (BTSM)	Year 3 of the Bachelor of Therapeutic and Sports Massage degree programme increases massage therapists' knowledge and skills, extending their ability in critical/professional/ clinical reasoning to manage complex soft tissue rehabilitation. After successful completion of the Diploma L6 or the BTSM year 2, students can apply to enrol in to year 3 of the BTSM. Graduates are critical thinking, reflective practitioners with technical and professional competence, sound reasoning and research literacy. They have a capacity to manage knowledge and its acquisition during their working lives. Course covers: Research and Advanced Professional Development, Advanced Clinical Reasoning and Clinical Practice III, Advanced Professional Studies, Therapeutics III.
	Post graduate degree programmes and Master of Applied Health Sciences (Wellness and Rehabilitation)	Successful completion of the BTSM degree will allow graduates to apply for entry into Postgraduate degree level 8 & 9 programmes. These Southern Institute of Technology post graduate degree programmes of 60, 120 and 180 credits are designed for wellness and rehabilitation practitioners.

Otago Polytechnic **Dunedin** www.op.ac.nz OTAGO POLYTECHNIC Te Kura Matatini ki Otago	Diploma in Wellness and Relaxation Massage Level 5 Feb - Nov 2018	In our new programme, students will develop the ability to support the wellness of their clients through wellness coaching and massage therapy services. Our programme is learner-centred and enquiry-based making learning active and engaging. Students can expect to be exposed to a rich mix of community engagement and clinical practice during their time with us at one of New Zealand's leading polytechnics.
	Diploma in Advanced Therapeutic Massage (equates to NZ Diploma in Remedial Massage) Level 6 - 2018	Specific subjects: Bioscience, Anatomy & physiology of all body systems, Relaxation Massage, Nutrition, activity & health, Therapeutic foundations, Therapeutic techniques, Client-centred care, Therapeutic massage, Professional practice

REINVENTING PRACTICE - REVIEWS

The Wellington National MNZ conference was a wonderful success, a chance to reinvigorate, refresh, reconnect and all the while reinvent your practice. Below are reviews of the presenters which headlined the event.

PAUL LAGERMAN: KNOW PAIN

Reviewed by Di Reefman RMT, Hawkes Bay

Paul Lagerman

What an inspiring way to begin what was to be a wonderfully fulfilling conference.

Funny, clear, informative, creatively and masterfully presented, Paul brought us the science supporting what we already knew to be true from experience, but he did more of course, and the techniques he offered have been easily integrated into my practice with great success!

Paul and his many research fellows support the 'bio-psychco-social" model (BPSM) over the "postural-structural-biomechanical" (PSB) model for pain management. Much has been written on this model and Paul's references were thorough and meaningful, tracing the development of the major proponents of the practice.

It's based on the idea that there is no distinguishing between physical and emotional pain; it's all the same thing and that pain is not a measure of the state of the tissues. Clients are often being told, "it's all in your head" and in fact it is, but not because they are making it up, but because the key lies in the brain, in how and why it receives messages to say/do "PAIN" and together with the increasing knowledge about brain plasticity and suggestibility this client led programme to change and reduce pain pathways has emerged.

The concept to "KNOW" your pain, (the pun did not go unnoticed), embraces helping clients to intellectually know what's going on in their bodies through education with fun slides that simplify a complex set of circumstances and then encouraging a different way of engaging with it.

Practitioners then assist with creating "safe bridges" through communication to help the client engage more deeply with their pain. This requires changing the language we use, changing how we interact with our clients, using metaphor to describe pain, using art, as in drawing pictures, to represent that metaphor and then more art to change the metaphor and ultimately the way the pain is perceived by the brain, cutting pain off at the pass, like in a cowboy movie!

For example, my client with Fibromyalgia who had very disturbed sleep owing to burning hot legs in bed at night, who had to get up and walk on the cold ground outside to settle it down, changed her metaphor of "burning hot" to thinking, seeing, and feeling a freezing cold water hose pouring down on her legs. Her pain diminished and she went back to sleep, without getting out of bed. She was very impressed with herself. She had just learned to put up with it.

By meeting pain, or pushing into the pain, it reduces the threat perceived by the brain and changes what messages are subsequently sent out, thereby having a desensitising effect.

Paul produced a document showing the huge myriad of influences on recovery, the main categories being practitioner influences, psychological influences, physiological influences, patient beliefs, emotional comfort, and behaviour facilitating recovery. Many other factors feed into each of these categories. Crucial to the paradigm is empathy for the patient's experience, that leads to an open-ended communication to help them feel valued, that they then make meaning of their pain experience to lead to ownership of their behaviour decisions, that they have a sense of control and empowerment and feel valued, and that goal setting is a shared affair.

In the workshop Paul had us doing interesting communication exercises that proved it can be really frustrating not being heard and understanding what's being said! We also had fun doing some metaphor art.

I found myself nodding in agreement so much I thought my head would fall off. Now there's a good metaphor.

Di Reefman (right) chats

ROSIE GREENE: INTRODUCTION TO VISCERAL MANIPULATION

Reviewed by Julie Bland, RMT, Wellington

I was fortunate enough to attend Rosie Greene's practical workshop Introduction to Visceral Manipulation at this year's MNZ Massage Pre-Conference in Wellington.

Visceral Manipulation is the brainchild of Jean-Pierre Barral. He was an Osteopath who started his career as a Physical Therapist. He eventually developed this body of work in visceral and tissue manipulation after noting the profound effect of visceral manipulation on a number of body systems. It; "is a manual therapy, consisting of gentle, specifically placed manual forces that encourage normal mobility, tone and inherent tissue motion of the viscera, their connective tissue where physiologic motion has been impaired". Integral to this are the concepts of organ mobility and motility as each organ has a distinct pattern of movements which can become restricted and are implicated in soft tissue dysfunction.

Rosie gave us numerous examples of soft tissue dysfunction that could possibly have a link, (though not necessarily cause, like the chicken and the egg), to visceral restriction. Common chronic complaints such as frozen shoulder, left sided varicose veins, left side neck pain, right shoulder pain, lower back stiffness, hip ankle and knee pain and numerous others could all potentially be linked in with organ motility restrictions.

She also used the great example of Jenga to illustrate how imperceptible a problem could be as long as compensation is possible. It's only when the system can no longer adapt that the symptoms appear i.e. the collapse of the Jenga stack.

We watched a fabulous video clip by Gill Headley on You tube called Gut Intelligence which is well worth viewing! https://www.youtube.com/watch?v=BdRqLrCF_Ys

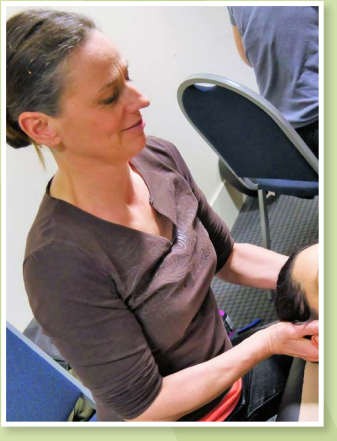
It shows brilliantly the organs and fascial connections and where restrictions can arise.

Rosie's teaching was fantastic. A balance of clear, concise theoretical with plenty of practical. She effectively utilised fabulous 'organs' she'd made to really connect us with 3-D visuals of size, shape and location and was readily available and willing to provide assistance and answer questions.

We began the practical side of the workshop with the time-tested exercise of fingers sinking into a mix of cornflour and water to reconnect with the speed and pressure appropriate for working with soft tissue. This was followed by a layer palpation exercise where we physically felt our hand working through and connecting with the layers of the abdomen. It required patience, openness and a stillness as we connected and then allowed the hand to follow any tissue movement.

This was followed by visceral manipulation of the liver, stomach, ascending and descending colons. With pre and post testing of muscular tissue area we were wanting to address we could very quickly see the impact of the small amount of work we did. This was very clear with the liver release we did where the pre and post-test noted the degree of restriction in flexion through the thoracic spine.

Rosie Greene (tutor) in full swing



Julie Bland

There was an anatomy lesson here with pencil drawing out the outline of the organs which although we know roughly where they are we realised we were actually pretty vague on the specifics – I had no idea the lower border of my stomach aligned with the level of my belly button! Other stomachs can sit as low as the level of the pubis. The subtlety of touch required to find the borders of the stomach was interesting as the innate sense of 'knowing' that we as manual therapists have developed came in to play.

I really like the fact, that although we're dealing with organs which seem very mysterious, it is grounded in anatomy and very tangible. She was very clear that in order to do the work effectively it is necessary to be directly on the targeted organs. It is pointless otherwise. The great thing is that the structures are there to be found. With good anatomical knowledge and good palpation skills the organs can be interacted with in a very specific and effective way. It is very precise and gentle work and the adage of 'less is more' is highly applicable.

Under Rosie's excellent tuition I have gained a valuable insight into this powerful modality. It is absolutely an area worthy of further consideration and training. It clearly provides an important piece of the puzzle when addressing chronic pain and dysfunction and is without doubt an area we overlook. Sometimes we can't see the wood for the trees in our search to resolve soft tissue issues. It seems very applicable to the clients that have exhausted all avenues of bodywork for a resolution to their pain or dysfunction where it seems nothing has worked or lasted. I'd highly recommend Visceral Manipulation workshops to anyone wanting to deepen their understanding of the body and wanting to provide more effective sessions to those 'I've tried everything and nothing works' clients.

DIANE JACOBS: DERMONEUROMODULATING

Reviewed by Rachel Ah Kit, RMT, Christchurch

I was familiar with Diane Jacobs' work prior to the MNZ Conference programme being announced, so when I saw she was offering a full-day workshop I signed up for it straight away. I'm glad I did as it was a sell-out workshop.

I walked into the room with limited knowledge of what she was offering – DermoNeuroModulating was a very big word, but when you break it down, it's pretty straight forward:

***Dermo* = skin *Neuro* = nerves *Modulating* = changing**

Diane offered up DermoNeuroModulating (DNM) to us as a concept. A concept that by touching and moving the skin, we can affect the nervous system. While we are trained as massage therapists to understand and work with soft-tissue – muscle, fascia, tendons and ligaments, the reality is, as Diane reminded us, we can ONLY touch the skin. And under that skin, the largest organ in the body, lies a 72km network of peripheral nerves. So, perhaps before we dive into to "stretch tight muscles" and "release fascia", should we consider that it is actually the nervous system we're dealing with? This was quite a paradigm shift for most of us in the room.

DNM is described by Diane as an "structured, interactive approach to manual therapy that considers the nervous system of the patient" – she wants us to interact and work with our clients, not just on them.

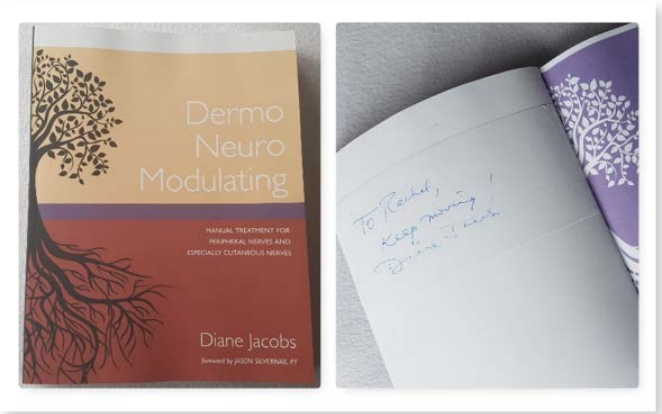
Diane taught the concept of DNM to us through a series of techniques – but she also prefaced these techniques with the idea that not every body is the same; their anatomy is different and so to practice DNM we must also be prepared to experiment a bit, to try things out. And be patient.

The workshop began with some theory – mostly neural anatomy, but also about pain – because pain is a nervous system function. Pain exists because of the relationship between input from our sensory nervous system, the way our brain processes that input and how we think and feel about it. DNM can help reduce pain that a client feels by treating them in a way that reduces nociceptive input (danger signals) and allows the cutaneous nerves to move more freely, and therefore change the way our body "feels" pain.

We learned to stretch, slide and twizzle and use contract-relax to help stimulate the nervous system. We learned how to use squares of "dycem" – non-slip material that helped us grip the skin. We learned how to position the client to reduce loading of the nervous system. We learned how to work with the skin organ in a way that didn't create more pain for the client. We learned to work with our client's body, not ON it. And we learned to be patient.

An interesting point about Diane's work, is that whilst it is heavily science-based in terms of the theories and the learning Diane undertook while developing DNM, there is not yet any scientific evidence to support its efficacy.

Diane Jacobs and Marcus Tidwell (NZCM – primary sponsor)



Diane Jacobs Book

Thanks to Diane, I came away from the workshop with a new appreciation for our skin organ. With a new way of approaching and treating pain. And with a thirst for more knowledge – so much so, I had to go and buy Diane's book.

Jacobs, D. What is DermoNeuroModulating? Retrieved from http://www.dermoneuromodulation.com/

Rachel Ah Kit

CONFERENCE PHOTOS
2017, WELLINGTON

Beth Beauchamp, Myofascial treatment for the TMJ

Femke Koene, Body Architecture

Paul Lagerman, Know Pain

Laurent Pang, Systems Approach

Tui – are always so willing to support these events

Key Conference Organiser – Bridie Munro (Extraordinaire), Wellington RMT and NZCM tutor

The Therapists Towel from Australia

Reina Reilly with Good Buzz Kombucha

Kawakawa products – smelt great

Marie who supplied the great coffee just kept pouring – in discussion with Joanna Tennent

Meg and Steve from NZCM provide chair massage sessions in the lunch break

Good Buzz Kombucha – gifted a whole lot of bottles – it was so tasty.

Busy Exec – Nicole Hedges (Executive Administrator), Reina Reilly (Treasurer), Helen Smith (President) – getting some space to catch up

Brian Utting, LMT

Of the Pacific Northwest School of Massage, Seattle, USA

RETURNS TO NZ 2018 with his popular series for Massage Therapists

Christchurch	Te Anau	Hamilton
Assessment and Treatment of the Cervical Ligaments Saturday, January 20th, 9am-6pm The cervical ligaments are every bit as important as the muscles, bones, and fascia, but are often overlooked by massage therapists, chiropractors, and physical therapists.	Muscle-Specific Deep Tissue Techniques for the Legs and Hips Wednesday, January 24th, 9:30am-6:30pm In this class, you will learn specific, potent, and effective Deep Tissue techniques to release the muscles and fascia of the hips, legs and feet.	Evaluation and Treatment of Shoulder Injuries Friday 2nd February, 9:30am-6:30pm Learn precise assessments and thumbs-free techniques to successfully treat some of the most common injuries to the rotator cuff, long head of the biceps and acromioclavicular joint
CTM-Bindegewebsmassage Sunday, January 21st 9am-5pm Connective Tissue Massage (CTM), is a precise and elegant way to work with the body's dermatomes and autonomic reflexes to induce corresponding autonomic changes in specific organs.	Muscle-Specific Deep Tissue Techniques for the Torso Thursday, January 25th 9:30am-6:30pm These muscular structures support the core--they are integral to maintaining balance, structural alignment, ease of breathing, mobility, and the ability to function without lower back pain.	Muscle-Specific Deep Tissue Techniques for the Legs and Hips Saturday 3rd February 9:30am-6:30pm In this class, you will learn specific, potent, and effective Deep Tissue techniques to release the muscles and fascia of the hips, legs and feet.
Contact Lynn Wilson in Christchurch at: 021-210-2776 or lynn.wilson@ihug.co.nz	Contact Rachael Brown in Te Anau at: 03-249-9390 or 027 530 0635 or teanaumassage@hotmail.com	Contact Dawn Burke in Hamilton at: 07-853-9912 or 027-475-9406 or dawn.burke@xtra.co.nz

"This class was ridiculously useful. I will be using these techniques immediately and daily." - Robin Mayberry

"This was exactly what I was hoping for – super great, specific work." -Leah Grossman

Brian founded the Brian Utting School of Massage (Seattle, WA, USA) where his 1000-hour school was considered one of the best massage schools in the country. With over 30 years of experience, Brian teaches with a rare blend of passion, anatomical precision, humour, common sense, and depth.
Visit Brian's website for more info: Pacific Northwest School of Massage www.pnwschool.com

Photo supplied by Gary Wood, Te Awamutu Camera Club for MNZ Magazine

WHAKATAUĀKĪ – MĀORI PROVERB

A new regular column by Stanley Williams

What's one of the best times for figuring out who you are and what you truly want?

It is right after a chapter of your life comes to an end.

And every chapter in life has to come to an end at some time. It is important to acknowledge and accept this – to walk away and carry onward sensibly when something has reached its conclusion.

Closing the door, turning the page, moving on. It doesn't matter what you call it – what matters is that you leave the past where it belongs so you can make the best of the life that's still available to be lived. This ending we all experience is not the end, it's just life beginning again in a new way. It's a point in your story where one chapter transitions into the next.

The following whakatauākī calls for all to recognise and appreciate new beginnings – something particularly relevent for Massage New Zealand's newest, young executives keenly putting their hands up for key roles within the organisation.

> 'Kā pū te ruha, ka hao te rangatahi'
>
> 'The old net laid rested while the new net is cast' Sir Āpirana Ngata

The metaphor (old vs. new net) here can be applied to many different situations. For example, it can be said when an elder is no longer fit to lead, someone younger and healthier will stand in his/her place. It gives the 'feeling' that endings are not necessarily the end, it's just your life beginning again in a new way. It can mean making sure the path you decide to walk aligns with your own desires and gut, and not being scared to switch paths or pave for yourself a new one when it makes sense...

A lot of meanings. A lot of scattered thoughts. But it all helps to paint the picture so you can get a feel for the wairua (spirit) of the first of what will be many whakatauākī to come.

USEFUL SITES AND PAGES

WEBSITES

http://www.massagepracticebuilder.com

A site for Massage Therapists on a range of topics related to building a practice. Targeted at US therapists, it still has plenty of information and resources of value to therapists here in NZ.

https://www.massagebusinessblueprint.com/

A member-based online community designed to help Massage Therapists attract more clients, make more money and improve quality of life. Again, this is a US site but many of the resources are still of relevance for NZ therapists. Members subscribe for free and get access to a big range of resources. There is also a paid premium membership level which gives access to additional resources.

https://www.sit.ac.nz/nzmtrc

The NZ Massage Therapy Research Centre (NZMTRC) was established in 2009 to foster massage therapy research in New Zealand. The NZMTRC aims to promote massage therapy research and teaching across the wider massage community and provide access to New Zealand based massage therapy research findings. It contains resources, research and publications relating to massage therapy research from here in New Zealand.

http://massagetherapyfoundation.org/

The Massage Therapy Foundation is a US organisation which aims to advance the knowledge and practice of massage therapy by supporting scientific research, education, and community service. It is free to subscribe to and has a range of downloadable resources and research information and tools. It also has a regular podcast "Research Perch" which helps Massage Therapists understand research and how to apply it in practice and business by looking at specific articles from the International Journal of Therapeutic Massage and Bodywork (IJTMB).

FACEBOOK GROUPS

Dermoneuromodulating https://www.facebook.com/groups/5704079529/

Run by Diane Jacobs, this open Facebook group is for discussing dermoneuromodulation, manual therapy based on pain science and deep models of the nervous system. People wishing to join must send Diane a request via the Facebook page and membership is only open to individuals, not groups or pages.

Touch Science https://www.facebook.com/groups/1605630516348406/

This is a closed Facebook group dedicated to collecting and sharing facts and implications of touch. People wishing to join must send a request via the Facebook page.

Explaining Pain Science https://www.facebook.com/groups/ExplainingPainScience/

This is a closed Facebook discussion group for pain clinicians, researchers, educators and those living with persistent pain to practice and reflect on the most efficient ways to communicate science-based understanding of pain. People wishing to join must send a request via the Facebook page.

MASSAGE THERAPY RESEARCH UPDATE
HOSPITAL BASED MASSAGE

September 2017

Welcome to Massage Therapy Research Update. It is my pleasure to bring you synopses and commentary on current, important massage therapy research publications.

This edition will focus on questions about massage therapy in hospital settings. I have collected three articles: one based in Australia, one in Canada, and one in the U.S., that document trends in hospital-based massage therapy. All of the articles are open-source, and may be accessed free of charge – I encourage you to do so.

Hospital-based massage therapy may not be a common intervention in New Zealand at this time, but for anyone interested in creating such a program, these articles can provide a wealth of information.

We'll begin with a 2012 study about massage therapy in a cardiac surgery unit in Melbourne, Australia:

Braun LA, et al. Massage therapy for cardiac surgery patients—a randomized trial. Journal of Thoracic and Cardiovascular Surgery 2012 Dec;144(6):1453-9, 1459.e1. doi: 10.1016/j.jtcvs.2012.04.027. Epub 2012 Sep 7.

Available at http://www.jtcvsonline.org/article/S0022-5223(12)00868-9/fulltext

This project compared massage therapy to quiet rest for people recovering from cardiac bypass and/or heart valve surgery at the Alfred Hospital in Melbourne, Australia.

The researchers' premise is that massage therapy is usually safe and welcomed by patients, so perhaps it could be incorporated into the post-surgical care of cardiac patients with the goal of reducing pain, anxiety, and muscle tension. Secondary outcomes looked at whether massage therapy produced any significant changes in heart rate, blood pressure, or respiratory rate, as compared to the control group, who were given a quiet rest period. They also compared the patients' sense of relaxation, and their satisfaction with their care. Finally, the researchers asked whether instituting this intervention is feasible in a busy cardiac surgery ward setting.

The study was conducted between April, 2009 and January, 2011. Patients were in the facility for cardiac bypass surgery or cardiac valve replacement, or both. A total of 146 patients were randomized into the intervention group (n=75), and the control group (n=71).

Each participant in the intervention group received two treatments: twenty-minute massages were given on days 3 or 4 post-surgery, and again on days 5 or 6. Sessions always happened between noon and 4 pm. The massage therapists explained what they would be doing. Patients chose what part of the body they wanted to have addressed, and they could receive massage in bed, sitting on the edge of the bed, or sitting in a chair.

A project coordinator trained the therapists for the study. The techniques were based in Swedish massage with moderate pressure, and highly individualized to the desires and needs of the patients. The hospital supplied hypoallergenic lubricant, and the massage sessions were free of charge.

By contrast, the control group was given two twenty-minute sessions of quiet relaxation time with no interruptions.

Measures, including heart rate, blood pressure, respiratory rate, and visual analogue scales for pain, anxiety, relaxation, and muscle tension were collected for both groups, within 10 minutes of beginning a session, and within 10 minutes of completing a session. This data was collected by a nurse, not the massage therapists.

The results were clear, if not surprising.

- Pain: Pain scores for the massage group

went down by 52% after their first session, and by 38% after their second. There was no significant change in the control group.
- Anxiety: Anxiety scores decreased by 58% after the first session for the massage group, and by 40% after the second session. There was no significant change in the control group.
- Relaxation: Relaxation scores for the massage group increased by 45% and then 23%. The control group had a significant improvement after the first session, but not after the second session.
- Muscular tension: Muscular tension scores fell by 54%, and then by 44%, compared to no significant change in the control group.
- Other measures: Both groups had improvements with overall satisfaction with their experience, although the massage group had a bigger response to this question. And both groups saw changes in blood pressure, heart rate, and respiratory rate, but the difference between the groups was not significant.

In addition to gathering data from the patients, the researchers also spoke to the massage therapists, nurses, and physiotherapists involved in post-surgical patient care at the facility. The program found widespread acceptance from the hospital staff. The nurses found it easy to incorporate short sessions into patients' daily routines, and the patients seemed excited to receive the work and were less anxious, and more relaxed. And physiotherapists were very enthusiastic, eventually providing many more referrals for massage therapy.

The upshot is that this study, among several others listed in its references, provides evidence that it is feasible to institute a massage therapy program into a busy cardiovascular surgery center. They found it was a safe, effective, and well-received way to help drop anxiety and pain levels for patients undergoing a very stressful event.

My follow-up questions: I would love to see a study like this also gather information on duration of effect–how long after the session did the patients feel relief of pain and anxiety? And did this have any impact on medication use and/or length of hospital stay? These are questions that can address cost-effectiveness: the kind of information that is often the most compelling to administrators and policy-makers.

What are your follow-up questions?

Next, let's look at how massage therapists who work in hospitals define their roles:

Kania-Richmond et al. The professional role of massage therapists in patient care in Canadian urban hospitals—a mixed methods study. BMC Complementary and Alternative Medicine (2015) 15:20 DOI 10.1186/s12906-015-0536-4. Available at https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4355003/.

In this article Dr. Kania and her team investigate how massage therapists view their professional role in urban hospitals across Canada, with an eye for how this intervention can be successfully integrated into more settings.

They observed that research about hospital-based massage to date has focused mainly on safety and feasibility, but that no one had yet focused on what the professional role of massage therapists in this setting might involve. The goal of this project was to gather quantitative data about settings where massage therapy is used, and qualitative data from massage therapists about their experiences (this is why this is called a "mixed methods" study).

They identified 16 hospitals (out of a total of 305) that hired licensed massage therapists, and 15 of those facilities returned surveys about their massage therapy programs. Most of these (9) were affiliated with a University. Eight of them offered focused care for specific populations (i.e., pediatrics, rehabilitation, etc.), and the rest were non-specific. They ranged in size from 13 to 2424 beds. Fourteen of them were public hospitals, and one was private. Five hospitals also provided other integrative health options, including chiropractic, acupuncture, art and music therapy, and others.

The researchers conducted semi-structured in depth interviews with 25 massage therapists from 12 of the 15 hospitals that were included. These interviews were then analyzed and put through qualitative research analysis processes that are too complex to go into here. The researchers found several repeating themes about how massage therapists view their roles in hospital settings:

- Health care provider (identified in all 12 represented settings): The massage therapists reported that they were expected to have expert knowledge of their specific techniques or modalities, including how to modify them to provide safe interventions. Their responsibilities included assessing patients, creating treatment plans, formally and informally reporting on their work and observations, and knowing how special needs within population groups might affect their capacity to receive massage therapy.
- Team member (10 of 12 settings): Massage therapists who saw themselves as team members were expected to document their session notes in the same records as the other providers, they had access to patient information, they were an active part of team meetings, and they got referrals from other clinicians.
- Program/clinic support (9 of 12 settings): Some massage therapists had helped to build and implement the massage therapy service offered where they worked. This included working with billing, scheduling, overseeing caseloads, liaising with supervisors, and marketing the program. Other forms of program and clinic support took place when massage therapists worked with other providers to create patient wellness programs and to implement other plans to improve patient care.
- Educator (9 of 12 settings): This heading has some overlap with others, but it encompasses formal and informal interactions with staff and patients about massage therapy, and clarification of misperceptions about the profession. Some MTs also taught exercises, self-massage, and infant massage to some of their patients.
- Promoter of the massage therapy profession (7 settings): While this has some overlap with the educator role,

therapists in 7 of the hospitals reported that they saw themselves representing the profession through their work, with a mind toward creating opportunities for future massage therapists.
- Researcher (2 settings): A small number of massage therapists were recruited to help with research projects at their facilities. These individuals were not professional researchers leading their own projects, however.

This compilation of how licensed massage therapists see their work in urban hospital settings offers some insight into what a hospital based massage therapy program might look like, with options to emphasize various aspects of the roles described. A person interested in creating a new program can use this information to anticipate how massage therapists might fit into an urban hospital setting.

My follow-up questions: Did the researchers also gather input from other health care providers about how they see massage therapists in a hospital setting? (It turns out they did, and this was published elsewhere.) I'm also interested in how the massage therapists were paid for their work—was that from the patient or their family, or was it built into their hospital expenses? The solution to this problem can be an important factor in the sustainability of a program.

What are your follow-up questions?

Now we'll take a brief look at the creation of a hospital-based massage therapy educational program at the Mayo Clinic in Minnesota. Anyone interested in creating a program in this field will do well to look at this one:

Dion L, et al. Development of a hospital-based massage therapy course at an academic medical center. International Journal of Therapeutic Massage and Bodywork 2015 Mar 1; 8(1):25-30.

This paper describes the inception of a program to train massage therapists in practical skills to work in hospital settings. It begins with a description of an inadequate 2-day all lecture program, through the institution of a pilot class, and ends with how the feedback from that program informed the final product.

This program grew from a recognized need for highly-trained massage therapists in acute care settings: patients and staff are enthusiastic about the possibilities, but therapists are often insufficiently prepared.

Some of the holes in the researchers' early training include:

- The ability to work safely in an acute-care medical environment
- Patient documentation and charting
- Navigation of the hospital environment
- The ability to communicate effectively with other health care providers
- Infection control
- And specific skills to adapt techniques and modalities for frail patients
- Self-care skills for body mechanics and accommodating for hospital beds and equipment
- Self-care skills related to the mental and emotional toll of working with very challenged clients, many of whom are in constant pain, or approaching the end of life.

The authors describe the process of creating a program, and how it integrated with the Complementary Integrative Medicine program at the hospital; this is all laid out with a timeline describing the proposal phase, the course set up, launch, and completion.

They also describe how they continued to shape and hone the course based on student feedback, which was generally positive, but which asked for more hands-on time with a massage therapist mentor in the hospital setting.

Interested readers can find a podcast dedicated to this project here: http://massagetherapyfoundation.org/development-of-a-hospital-based-massage-therapy-course-at-an-academic-medical-center-research-perch/

I chose these papers specifically to take us through three steps in conceptualizing a hospital-based massage therapy program: the first is one of many studies that demonstrate how hospital-based massage therapy can be done effectively; the second describes some of the tasks and skills that massage therapists must be able to bring to this setting; and the third describes an educational program to help massage therapists prepare for this kind of opportunity. I hope this might spark some interest on your part in joining or creating a hospital-based massage therapy program in your area. Is there something I can do to help? Let me know!

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