PROVIDING NEWS AND INFORMATION TO MASSAGE THERAPY PROFESSIONALS IN NEW ZEALAND

MNZ MAGAZINE

massage new zealand

1ST QUARTER 2017

UNUSUAL SUSPECTS

UNUSUAL SUSPECTS – THE OFTEN OVERLOOKED MUSCLES
• DEMYSTIFYING CHANGES IN MNZ MEMBERSHIP LEVELS • **EFFECTIVE RESULTS USING MFR FOR BREAST CANCER PATIENTS** • RISK MANAGEMENT FOR MASSAGE PRACTICES • **MASSAGE THERAPY INSURANCE – HERE'S WHY YOU NEED IT**

myofascial release workshops with Beth Beauchamp

www.mfrworkshops.com

Course Videos Now Available

Workshops

The Fundamentals

Offers a comprehensive understanding of fascia and MFR

Advanced Upper Body

Delves deeper into treating conditions for head, neck, shoulders, arms & hands

Advanced Lower Body

Delves deeper into treating conditions for back, hips, diaphragm, legs and feet

Convenient Locations Across New Zealand

Auckland | Christchurch | Dunedin | Nelson | Tauranga

"The course is really well balanced between theory, demonstrations & practical hands on experience. It is one of the best courses I have ever been on. Beth's teaching style is very engaging. She presents in a way that was fun, interesting and easy to understand. I learned so much and have come away with a whole new way of thinking about the body and how to treat it. Thank you."

EDITORIAL

This issues feature artice "Unusual Suspects" has very kindly been supplied by Dr. Joseph Muscolino who mixes soft tissue techniques, including massage therapy and stretching, into every one of his clinical sessions. We are very grateful for his high quality photos that we are able to use in our very first digital magazine. Do take the time to read the intricate detail he has supplied.

It is with regret that we say goodbye to the EA Odette Wood, who has been in the position for the last year. In this time Odette has been instrumental in bringing many changes to the smooth running of the organisation. These have been much appreciated by membership, executive and staff. Your attention to detail will be sorely missed. In this issue Odette has written on "Demystifying Changes in Levels of Membership", plus given us newsflashes of new insurance packages and membership fees. We truly wish you well for your next steps.

The new Executive team has really stepped up and articles from the Publicity Officer, utilising her Business degree make interesting reading, especially in this climate of natural disasters.

Ruth Werner who first wrote *"A Massage Therapist's Guide to Pathology"* in 1998, is as well as an author, a massage therapist and an educator. Ruth is a member of the American Massage Therapy Association, the International Fascia Research Society,

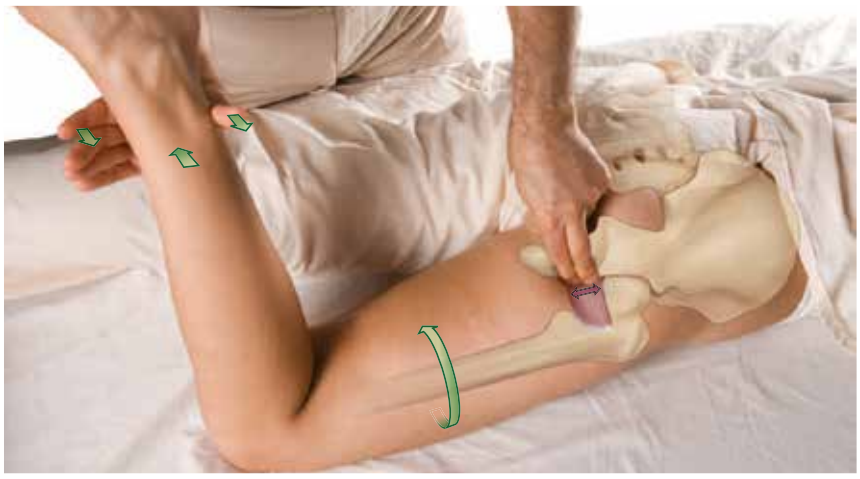
and the Alliance for Massage Therapy Education. She has added to her very full schedule a willingness to write the NZ Massage Magazine's Research Update column. We are thrilled to have her first update in our very first online magazine – it seems very fitting.

As you will see, the biennial MNZ conference event – will take place in Wellington in August 2017 – "Reinventing Practice". Keep an eye out for updates as registration becomes available, as we are aiming for this all to be done online through our website.

We hope you enjoy the information presented in this edition. It is a joy to put this together for the membership, and thank all the contributors.

Yours massageingly,

Carol Wilson



Find us on MNZ and @Massage_N_Z

MNZ MAGAZINE

Q1 2017 CONTENTS

REGULAR FEATURES

FEATURES

ADVERTISING RATES AND INFORMATION

ADVERTISING RATES

Valid from February 2016. All rates are GST inclusive.

MNZ Magazine:

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

All adverts are in full colour, semi-gloss.

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:

CMT, 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, CMTs)	$25
Non-members + Affiliates	$80

SUBMISSION DEADLINES

The MNZ Magazine will be published:

Q1 2017 (deadline end Jan 2017)
Q2 2017 (deadline mid April 2017)
Q3 2017 (deadline end July 2017)
Q4 2017 (deadline end Oct 2017)

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, with hard copy posted to those members who request it.

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.**

Editor - Carol Wilson

magazine@massagenewzealand.org.nz

MNZ EXECUTIVE, STAFF AND SUB-COMMITTEES

EXECUTIVE COMMITTEE

President
Helen Smith
president@massagenewzealand.org.nz

Vice-President
Teresa Karam
vice-president@massagenewzealand.org.nz

Treasurer
Reina Reilly
accounts@massagenewzealand.org.nz

Publicity Officer
Karley Skinner
publicity@massagenewzealand.org.nz

Education Officer
Rosie Greene
education@massagenewzealand.org.nz

Regional Liaison Coordinator
Donna Roy
liaisoncoord@massagenewzealand.org.nz

Research Officer
Currently vacant
research@massagenewzealand.org.nz

STAFF

Executive Administrator
For all enquiries about MNZ functions and operations.

Odette Wood: 027 778 2954
admin@massagenewzealand.org.nz

General Administrator
For all enquiries about membership and CPD requirements.

Melissa Orchard: 0800 367 669
membership@massagenewzealand.org.nz OR
For enquiries about advertising through MNZ
advertise@massagenewzealand.org.nz

Accounts
Reina Reilly: (09) 432 1846
accounts@massagenewzealand.org.nz

NON EXECUTIVE POSTS

Magazine Editor
Carol Wilson: 027 281 3426
magazine@massagenewzealand.org.nz

Upper Nth Island Regional Coordinator
Annika Leadley: 021 025 79533
upperNIrep@massagenewzealand.org.nz

Lower Nth Island Regional Coordinator
Iselde de Boam: 021 044 8552
lowerNIrep@massagenewzealand.org.nz

South Island Regional Coordinator
Currently vacant

Iwi Liaison
Stanley Williams
iwi@massagenewzealand.org.nz

NZQA Liaison
Currently vacant

Education Sub-Committee
Pip Charlton, Bridie Munro

Publicity Sub-Committee
Natalie Dent, Crystal Golding, Rachel Ah Kit

Conference 2017 Sub Committee
Bridie Munro, Alison Wainscott, Rachel Dickinson, Agnes Sio-Atoa, Trevor Hamilton
conference@massagenewzealand.org.nz

MNZ
PO Box 4131
Hamilton East
Hamilton 3247
Phone: 0800 367 669

PRESIDENT'S AND EXECUTIVE REPORTS

PRESIDENT

Having been in the role for 2 months now, I've realised that there is a lot to learn. I'm constantly being surprised by what little knowledge I have of an organisation that I've belonged to for 16 years.

I know I repeat myself when I say what a wonderful resource our new website is - but it is the tool I keep coming back to in order to understand MNZ more fully. The public section is very good resource for the process of becoming a professional massage therapist and for myself, as a member, to understand the structure of the organisation.

With our first Executive Committee meeting in December where we formally co-opted the new Committee and only our first full Executive Committee meeting on the 16th January, we are only just starting to work on agenda items from last year.

There are quite a few issues that need dealing with in order for MNZ to move forward and become a professionally recognised voice for massage therapists in NZ. We have already begun to address these, but there are some inherent difficulties in the way. In order to make progress, time needs to be spent on several areas simultaneously so we need volunteers to be able to do small jobs. I appreciate that those who are self-employed need to devote time to their businesses and those in the massage education sector have little time for extra work - but we can't progress if it's just 7 on the Executive Committee, a few dedicated volunteers and 2 part-time staff.

In order to increase the staff hours we need more income – the only way to have more income is to have more members. I'm addressing some of these issues in my monthly e-mails, but it's something that the membership needs to be aware of.

We want to be able to give members an organisation that really benefits them; gives them professional gravitas, a forum for exchange of ideas, as well as tangible benefits, such as reasonably-priced exclusive indemnity insurance.

We have to do it together!

Helen Smith

TREASURER

It is great to be among a group of motivated people again. The new exec committee have been very enthusiastic embracing their roles and contributing to the meetings and MNZ.

A busy time is coming up for all of us with the online renewals that are coming up, plus the changes that must be implemented before that. I hope you all take on board the new changes coming up and at the same time celebrating the progress MNZ is making.

One of my tasks this quarter is to start preparing a budget for the next year. And I hope to be of assistance to the conference committee.

Warm regards

Reina Reilly

Massage New Zealand would like to introduce the following new Executive Committee members to our members. You will be hearing more from them over the coming months.

VICE PRESIDENT

Teresa Karam was co-opted onto the MNZ Executive Committee in December 2016.

Teresa completed her massage studies in 2007 whilst living and working in the UK and attended numerous workshops over the years. She worked as a therapist in the UK and upon returning to New Zealand in 2009 set up her own clinic in Papamoa, Bay of Plenty, treating clients from all walks of life. Teresa specialises in remedial massage that focuses on tailoring treatments specifically to the client. She also has a particular interest in sports massage and has worked on some of New Zealand's national teams.

Teresa originally registered with MNZ at RMT level in 2009 and after a brief lapse in membership she rejoined, and has not looked back. Teresa believes that being part of a regulatory body adds professionalism, credibility and

aids in your own development as a therapist. "MNZ has come a long way thanks to the amazing dedication of previous committee members. I therefore felt compelled to be a part of the organisation that supports the industry I work in and am so passionate about."

Teresa Karam

EDUCATION OFFICER

Rosie Greene was co-opted onto the MNZ Executive Committee in December 2016.

Rosie has been in private practice as a Remedial Massage Therapist in New Zealand since 2002. Her training was undertaken at the Canterbury College of Natural Medicine where she qualified with Distinction. She has continued her clinical education through courses in gentle hands-on approaches, offered through the Barral and Upledger Institutes in New Zealand, Australia and the USA. Her broad training includes studies in visceral, vascular and neural manipulation and craniosacral therapy. She has been a passionate practitioner of Visceral Manipulation since 2008, studying extensively in Australia and USA at courses held by the Barral Institute. Since August 2010 she has been a teaching assistant at courses teaching the Visceral Manipulation curriculum and has run study groups in New Zealand and Australia. In 2015 she became a Certified Visceral Manipulation 1 Barral Institute Instructor for the Barral Institute, and now teaches internationally. Prior to becoming a massage therapist she trained as a primary school teacher in Zimbabwe where she grew up

Rosie has recently become a MNZ member. She volunteered to become a member of the Executive Committee when the call for new members was made in October 2016. So much dedication and hard work has gone into Massage New Zealand by many previous committee members, she felt it was time for her to step up and continue the work. She believes that Massage Therapy is a wonderful platform from which to grow as a therapist.

Rosie Greene

PUBLICITY OFFICER

Karley Skinner was co-opted onto the MNZ Executive Committee in December 2016.

Karley moved to Wellington from the Bay of Plenty in 2008 to study Fine Arts, but interests in health science and medical illustration merged to push her into a career in massage therapy. She completed a Diploma in Health Science (Massage Therapy) in 2013, and has been working since then in treating a broad range of clientele. Karley is particularly interested in treatment for headaches, TMJ disorder, OOS and chronic pain issues. She believes in working alongside other health professionals to find the best treatments available for a client, and currently works at Intensive Health Clinic, a multi-disciplinary practice in central Wellington.

Outside of massage therapy, Karley is completing a Bachelor of Applied Management in HR and Strategy, and is particularly interested in supporting organisations in creating mentally and physically healthy workplaces, and ensuring the continuity of their business after disruptions.

Karley has been a member of MNZ since September 2016, and believes that membership is vital in increasing credibility in the wider health community, and creating a regulated massage therapy industry that is recognized as a viable treatment option by ACC and other government agencies.

Karley hopes to bring her experience in the massage sector and knowledge from studying management to the executive table, particularly in promoting membership growth. She would also like to explore what MNZ can do to promote our members more, and support them in their career growth.

Karley Skinner

REGIONAL LIAISON COORDINATOR

Donna Roy was co-opted onto the MNZ Executive Committee in December 2016.

Donna trained at the New Zealand College of Massage in Wellington. After graduating, she had a practice in Lower Hutt for eight years and in April 2016 moved from

Wellington to Christchurch and has started her practice again, renamed The Healing Dimension, based in Addington.

The main focus of her practice is Holistic Healing Massage and she also offers Reiki/Spiritual Healing and Reflexology. Donna enjoys working with clients with emotional issues that are manifesting in a physical way and has experience working with clients going through challenging phases in their lives. For two years she worked one day a week at Refugees as Survivors offering restorative healing massage for those who had experienced torture and extreme trauma. In June 2016 Donna attended Oncology Massage Level One and has been doing case study work in preparation for Level Two in June 2017. Donna works with clients of all ages, from all sorts of backgrounds, ethnicity and spiritual beliefs. She offers a safe, non-judgmental environment for people to be at peace and heal. She has been a member of MNZ since 2012.

Donna put her hand up to join the Executive Committee after reading a heart-felt message sent out by MNZ in October 2016, asking people to step up. Donna connected with the Regional Co-ordinator role as she likes sharing information amongst therapists and keeping people connected. Donna has previously worked in the corporate world, including the Institute of Directors and NZ Stock Exchange, and brings that experience to the MNZ Executive.

Donna Roy

RESEARCH OFFICER

This position is currently vacant. If you are interested in taking on the position of Research Officer on the MNZ Executive Committee, please contact President Helen Smith for a position description and details.

EXECUTIVE ADMINISTRATOR

Warm greetings to all MNZ members for 2017. As I write my report it is raining here in Wellington. By the time you read this, we will be heading into late summer and I hope by then that we have all been able to get sufficient doses of vitamin D, despite the disappointing summer many of us have had.

It is particularly exciting to be welcoming you to this issue of MNZ Magazine as it is the inaugural issue of the new digital format. We hope you enjoy this and all that it delivers. It provides the capability to directly link to websites, other articles and video, which opens a new realm of professional development opportunities for members and advertisers. A number of you have expressed some disappointment at losing the hard copy magazine issues delivered to your mailbox. The decision to move to digital was not an easy one but had to be based on economics. It was costing MNZ in the region of $13,000 per year to produce 4 issues of the magazine with a print run of only 220 copies per issue since going colour. It doesn't take a mathematician to work out that is not sustainable and not wise use of MNZ funds. The new digital format still allows for a magazine style experience, with the ability to view the magazine online using our flipbook style app and of course, members can still download and print the pdf of MNZ Magazine as before. We look forward to developing this more over the coming issues.

Another change members will be aware of by the time this issue is out is that MNZ has partnered with a new professional indemnity insurance provider – Bizcover. We are excited about this new arrangement as we have negotiated a much better deal exclusive to MNZ members with a more affordable premium, the option to pay by instalments, and greater levels of cover. I strongly urge all MNZ members to take out indemnity cover insurance. As health professionals, we owe it to ourselves, our businesses and our clients/patients. Any Massage Therapist serious about their work recognises the importance of this and if you haven't bothered with professional indemnity insurance cover throughout your professional career in massage therapy so far, then please read the article about the importance of this cover for Massage Therapists in this issue to find out why you should include this type of insurance for your business.

One other great piece of news that members will be very pleased to hear is that from 1st April 2017 membership fees will be decreasing for our Registered Massage Therapist members – those members previously called RMT and CMT members. Fees will drop by $50, to $195 per year. We are also introducing monthly instalment payments by direct debit for those who wish to spread payments out. These changes are in response to member feedback and an effort to attract more members. Read more about this and the changes to membership levels later in this issue.

One thing that has struck me of late is that the majority of professional, trained Massage Therapists in New Zealand do not value their profession enough. "What?!" I hear you say! Yes, they value their practice and business, but that is not the same a valuing one's profession. Nurses, doctors, midwives, physiotherapists value their profession and this is clearly evidenced in the strength of these professions and their organisations. We have to get massage therapy to this same point, we have to get all professional Massage Therapists

to "give a damn" about their profession as well as their own practice. It is a sign of professional maturation. Congratulations to those of you who do recognise this through your membership to MNZ. As MNZ President, Helen Smith, mentions in her report, MNZ has to increase its membership in order to be able to continue to build on the work it has been doing, particularly over the past 18 months. MNZ continues to face challenges of viability, and if the organisation is to be able to push for regulation of the industry, among other things, we need the membership numbers to do that. Currently, we are at 377 members. This needs to double before we will even get a look in from the government. We ask all members to be proactive in encouraging other non-member Massage Therapists to join MNZ. Many of us work alongside or know other therapists. Please, do your bit, exercise your collegiality as a health professional and encourage other therapists to join MNZ.

On a final note, this is my last report as Executive Administrator for MNZ as I will be stepping down from this position. This has not been an easy decision but I have had to make it for health and personal reasons. I took on the role in January 2016 and it has been an intense past 14 months, as many of you have probably seen. The organisation has achieved a lot in the past 18 months or so and has also faced some big challenges. This has all been vital work for MNZ. Thank you to all of you who have taken the time over the past 14 months to offer words of appreciation and support for the work I've done on behalf of the organisation. They have meant a lot.

I wish the Executive Committee, Melissa Orchard our wonderful General Administrator, and the new Executive Officer all the best with taking MNZ forward to its next phase. I look forward to catching up with people at our 2017 Conference in Wellington with the theme "Reinventing Practice, which we hope many of you will attend.

Ka kite.

Odette Wood

massage new zealand

MASSAGE NEW ZEALAND'S 2017 CONFERENCE **"REINVENTING PRACTICE"** IS FAST APPROACHING!

Put the dates in your diary for Wellington:

Friday 18th August – Pre-conference (CBD).

Saturday/Sunday 19th and 20th August – Conference and AGM (Westpac Trust Stadium).

KEY PRESENTERS

Paul Lagerman – "Know Pain"

Diane Jacobs (Canada) – Dermo Neuro Modulation

Rosie Greene – Visceral Manipulation

TICKETS

On sale early March, spaces limited. Members earlybird by 31.5.17: $350 for 2 day conference, $180 for pre conference workshop.

CPD HOURS

Pre-conference 6 hrs, Conference 10 hrs, AGM 2 hrs (TBC).

See www.**massagenewzealand.co.nz** for more information as it becomes available.

Local Volunteers appreciated for support roles – contact **conference@massagenewzealand.org.nz**

REGIONAL ROUNDUP

UPPER NORTH ISLAND

Happy New Year! I hope everyone has had a relaxing holiday and is ready for 2017. Here is what has been happening in our region...

Rebecca Cunliffe spoke on 'The chakra system and energy fields' at Northland's November meeting which included what actually goes on in a healing session for both healer and client, how massage and energetic healing can complement each other, and what or who is out there supporting energy work and the various forms it comes in. Rebecca did a great job explaining what chakra balancing was and did a demo on Deb Rivers and Nicola Masson. Northland also had a Christmas meeting on the 5th of December and enjoyed a lovely dinner and evening. Their next meeting is scheduled for 6th March 2017.

There was a good turnout of both MNZ members and some MTs interested in becoming members at Auckland's November meeting. It was a social gathering where therapists met up with colleagues they hadn't seen in a while, some put themselves forward to help facilitate next year's meetings and enjoyed chatting to like minded individuals. Their Christmas meeting was a little on the small side due to busy diaries leading up to Christmas however according to Mark Fewtrell they certainly made the most of their evening discussing their year in business, current status and MNZ. Also of interest was Chris Toal's scar massage body tool which he brought along for show and talked about how he uses it in his clinic. Auckland's next meeting date will be Tuesday 21st February.

Tauranga also had their Chrismas meeting on 5th of December which was great according to Georgia Meichtry who wishes she'd remembered to take some photos of the occasion! It was mostly social but they had a bit of a chat about what to do in 2017. It seems that Tauranga's meetings will continue to be held on Wednesdays each month at Willow Therapeutic Clinic and these will start up again on the 22nd of February with a speaker talking about oncology massage. If you want to be on the email list for updates on what is happening around Tauranga then sign up through this link - http://willowtherapeutic.us4.list-manage.com/subscribe?u=e4217b84ce9e6183e02010bd4&id=2a46d0f95e

There was a small turn out for the Hamilton November meeting with guest speaker Phillip Quay from Media PA talking about SEO or Search Engineer Optimisation to help attract more clients through the web and social media. I certainly found it helpful as did others there. Let's hope it helps capture more clients for us in 2017! Hamilton didn't have a Christmas gathering as at this stage they are still only meeting every two months and Christmas is very busy for many. Hopefully 2017 will see more people attending Hamilton meetings with the next one scheduled for 23rd February.

I've been calling all newly joined MNZ members to touch base with you and answer any questions you might have. If I haven't already spoken to you then I'll endeavour to do so. I hope you'll make use of all the tools available to you on our website and endeavour to meet up with some local massage therapists in your area. If not one of the above areas then feel free to start something new in your area. That being said, I encourage all our members both old and new to do the same.

Looking forward to a thriving and gratifying 2017!

Annika Leadley

LOWER NORTH ISLAND

Here in Wellington we finished off 2016 with a good shake up.

The earthquake on November 14th affected sole traders, small businesses and even the college temporarily. I'd say we've all noticed the slightly increased tensions, stress and anxiety that have coated the city since the big quake and if other practitioners are anything like myself we're grateful to be in a job where we can provide some calm and relief for people to ease the burden, even if only for a while. What special work we have chosen for ourselves and how lucky are we that the damage wasn't more wide spread!

The Wellington team finished 2016 with a fun, hands on workshop where every participant bought a skill or technique to teach to the others who then had a chance to practise it on each other. We looked at a range of things from lomi-lomi strokes to mobilisation, neural tests, cold stone treatments and some techniques for accessing muscles like latissimus dorsi and serratus anterior. We all enjoyed trying out new moves and we each gained something of value. Helen Smith joined our post-workshop meeting where we briefly discussing the future of MNZ and heard about the plans for the MNZ conference to be held later this year in Wellington. I hope a lot of you are keen to come because they have some great ideas and presenters that they're working with!

This year's line up of workshops in the region is still under development and I look forward to working with Trevor and Rob and posting up some details on the website over the coming month.

All the very best

Iselde de Boam

021 044 8552

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	WHERE/HOW TO REGISTER
KERIKERI **"Introducing Aromatherapy"** **1-day workshop** **Sat 25th February 2017**	**VENUES**: The Aromary, Kerikeri 9.30am-4.30pm $120 (includes all materials & notes) Email: carol@thearomary.co.nz www.thearomary.co.nz/introducing-aromatherapy/
Northland Massage Group: 6th March	**CONTACT**: Eva Van Gaalen, 021 231 4975
Auckland Massage Group: TBC	**CONTACT**: Mark Fewtrell, www.markmassage.co.nz
Tauranga Massage Group: TBC	**CONTACT**: Annika Leadley uppernirep@massagenewzealand.org.nz for info
Hamilton Massage Group: TBC	**CONTACT**: uppernirep@massagenewzealand.org.nz
Wellington Massage Group: TBC	**CONTACT**: Iselde de Boam 021 044 8552 lowernirep@massagenewzealand.org.nz
Christchurch Massage Group: TBC	**CONTACT**: Volunteer required
MFR COURSES **Auckland: 3- 6 March: The Fundamentals and Advanced Lower Body** **Tauranga: 10 – 13 March: The Fundamentals and Advanced Upper Body** **Christchurch: 24-27 March: The Fundamentals and Advanced Upper Body** **Dunedin: 31 March – 3 April: The Fundamentals and Advanced Lower Body** **Nelson: 21-24 April: The Fundamentals and Advanced Lower Body**	Beth Beauchamp register go to http://mfrworkshops.com
AUCKLAND **Dry Needling Course for RMTs** **April 28-30, 2017**	Friday 5-8pm, Saturday 8am-6pm & Sunday 8am-5pm Dr Wayne Mahmoud, Osteopath and Acupuncturist http://www.cpdhealthcourses.com
CHRISTCHURCH **16-19th March** **Visceral Manipulation: Abdomen 1 (VM1)**	To book www.upledger.co.nz/courses

WHO'S WHERE

NARELLE JACKSON
AUCKLAND

Remedial Massage & MLD Therapist

Mobile: 022-373-4788

I have moved from The Wellbeing Centre, Grey Lynn to:

Kingsland Osteopaths, 513 New North Road, Kingsland 1021 - working Tuesdays, Wednesday and Fridays and

Osteoplus, 1 Airborne Road, Rosedale, Auckland 0632 – working Monday and Thursday.

VERDUN AFFLECK
CROMWELL

Joint & Muscle Pain Clinic,
1 Mansor Court, Cromwell

New web site can be accessed
http://affleckclinic.co.nz

KAREN LAW
PAENGAROA & ROTORUA

I share a website with another therapist mainly for our Lymphoedema work.

The address is www.lymphconnection.co.nz

If you would like your profile and location advertised contact:

Carol Wilson

EDITOR

magazine@
massagenewzealand.org.nz

DEMYSTIFYING CHANGES IN MNZ MEMBERSHIP LEVELS

by Odette Wood

As most of you will know by now, MNZ is changing its membership levels for RMT and CMT members. The membership classes of Certified Massage Therapist (CMT) and Remedial Massage Therapist (RMT) are being removed and replaced with Registered Massage Therapist (MNZ) and NZQA level of qualification. This change will come into effect on 1st April 2017, when the new membership cycle begins.

WHY THE CHANGE?

The change came about as a result of remits that were put forward and accepted at the 2016 AGM. The rationale is that despite the fact that MNZ has been going for 10 years, membership levels have remained low and professional massage therapy is still not given the recognition it deserves. It also appears that MNZ is not attracting New Zealand qualified Massage Therapists. This change to the title is an attempt to promote ALL levels of qualified Massage Therapists and to subsequently increase membership numbers. By referencing the NZQA education levels, membership is in alignment with the new New Zealand qualifications.

Using the term 'registered' aims to increase the public perception of legitimate and credible Massage Therapists in an unregulated industry. It is important to ensure that the public recognise that registration is via MNZ, therefore MNZ is put in brackets at the end, i.e. 'Registered Massage Therapist (MNZ)'. By using the term 'registered', members of the public can clearly identify that a Massage Therapist is officially recorded and recognised by an association and consequently the profile of MNZ and its members may increase. CMT and RMT were used by MNZ to define scopes of massage therapy practice but the letters CMT and RMT did not convey scopes of practice to the public. The new addition of qualification levels will do this more effectively.

WHAT DOES THIS MEAN FOR CURRENT REMEDIAL AND CERTIFIED LEVEL MNZ MEMBERS?

As of 1st April 2017, CMT and RMT designations will no longer exist. Current memberships WILL NOT be terminated, members will just be required to include their NZQA level qualification. The term 'Certified Massage Therapist' will be a misnomer as the qualification level for this scope of practice is being raised to a Diploma level 5 from 2017, due to changes to the NZQA framework.

So, for existing:

- **CMT level members:**
  Will be re-designated as "Registered Massage Therapist – Level 4 (MNZ)"
- **RMT level members who have a Diploma level qualification in Massage Therapy:**
  Will be re-designated as "Registered Massage Therapist – Level 6 (MNZ)"
- **RMT level members who have a Bachelors degree qualification in Massage Therapy:**
  Will be re-designated as "Registered Massage Therapist – Level 7 (MNZ)".

WILL I HAVE TO DO ANYTHING IF I AM AN EXISTING CMT OR RMT MEMBER?

These changes will be done by MNZ. We may need to contact you about some details but most of the work will be done at an administration and IT level. The FIND A THERAPIST listing will also change, to reflect the new membership levels, so members of the public will easily be able to see the person's membership level and scope of practice. Annual Practicing Certificates will also reflect the new membership levels.

WHAT DOES THIS MEAN FOR NEW MEMBERS?

- **For new members with a level 4 qualification:**
  All prospective members with existing massage therapy Level 4 certificate qualifications will still be eligible for MNZ membership. They will be designated as a "Registered Massage Therapist - Level 4 (MNZ)".
- **For new members with an NZQA level 5-7 qualification:**
  They will be designated the level of membership appropriate to their level of qualification gained.
- **For new members with non-NZQA qualifications or qualifications gained outside New Zealand:**
  Applications for membership from people with non-NZQA qualifications will still be assessed for eligibility for membership, as already happens.

The JOIN MNZ function on the website will also be updated to reflect the new changes, making it simple for people to join online.

WHAT HAPPENS TO MY MEMBERSHIP LEVEL IF I UPGRADE MY QUALIFICATION, FOR EXAMPLE FROM A LEVEL 4 TO A LEVEL 5, OR LEVEL 6 TO LEVEL 7?

You'll need to let us know formally, as you already have been required to do if you upgraded from CMT to RMT level. You will need to provide a copy of your new qualification. We will then update your level to the newer level on our database, which will be reflected in the FIND A THERAPIST listing.

Only the highest qualification will be listed, as that reflects the current scope of practice. The same happened if someone had upgraded from a CMT to RMT level. So, if you had been a CMT (level 4) and you did further study and attained a level 5

qualification in 2017, then you would then become "Registered Massage Therapist – Level 5 (MNZ)".

WHAT ELSE IS HAPPENING SO THAT MEMBERS OF THE PUBLIC CAN FIND OUT IF A THERAPIST IS REGISTERED?

MNZ will be setting up an online public register (an alphabetical listing) of all registered Massage Therapists in New Zealand who hold a MNZ current practising certificate (have met the MNZ conditions of membership and adhere to the MNZ Code of Ethics). This will be similar to online registers that exist for Nurses, Midwives, Physiotherapists, Osteopaths and so on. The MNZ Therapist Register will list the registered members name, their New Zealand NZQA approved qualification, and the NZQA level of that qualification (levels 4 to level 7). For example, the register will look similar to this:

This public register is in addition to the FIND A THERAPIST page on the website. This register paves the way for future work by MNZ to lobby for government regulation of Massage Therapy in New Zealand. Without such a register, changes to membership levels and increased numbers, such lobbying is not feasible.

WHAT WILL HAPPEN IF I DON'T GET AROUND TO RENEWING MY MEMBERSHIP ON TIME?

As already happens with the FIND A THERAPIST listings, members who have not renewed will not be viewable on the MNZ website. Listings in the MNZ Therapist Register will also be hidden on the public site, indicating that the therapist is not currently registered.

This is why it is so important that you maintain your MNZ membership. As a health professionals, we each have a duty to do this – for ourselves, our clients and practice, and our profession.

The MNZ website will promote two scopes of practice:

- Wellness and Relaxation Massage (NZQA Qualification level 5 and level 4 (for qualifications gained prior to 2018) or equivalent);
- Remedial / Therapeutic Massage (NZQA Qualification level 6 and 7 or equivalent).

If you have any other questions about the changes and how they will affect your current or new membership, please contact:

Melissa Orchard
General Administrator
membership@massagenewzealand.org.nz
0800 367 669

NAME	MNZ REGISTRATION NUMBER	REGISTRATION DATE	QUALIFICATION	NZQA LEVEL (SCOPE OF PRACTICE)	APC EXPIRY DATE
John Doe	1234	1 April 2008	Cert. Relaxation Massage	Level 4	31/3/17
David Doe	3512	1 April 2017	Dip. Wellness & Relaxation Massage	Level 5	31/3/18
Jane Doe	0101	4 June 2012	Dip. HSc (Sports & Massage Therapy)	Level 6	31/3/17
Mary Doe	3278	1 April 2016	BTSM	Level 7	31/3/17

For additional information on other health profession registers in New Zealand, please check out:

MIDWIFERY COUNCIL
https://www.midwiferycouncil.health.nz/register-search

NEW ZEALAND CHIROPRACTIC BOARD
http://www.chiropracticboard.org.nz/SearchRegister

NEW ZEALAND PSYCHOLOGISTS BOARD
http://www.psychologistsboard.org.nz/search-the-register

NURSING COUNCIL OF NEW ZEALAND
http://www.nursingcouncil.org.nz/nursesregister/search

OSTEOPATHIC COUNCIL OF NEW ZEALAND
http://www.osteopathiccouncil.org.nz/component/com_ocnzregister/Itemid,43/view,search/

PHYSIOTHERAPY BOARD OF NEW ZEALAND
http://www.physioboard.org.nz/search-register

UNUSUAL SUSPECTS:
THE OFTEN-OVERLOOKED MUSCLES

By Joseph E. Muscolino, DC

There are more than 100 muscles in the human body, yet it is interesting to see how often the same few muscles are discussed, written about, and assessed as the causes of our clients' problems. I like to describe these muscles as the usual suspects. When a client has pain in the gluteal region, we look for it to be the piriformis. If the pain is in the anterior hip, the psoas major is first on our radar. If there is pain in the back of the neck, it must be the upper trapezius. But what about all the other muscles in the body?

I am not trying to say that the usual suspect muscles are not important. They are. Because of their unique role in movement and stabilization patterns, they probably are more important on average, that is why they have earned the status of being the usual suspects. A usual suspect is not always the guilty party, however. Sometimes it is an unusual suspect, a lesser-known muscle, that is the underlying cause of our client's pain and dysfunction pattern.

Following are examples of some of these lesser-known unusual suspect muscles that are worthy of our attention. For each muscle, we will review its attachments and actions, how to palpate and stretch it, and then discuss a brief case study of a client for whom this muscle was the key to unlocking their condition and restoring their health. An unusual suspect muscle may not often prove to be the cause of our client's condition; but when it is, our awareness and knowledge of the muscle, along with our willingness to look for and assess it, can make all the difference, not only in our client's health, but also in the success of our practice.

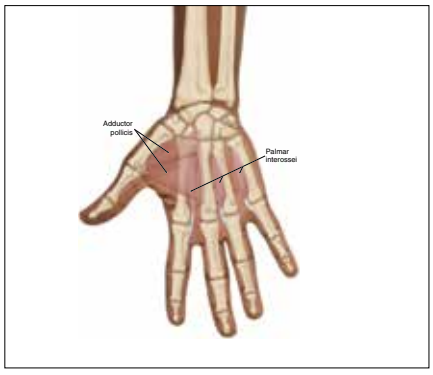
LOOKING IN THE RIGHT PLACE

There is a corny but apt joke about a mother who comes home to find her 12-year-old son on his hands and knees in the dining room, seemingly searching for something. When she asks him if he lost something, he says he lost a quarter. She asks him if he lost it in the dining room, and he answers no; he lost it in the living room. A bit perplexed, she asks him why he is looking in the dining room. He responds, "The light's better in here."

This may seem like a silly story, but there is a lesson to be learned here. If we are not looking in the right place, we will never find what we are looking for. We shouldn't look just where it is easy to look, where the light is better, so to speak; rather, we also need to look in the more obscure, less well-lit places. If we only check the usual suspect muscles, we will never discover how involved and important some of the other, lesser-known, unusual suspect muscles are.

UNUSUAL SUSPECT #1 PALMAR INTEROSSEI

Attachments and Actions



Palmar Interossei

The palmar interossei (PI) are a group of three intrinsic hand muscles that, as their name implies, are located between (metacarpal) bones in the palm of the hand. Each one crosses the metacarpophalangeal (MCP) joint to attach distally onto the proximal phalanx of a finger on the side of the phalanx that is oriented toward the middle finger. For this reason, each one pulls its respective finger toward the middle finger, which is the reference line for abduction/adduction of the fingers; hence the PI adduct fingers at the MCP joints. They are named #1, #2, and #3, from radial to ulnar. PI #1 attaches from the second metacarpal to the index finger; PI #2 attaches from the fourth metacarpal to the ring finger; and PI #3 attaches from the fifth metacarpal to the little finger.

Palpation Assessment

Although the PI are a bit deep, they are easy to palpate and assess. To palpate and discern PI #1, simply place your palpating finger pads between the second and third metacarpals on the palmar side, with pressure oriented toward the second metacarpal, and ask the client to adduct the index finger toward the middle finger against the resistance of a pen or marker that is placed between the two fingers. The first PI will clearly be felt to engage. Palpate the entirety of the muscle as the client gently contracts and relaxes it. Once located, moderate to deeper pressure can be applied to work the muscle.

Palpating PI #1

Stretching

The PI muscles perform adduction of their respective fingers. In addition, because they cross the MCP joints slightly anteriorly, they can also flex the fingers at the MCP joints. Therefore, to stretch the PI, the index, ring, and little fingers need to be abducted (away from the middle finger) and extended at the MCP joints.

Stretching PI muscles

Case Study: Palmar Interossei

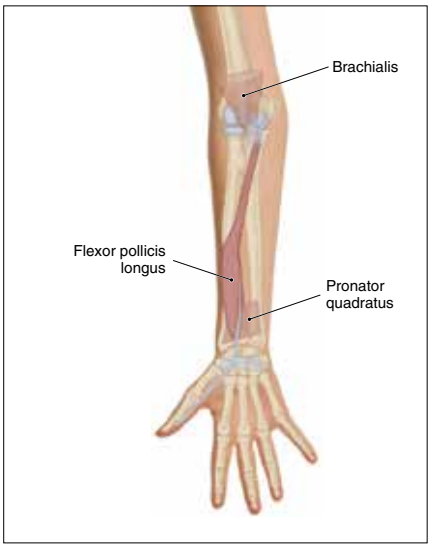
"Carrie" was a 30-year-old yoga instructor who developed pain in the palm of her left hand. There was no precipitating trauma; the pain began insidiously and gradually increased until she could no longer bear any weight on her hand. Poses such as downward-facing dog became impossible. Before coming to my office, Carrie consulted three health professionals – a massage therapist, a chiropractor, and an orthopaedic surgeon specialising in hand surgery. The massage therapist told her that trigger points in her left shoulder were the cause of the pain. The chiropractor told her that neck joint subluxations (dysfunctions) were the cause. And the orthopaedic surgeon ordered an X-ray and told her that the saddle (first carpometacarpal) joint of the thumb was too lax and surgery would be needed to stabilize the joint and alleviate the pain. Soft-tissue manipulation to the shoulder region by the massage therapist and joint manipulation (adjusting) of the neck by the chiropractor did not help to diminish her hand pain. And Carrie opted to not have the surgery recommended by the orthopaedic surgeon.

Carrie then presented to me. After exhausting all the usual suspects, spending well over an hour on history and exam, I finally arrived at her hand, where I palpated and found a hypertonic PI #1 muscle, that, when pressed into, immediately reproduced her characteristic pain. Carrie had a spasm of her first PI muscle. No fancy referral patterns or pinched nerves were involved. She had a simple tight muscle in her hand that none of the other professionals had looked for, even though it was exactly at the site of the pain that she was experiencing. Moist heat, soft-tissue manipulation, and stretching fully resolved her condition in only a few sessions.

UNUSUAL SUSPECT #2 FLEXOR POLLICIS LONGUS

Attachments and Actions

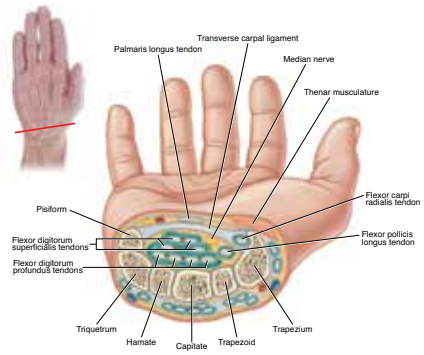
The flexor pollicis longus is a muscle of the anterior forearm and hand. Its principal attachments are from the anterior surface of the radius to the anterior surface of the distal phalanx of the thumb. It usually also has a small attachment to the medial epicondyle of the humerus.



Flexor Pollicis Longus muscle

The flexor pollicis longus crosses the elbow, wrist, and thumb joints anteriorly; therefore, it flexes the forearm at the elbow joint, the hand at the wrist joint, and the thumb at the carpometacarpal, metacarpophalangeal, and interphalangeal joints. Because of its medial to lateral direction from proximal to distal, it can also weakly pronate the forearm at the radioulnar joints.

It is important to note that the flexor pollicis longus is one of nine tendons that travel through the carpal tunnel. The other eight tendons are the four tendons of the flexor digitorum superficialis and the four tendons of the flexor digitorum profundus.



Tendons running through carpal tunnel

Palpation Assessment

Although the flexor pollicis longus is in the deep layer of the anterior forearm musculature, it is actually quite easy to palpate and assess for the majority of its course. To palpate this muscle, simply place your palpating finger pads on the radial side of the anterior, distal forearm and ask the client to flex the distal phalanx of the thumb at the interphalangeal joint. To properly discern the flexor pollicis longus from other nearby muscles of the thumb, it is important for the client to isolate this action as best as possible

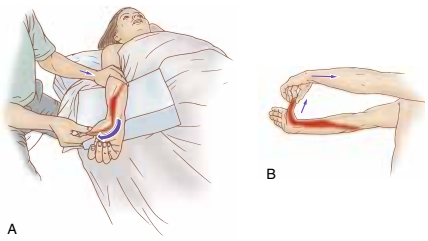
Palpation of flexor pollicis longus

No other muscle flexes the distal phalanx of the thumb, so any muscle that contracts during this motion should be the flexor pollicis longus. Palpate as much of the

muscle as possible as the client gently contracts and relaxes it. The flexor pollicis longus can usually be easily palpated and discerned proximally toward the elbow joint to about halfway up the forearm. Once located, moderate to deeper pressure can be applied to work the muscle.

Stretching

Because the flexor pollicis longus flexes the elbow, wrist, and thumb joints, it is stretched by extending the elbow, wrist, and thumb. Because of its ability to pronate the forearm, the stretch position should include full forearm supination as well.



Stretching flexor pollicis longus

Case Study: Flexor Pollicis Longus

"Julie" was a 25-year-old massage therapist who was experiencing tingling and pain into the median nerve distribution of her right hand, specifically the anterior side of the thumb and index finger. She attributed her symptoms to the physical stress of performing too many massages at work. As she continued to massage, the pain gradually increased until she consistently experienced moderate to marked pain when working. On physical examination, she tested positive for all three carpal tunnel syndrome tests—Phalen's test, Prayer test, and Tinel's sign at the anterior wrist—so there was no doubt she was experiencing carpal tunnel syndrome.

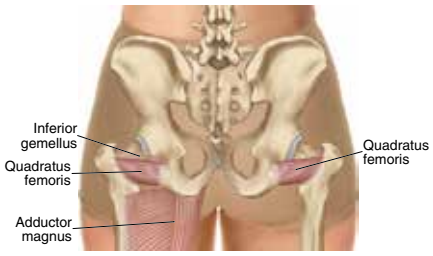
The question was whether rest and working on the muscles whose tendons travelled through the carpal tunnel would be sufficient for her to heal. I advised her to stop work for two to four weeks, use ice each day, take over-the-counter anti-inflammatories, and come in two times per week for soft-tissue manipulation and gentle stretching to musculature of the anterior forearm. This work was aimed primarily at the flexors digitorum superficialis and profundus, and flexor pollicis longus. However, it was work on the flexor pollicis longus that seemed to most directly reproduce her characteristic pain pattern, referring pain into the wrist and anterior hand as the work was done. More importantly, it was the flexor pollicis longus work that provided lasting relief after the therapy was done. Deep stroking massage was performed on the myofascial trigger points that were located in the belly of the muscle, and transverse friction aimed at breaking up fascial adhesions binding the muscle and its tendon to adjacent tissues and impeding proper function. After the soft-tissue manipulation, stretching was performed.

Although soft-tissue work was also performed on other musculature of the right upper extremity and neck, it was the work performed on the flexor pollicis longus that proved to be most effective. After a few weeks, Julie began working again, and with continued care, as well as attention to proper body mechanics, she was able to gradually build back up to working full time, pain-free over the next few months.

UNUSUAL SUSPECT #3 QUADRATUS FEMORIS

Attachments and Actions

The quadratus femoris is a muscle of the gluteal/hip joint region. It attaches from the lateral border of the ischial tuberosity to the intertrochanteric crest of the femur, between the greater and lesser trochanters.



Quadratus femoris (posterior view)

The quadratus femoris crosses the hip joint posteriorly with a horizontal direction to its fibres; therefore, it laterally (externally) rotates the thigh at the hip joint. Indeed, along with the piriformis, it is one of the six members of the deep lateral rotator group.

Palpation Assessment

Although the quadratus femoris is deep to the gluteus maximus, it is usually easily palpated and discerned from adjacent musculature. To palpate the quadratus femoris, first find the inferior aspect of the ischial tuberosity. Follow the ischial tuberosity to its lateral border by maintaining pressure against the bone as you move laterally along it. Once the lateral border has been reached, drop immediately lateral to it and you will be on the quadratus femoris. To engage the muscle to confirm you are on it, have the client try to laterally rotate the thigh at the hip joint against your gentle to moderate resistance. This is accomplished by asking the client to try to push the (lower) leg medially against the resistance of your hand.

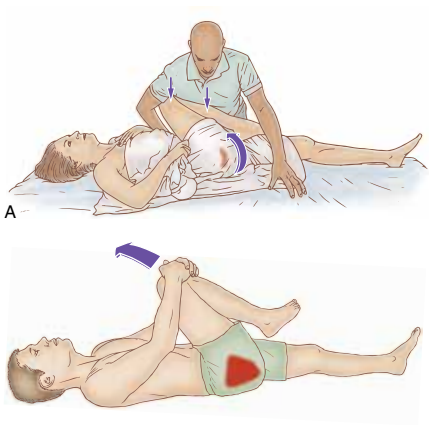
Palpating quadratus femoris

Palpate the entirety of the muscle as the client gently contracts and relaxes it. Once located, moderate to deeper pressure can be applied to work the muscle.

Note: The sciatic nerve usually passes superficial to the quadratus femoris immediately lateral to the ischial tuberosity. If the sciatic nerve is contacted, move your finger pads slightly lateral to avoid pressure on the nerve.

Stretching

The quadratus femoris is a lateral rotator at the hip joint, but if the thigh is first flexed to 90 degrees, it becomes a horizontal abductor so it can be stretched with horizontal adduction.



Stretching quadratus femoris

Case Study: Quadratus Femoris

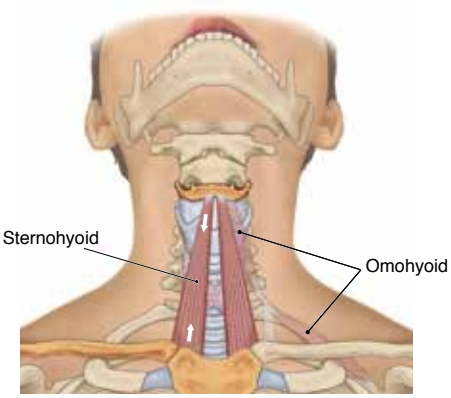
"Belinda" presented with pain in her right gluteal region that had begun the day before. She said she had been stretching her hip joint fairly vigorously when she first felt a sharp pain occur in the area. Concerned she might have injured herself, she decided to seek care immediately and presented to my office the day after the pain began. Upon palpation examination, I went for the usual suspect, the piriformis; but her piriformis was healthy and palpation of it did not reproduce any pain or discomfort. However, as I continued to palpate inferior and lateral to the piriformis, I came upon a trigger point in the quadratus femoris that, when pressed, reproduced Belinda's characteristic pain pattern. Because Belinda came in so quickly after the onset of the problem, one session of moist heat, deep stroking massage, and stretching was sufficient to entirely resolve the trigger point and eliminate all her pain and discomfort.

UNUSUAL SUSPECT #4 STERNOHYOID

Attachments and Actions

The sternohyoid is an infrahyoid muscle of the anterior neck that attaches from the sternum inferiorly to the hyoid bone superiorly.

Its concentric action is to depress the hyoid. But it also functions to stabilise the hyoid bone against the pull of the suprahyoid



Sternohyoid

muscles when they act to depress the mandible at the temporomandibular joints; therefore, the sternohyoid engages during temporomandibular joint depression. Because it crosses the cervical spinal joints anteriorly, it can also assist with flexion of the neck at the spinal joints. And because it is located slightly lateral to midline, it can also assist in lateral flexion.

Palpation Assessment

The sternohyoid is superficial, so it is easy to palpate. However, because it is so small, it requires a fine touch to feel and to discern from adjacent musculature. To palpate the sternohyoid, place your palpating fingers between the sternum and hyoid bone and then gently resist the client from depressing the mandible. You will feel the sternohyoid engage.

Palpating sternohyoid

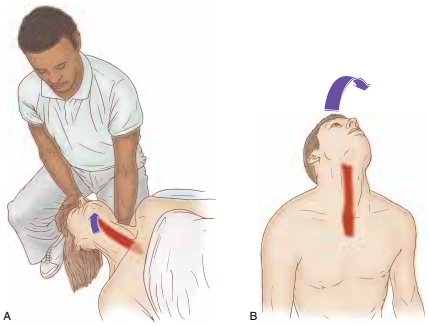
Palpate the entirety of the muscle as the client gently contracts and relaxes it. Once located, mild to moderate pressure can be applied to work the muscle.

Note: The anterior neck is a very sensitive region for many clients, so verbal consent should be attained before approaching this area. It is important to check in often with the client regarding the pressure being used.

Note: This is an area generally covered in the scope of practise for Degree level massage students in NZ.

Stretching

Because the sternohyoid is located anteriorly and can flex the neck, it is stretched by gently extending the neck. It is also important for the client's mandible to be elevated.



Stretching sternohyoid

The stretch of the sternohyoid on one side can be slightly increased with lateral flexion of the neck to the opposite side.

Note: Extension of the neck should be done very carefully, especially for elderly clients. It is recommended that before stretching the neck, the vertebral artery competency test is first performed.

Vertebral Artery Competency Test

Case Study: Sternohyoid

"Mario" was a 30-year-old professional trumpet player who presented with pain in the anterior neck. He reported that approximately one month before, he had been playing trumpet and before he was well warmed up, he attempted to hit a high note and experienced a sharp pain in the front of his neck. Since that day, he had been unable to play without experiencing pain. He had been to several medical doctors, including one who specialised in working with singers and musicians, but no one had been able to diagnose the cause of his pain.

Although he lived nearly two hours away, he came to my office to see if I could help. After examining his neck and assessing all the usual suspects, I palpated his hyoid muscle group, including the sternohyoid. Because the sternohyoid is such a small muscle, assessing its tone is not easy. However, both massaging it and having Mario isometrically contract it by resisting depression of the mandible reproduced his characteristic pain pattern. Armed with the knowledge that he had strained his sternohyoid muscle, I gently massaged and stretched the muscle.

Because Mario lived so far away, he was not able to return for regular care, so I gave him self-care advice that included how to self-massage and stretch the muscle. I also recommended he use a compression bandage that applied gentle pressure to the anterior neck to stabilize the sternohyoid, especially when playing the trumpet. I cautioned him to spend plenty of time warming up before playing and to gradually increase the intensity of his playing over the next month or so. It took approximately 4–6 weeks, but by following the self-care guidelines, Mario was able to make a full recovery and return to playing professionally.

A DEDICATION TO FURTHER EXPLORING AND LEARNING

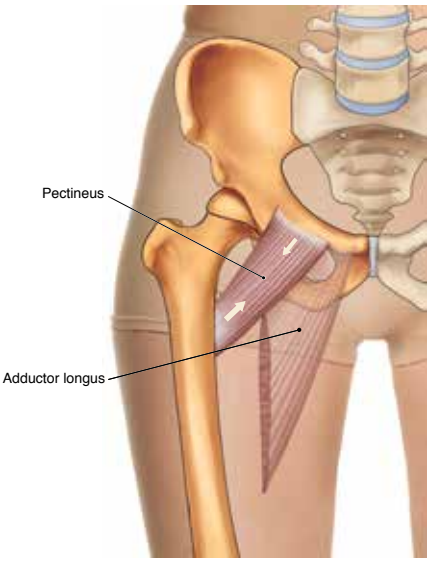
To determine the muscle that may be involved, an accurate and thorough assessment is needed; and this requires knowledge and awareness of not only the usual suspects but also the unusual suspects. Toward this end, the goal of this feature has been to whet our appetites by presenting a number of unusual suspect muscles for consideration, but many more exist. It is only with a dedication to exploring and learning all the musculature of the body that we can assure ourselves of having a lasting and successful clinical orthopaedic manual therapy practice.

OTHER UNUSUAL SUSPECTS

However, there are many more unusual suspects that could have been presented. Following is a brief discussion of a few more unusual suspects:

PECTINEUS

The pectineus is a transitional muscle between the hip flexor and hip adductor compartments. It is located between the psoas major of the flexor compartment and adductor longus of the adductor compartment.

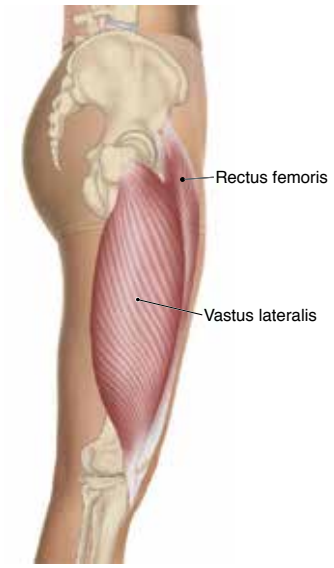


Pectineus

It is often missed because the therapist's focus is so often on the psoas major. And because the pectineus sits a bit deeper than its neighbours, it is more challenging to find. The easiest way to locate the pectineus is to first find the proximal tendon of the adductor longus, and then drop immediately lateral to it. Keep pressure close to the pubic bone and ask the client to try to move the thigh at the hip joint, against your resistance, in an oblique plane that is a combination of flexion and adduction.

VASTUS LATERALIS

The vastus lateralis is a member of the quadriceps femoris group. As such, it is often thought of as being located only in the anterior thigh. However, the vastus lateralis attaches to the lateral lip of the linea aspera of the femur located all the way on the posterior side of the bone.



Vastus lateralis

Therefore, even though the vastus lateralis is superficial anterolaterally, it is also located in the lateral and posterolateral thigh. It is the lateral thigh where it is often overlooked as the causative agent of the client's pain. Because the iliotibial band is located superficial to the vastus lateralis, the iliotibial band is often blamed as the cause of the pain when the deeper vastus lateralis is the true culprit.

When the iliotibial band is the cause of the client's condition, the pain will usually be felt at the lateral femoral condyle. If the client's pain is anywhere mid-thigh, look instead to locate and assess the vastus lateralis. This is easy. To locate it, simply resist the client from trying to extend the leg at the knee joint and feel for the vastus lateralis to engage. Once the muscle is located, have the client relax it and assess its tone.

SEMISPINALIS CAPITIS

The semispinalis capitis of the posterior cervical spine is often overlooked as the cause of pain and tightness in the neck.

Semispinalis capitis

It is actually the thickest muscle in the back of the neck and often tight and symptomatic. It lies directly deep to the upper trapezius, so the upper trapezius is often blamed when the semispinalis is the offending culprit. When assessing clients with neck tightness and pain, look for the semispinalis. Deep work over the laminar groove, directly lateral to the spinous processes, is often the key to helping clients with a tight semispinalis capitis.

Joseph E. Muscolino, DC, has been a manual and movement therapy educator for more than 30 years.

He is the author of multiple textbooks, including The Muscular System Manual: The Skeletal Muscles of the Human Body (Elsevier, 2017); The Muscle and Bone Palpation Manual with Trigger Points, Referral Patterns, and Stretching (Elsevier, 2016); and Kinesiology: The Skeletal System and Muscle Function (Elsevier, 2017). He is also the author of 12 DVDs on manual and movement therapy and teaches continuing education workshops around the world, including a certification in Clinical Orthopedic Manual Therapy (COMT). He has created Digital COMT, a video streaming subscription service.

Visit www.learnmuscles.com for more information or reach him directly at joseph.e.muscolino@gmail.com.

EFFECTIVE RESULTS USING MFR **FOR BREAST CANCER PATIENTS**

CASE STUDY

by Beth Beauchamp

It is very likely that you will have, or have had, the opportunity to work with someone who has had a journey with breast cancer. Our work as therapists can play a very valuable role in treating symptoms women experience, and also offering a safe and confidential space for them to share their experience and their fears. According to the New Zealand Breast Cancer Foundation, breast cancer is the #1 cancer for women in NZ.

I have found myofascial release therapy (MFR) to be a very valuable tool with both the physical and physiological changes resulting from surgery, radiation, chemotherapy and reconstruction. MFR is highly effective in releasing scar tissue, softening holding and protective patterns, creating space and glide-ability between structures and enhancing lymphatic movement to reduce edema. Not only are there scars from surgery, but tissue may be damaged with radiation and chemotherapy treatments creating possible scarring and adhesions internally.

I would like to share a case study with you.

Jennifer (an alias) came to see me in August, 2.5 years after she had undergone surgery to remove her left breast and lymph nodes. She had a common breast reconstruction where the implant was inserted under pectoralis major. An 'expander' was inserted under pectoralis major and gradually inflated over time to stretch the muscle and create space for the implant. She had a long scar under her breast, another one across the nipple from her sternum to her armpit and another in her armpit where they removed her lymph nodes.

Her primary presenting symptoms were chronic pain, lymphoedema, numb and 'dead' feeling in her left arm, major anxiety and a crushing feeling on her left ribcage

Technique showing opening up the armpit (printed with permission – not case study client)

from the implant, which was limiting her ability to take deep breaths. In addition she had sleep issues, had given up a lot of her exercise routines, and was holding a lot of anger over how the surgery went and how she was treated by the doctors. To manage her symptoms she was taking Gabapentin (for neuropathic pain and anxiety), Naproxen (for inflammation), Tamoxifen (for hormone regulation) and Vitamin D (for cellular health).

Her goal with our work together was to enhance her quality of life. She really wanted to be active again without experiencing lots of pain, and wanted to reduce her fear and anxiety. My recommendation was for her to receive massage once a week for the next month to see how her body responded to the work, and then we could determine how to move forward from there.

SESSION #1: The first session was about learning how her body was coping with the whole experience and hopefully provide her some relief. I worked down her back, the left latissimus dorsi muscle, her left shoulder including the rotator cuff muscles, pectoralis major and all around her breast and armpit. We accomplished some general softening and opening, and gained some mobility with the tissue all around the shoulder and the breast. There was significant restriction in pectoralis major, adhering in the armpit and lack of fluidity in the tissue all around the damaged area.

From the first session Jennifer reported that she experienced significant relief for three days and did not need to take Naproxen for inflammation. She felt freer and lighter in her body overall and much freer in her left shoulder and armpit. On the fourth day the pain and discomfort returned, but she was still delighted to have had such an immediate positive result with the work.

FIRST MONTH: Over the next four sessions work continued on her back, chest, shoulders, left armpit and arm. I evaluated her breathing and found that she was restricted in opening the chest superiorly, the diaphragm laterally, and she was not breathing into her pelvic floor. Serratus anterior and subscapularis restricted on both sides, pectoralis major was strapped tight over the implant and her diaphragm was not moving effectively. The tissue in her armpit

MFR technique for releasing pectoralis major (printed with permission – not the case study client)

and in her upper arm was very sticky and felt dense and congested.

With each session, more specific work was done and engaging deeper into the tissue as the more superficial layers released. We need to be mindful in the armpit area not to cause more inflammation. With each session she began sharing more of her breast cancer journey with me.

FIRST MONTH RESULTS: In the second session she experienced some new sensations and aliveness in her left arm which had previously felt numb and 'dead.' This area continued to open and soon it was only one small area on the back of her tricep that felt numb. Pectoralis major softened and the implant felt less strapped to her chest, allowing her breathing to expand. Emotionally she felt more peaceful, calmer and began doing activities she previously enjoyed like riding her bike to work and swimming.

SECOND MONTH: In the next month we continued with weekly sessions and focused on releasing scar tissue and untangling the pulling patterns they were causing in her left shoulder and armpit. Superficial fascia work was also done in the area with the aim to open pathways for the lymph to move and to gain energy flow in the meridian channels. As well as detailed rotator cuff work on her right shoulder to address compensation patterns.

SECOND MONTH RESULT: Jennifer's moods really lifted as she felt like we were making some very positive progress. Her pain was reduced, her movement was much freer and she felt lighter and happier. She was enjoying biking, small day tramps and swimming again. She was still experiencing some swelling in her armpit, but not as much, and it was always a lot better for a number of days after each session. She claimed she was feeling the best she had in months. As a result of this she began testing reducing her medication as she didn't like "putting all the chemicals into her body."

THIRD MONTH: Jennifer continued to come monthly and really looked forward to our session each week. She felt that it was a safe and nourishing space for her she always felt better. We continued to work all the usual areas, but also expanded into her hips and legs as she was getting more active and feeling a bit sore there.

THIRD MONTH RESULTS: Unfortunately the 3rd month was not a good month for Jennifer. Her stress levels were very high with pressure at work, and she flew to the US for a week trip which really tired her. The weather was often rainy and she really struggled emotionally. She was also beginning to push her fitness levels and was getting quite tired after she exercised. She had to increase her medications again to cope. During this time she still had positive results with our work saying that her arm was so much better. She could now get a backpack on and off with ease. Also her breathing felt so much freer and her body was moving overall a lot better.

From here we decided to see each other every 3-4 weeks for maintenance sessions. I taught her techniques to work on the scars herself, and also gave her stretches to help maintain her new range of movement.

A month down the road Jennifer got a nipple tattoo on her breast and was excited to show me in our next session. Working so closely with Jennifer really opened my heart to the fear and anxiety that comes with such a traumatic life experience. It was a real privilege to work with her and support her on her journey. She was extremely grateful to have a space in her life where she could be transparent about her experience, feel held and not judged.

There is a growing body of evidence on the effectiveness of MFR with relieving symptoms from surgery, radiation, chemotherapy and reconstruction in breast cancers patients. Willem Fourie, a specialist physiotherapist from South Africa, is doing great work in this area. Also The Fascia Research Congress continues to do research in this area and is looking into the effects on the extracellular matrix and tissue repair. I am currently doing research in conjunction with a woman's health specialist physiotherapist in Tauranga, on the effectiveness of superficial fascia work and enhancing lymphatic movement and drainage. She and I will be teaching a workshop about our findings at the Australasian Lymphology Association's annual conference in Melbourne in May.

Beth Beauchamp received her massage training in the United States and holds a degree in Medical Massage Therapy. She has been working with Myofascial Release Therapy for 17 years and training since 2008. Beth is also a Certified BodyTalk Practitioner.

REFERENCES

1. New Zealand Breast Cancer Foundation website http://www.nzbcf.org.nz.
2. Fourie, W. J.(2008) Considering wider myofascial involvement as a possible contributor to upper extremity dysfunction following treatment for primary breast cancer. Journal Bodywork & Movement Therapy Oct;12(4):349-55.

Some specific websites links with good articles and information are: www.wayforward.co.za, www.breasthealthproject.com and www.fasciacongress.org/abstracts_2012.php.

WHERE WILL YOU GO, AND WHAT WILL YOU DO, IF DISASTER STRIKES?

RISK MANAGEMENT FOR MASSAGE PRACTICES

by Karley Skinner

Common threats to a massage therapy practice include external threats such as a natural disaster (earthquake, fire, flooding), and internal threats like prolonged health issues and high turnover. To address these issues, take a look at Business Continuity Planning, and Succession Planning.

Business continuity planning is the formulation of a strategy following the recognition of threats and risks facing your business, that allows you to continue delivering services in the event of a disaster or disruption. In a small or sole trader business, business continuity is rarely considered until after a disaster strikes. When disruptions occur, it will cost money, incur extra expenses, and clientele may defect to the competition. A very real risk in this country is the affect that earthquakes can have on your business – at a moment's notice, your house or clinic may become an unsafe work environment. There are 4 steps to creating a business continuity plan:

- Identify your critical business functions and processes, and which resources support them. You need a space, massage equipment, booking and payment systems, and records keeping, etc.
- Identify, document, and implement a method of recovering those business functions to a suitable delivery standard. Do you have a way of contacting your clientele, and delivering your services, even in a reduced capacity?
- The business owner or manager should create a business continuity plan, and know how to implement the plan during and after a disruption. Where will you go? Can your business survive if you deliver services in client's homes or workplaces? Are there short-term leasing options available to you?
- Train colleagues and test your continuity plan to evaluate the strategy. Is your sensitive data backed up? Can you contact your clients if your main computer is down? If you move location suddenly, do you have massage equipment available to you immediately?

There are innovative options available to sole traders and small businesses. Alternative office spaces can provide a sanctuary to small businesses in the sudden event that their workspace is unusable. Regus, SharedSpace, and the BizDojo allow many businesses to remain functioning after earthquakes and flooding, by providing shared office spaces, meeting rooms and larger spaces for short term rental. As they also provide office equipment, power and internet, a makeshift clinic could be created to allow your business to function within days following a major event.

Succession planning "is a structured process involving identification and preparation of a potential successor to assume a new role in an organisation" (Investopedia, 2017). Succession planning will help your business stay afloat when the business owner may be unable to fully manage, as with prolonged health issues, or when there is a high turnover rate. Many a small business or sole trader goes out of

business due to health or personal issues – an estimated 20% of New Zealanders will be unable to work full-time for 6 months or more because of illness or accidents during their lifetime (Macgregor, 2012).

Relevant succession strategies in allied healthcare include: strategic planning, identifying key positions, detecting possible succession candidates, mentoring and coaching, and evaluation (Carriere et. al, 2009).

Strategic planning allows us to prepare for the future. Your business may be growing and thriving, and you wish to capitalise on your hard work by employing more people; alternatively, you are realising that your career is coming to an end and the value you have built in your business could be passed on or bought by someone else. Either way, identifying the right people to include in or take over your business takes careful planning and assessment. Do you have candidates in mind? Do they have the right qualifications, technique, and business acumen? What knowledge can you pass on to ensure the continued success of your personal brand?

Supporting the growth of your workers is essential to the success of your business. Many business owners fear that if workers become too empowered, they will become their competitors. This may inevitably be the case; however, building trust and empowering your workers will also help to protect your business. Reducing reliance on the owner for core business functions, and ensuring that workers are empowered in their decision-making, is essential to protecting yourself from disaster. "You will know if the system you create works, if it works without you to work it" (Gerber, 1995).

Evaluating your colleagues or staff when they leave employment is vital. An 'exit interview' can help identify why staff leave your employment or the industry altogether – a savvy employer should seek feedback from exiting workers, however uncomfortable that is. The adage "people don't leave their jobs, they leave their managers" may be true – an exit interview will help identify patterns on how the business can improve, particularly if there is high turnover.

To prepare yourself for these risks, consider:

- Is there an option to allow key practitioners to become stakeholders in your business, rather than them becoming your competitors?
- Are there suitable learning and development options for practitioners?
- Has remuneration increased alongside a therapist's skill level, or has it been flat for some time?
- What makes you an attractive employer and how could you retain the best workers?
- Can your workers handle your management processes without you?

Karley Skinner has been a remedial massage therapist for 4 years, and works in central Wellington at Intensive Health. She has recently completed a Bachelor in Applied Management, and is the Publicity Officer at Massage New Zealand.

REFERENCES

BizDojo http://www.bizdojo.com/

Carriere, B., Muise, M., Cummings, G., & Newburn-Cook, C. (2009). Healthcare Succession Planning. JONA: The Journal Of Nursing Administration, 39(12), 548-555. http://dx.doi.org/10.1097/nna.0b013e3181c18010

Gerber, M. (1995). The E-myth revisited (1st ed.). New York: CollinsBusiness.

It's easy to get your business prepared for an emergency | Wellington Region Emergency Management Office (WREMO). (2017). Getprepared.org.nz. Retrieved 23 January 2017, from http://www.getprepared.org.nz/businesses

Macgregor, D. (2012). Four business threats you need to watch out for. Idealog. Retrieved 23 January 2017, from http://idealog.co.nz/venture/2012/09/threats

Regus http://www.regus.co.nz/office-space/new-zealand/

Sharedspace http://www.sharedspace.co.nz/coworking-spaces.html

Succession Planning. (2017). Investopedia. Retrieved 23 January 2017, from http://www.investopedia.com/terms/s/succession-planning.asp

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

Why BizCover?

Since 2008, BizCover has been proud to be the first business insurance website in Australia and New Zealand that allows small businesses to instantly compare quotes, select and buy a policy online in minutes.

To provide Massage New Zealand members with the best possible insurance and risk management, they have created a tailored insurance package in conjunction with QBE that meets the specific needs of massage therapists. Visit www.bizcover.co.nz to get a quote online, or call 0508 249 268. To obtain your exclusive, rate select the QBE package and enter your Massage NZ membership number in the Partner Code field.

www.bizcover.co.nz

Phone 0508 249 268

BizCover.co.nz

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

DUNEDIN STUDY – COULD BOOST CHILDREN MASSAGING CHILDREN PROGRAMMES IN SCHOOLS

Photo by permission from Eva Scherer

Opinion piece by Eva Scherer

The Dunedin Multidisciplinary Health and Development Study: overview of the first 40 years, with an eye to the future university project – known as the "Dunedin Study" has followed the life of 1037 babies born between 1 April 1972 and 31 March 1973 at the Queen Mary Maternity Hospital in Dunedin. For 4 decades every aspects of their life has been monitored.(Poulton, Moffitt, Silva, 2015)

http://www.stuff.co.nz/entertainment/tv-radio/76795757/Global-TV-networks-queue-for-documentary-on-four-decade-study-that-unlocks-the-secrets-of-our-lives

Crime and antisocial behaviour in adulthood were shown to be the result of neglect in early childhood. Celia Lashlie and others have been saying the same for decades. Finally we now have an academic long term study of a large group which gives us the opportunity to prepare a serious preventative strategy.

The team, which included Professor Richie Poulton, found that nearly 80 per cent of adult economic burden can be attributed to just 20 per cent of the study members. The researchers determined that this "high cost" group accounted for 81 per cent of criminal convictions, 66 per cent of welfare benefits, 78 per cent of prescription fills and 40 per cent of excess obese kilograms. Members of the high cost group tended to have grown up not only in more socioeconomically deprived environments, experienced child maltreatment, scored poorly on

childhood IQ tests and exhibited low childhood self-control, but also grown up in middle class families which neglected their babies fundamental needs for touch and sensory stimulation.

Professor Poulton found that members of the "high cost" group can be identified with high accuracy when still young children. She emphasized the need for preventive health and education programmes for children and families.

Since the 1990s, there has been dramatic increases in the prescription of anti-depressants, stimulants and psychotropic medications for children with learning difficulties, violence and bullying behaviour conditions. For example, prescriptions for the following medications for pre-schoolers increased in the last 15 years (Zito et al, 2000): clonidine by 2-fold, stimulants by 3-fold, and antidepressants by 2.2-fold. Prescriptions for methylphenidate (Ritalin) for children between 15 and 18 years increased 311% during the same time. These numbers are simply astonishing.

The drugs are not the solution – educators with support from the Dunedin study may consider nurturing touch, in education, seriously as a preventative measure.

CHANGING BELIEFS – SEEMS TO BE THE HARDEST PART

During a school holiday classes one boy stated "Touch is illegal" ?

Why? I asked

It disturbs my privacy – he seriously replied

Come, give it a try and believe me it is 100% legal.

After little bit of hesitation he joined the group.

At the end, with sparkles in his eyes he admitted – I will practise "massage a back" technique with my cat!

MASSAGE THERAPISTS CAN OFFER A LOT

The Peaceful Touch program developed at the Axelsons Institute in Sweden is currently used by more than 10,000 trained teachers and it affects almost 300,000 Swedish children. This program showed that massage decreases the level of aggression, anxiety and stress in children and allows them to function better in groups. http://axelsons.com/peaceful-touch

The Eastern Institute of Technology in Hastings, New Zealand, found that "Children Massaging Children", positively influenced academic achievements and also improved children's relationships with their fathers (male figures) at home (http://www.childconnection.org.nz/research)

American neuroscientist Prescott (1975) conducted an extensive study in which he reviewed 49 societies. He concluded that in low-touch cultures, a lack of touching and stroking during the earlier or so-called formative period of life was the main cause of violent behaviour in adults.

We, Massage therapists can have an input so that the "high costs" group statistics decrease. Before these people became "high cost" they've all been children and attending schools. "Good Touch" programmes at schools will change the prevailing wrong touch beliefs.

A few years ago I developed the Children Massaging Children (CMC) programme for younger aged children. This programme teaches children to massage each other with verbal guidance from a trained practitioner, giving clear guidelines for gaining consent to massage. It is my desire to train practitioners and introduce into every primary school.

Eva Scherer is the creator of the Child Connection organisation and the Children Massaging Children programme which was awarded with Community Award for Excellence in 2004. Her programmes have been used in New Zealand, Australia and Poland.

A professional massage therapist and the owner of Y Massage clinics located in Auckland. With her team she was one of the first in NZ to bring massage services into commercial space in shopping malls and to the corporate world with Ford Motor Company and American Express.

REFERENCES

Cantwell D.P., Swanson J., Connor D.F. "Case study: adverse response to clonidine." Extending Journal of the American Academy of Child & Adolescent Psychiatry. 1997; 36:539-544

Field T.M., Quintino O., Hernandez-Reif M., Koslovsky G. "Adolescents with attention deficit hyperactivity disorder benefit from massage therapy." Adolescence. 1998 Spring; 33(129):103-8

Khilnani S., Field T., Hernandez-Reif M., Schanberg S. "Massage therapy improves mood and behavior of students with attention-deficit/hyperactivity disorder." Adolescence. 2003 Winter; 38(152):623-38

Montagu A. (1971) Touching; The Human Significance of the Skin. New York: Columbia University Press

Poulton, R., Moffitt, T. E., & Silva, P. A. (2015). The Dunedin Multidisciplinary Health and Development Study: overview of the first 40 years, with an eye to the future. Social Psychiatry and Psychiatric Epidemiology, 50(5), 679–693. http://doi.org/10.1007/s00127-015-1048-8

Prescott J.W. (1975). "Body Pleasure and the origins of violence." The Futurist. (April): 64-67

Zito J.M., Safer D.J., dosReis, S., Gardner J.F.; Boles, M.; Lynch, F. "Trends in the Prescribing of Psychotropic Medications to Preschoolers." Journal of the American Medical Association, No. 283 (8) (2000)

Zur, O., Nordmarken, N. "To Touch Or Not To Touch: Exploring the Myth of Prohibition On Touch In Psychotherapy And Counselling" (2011)

THE IMPORTANCE OF CURRICULUM CHANGE FOR **MASSAGE THERAPY: BC**

BLOG By Eric Purves

When I graduated from massage therapy school in 2005 I had already completed my bachelor of science and felt very comfortable in my knowledge and abilities to become a great therapist.

It became very evident to me over the ensuing years that there was a lot more I needed to know and understand in order to more effectively treat complex problems, particularly those who lived with persistent pain.

It was through the experience of seeing my wife struggle with disabling pain and realising the treatments she was receiving from medical doctors and allied health care providers were inadequate.

Something was missing in how myself, and other health professionals were educated.

The conceptual framework and understanding of the human pain experience and how we conduct our treatments appeared incomplete.

This quest for answers led me on a fantastic journey that completely changed how I view the body, the brain, and how I treat my patients. Last February at the San Diego Pain Summit I was convinced that the path I was going on was the correct one.

Treating people in pain is what we do, and there is a much better way to do it than what we learn in school. I felt inspired and realised one of the main problems with our profession is that there are not enough of us with advanced degrees to lead the profession towards the changes it needs.

I decided that in order to help advance our profession I couldn't sit on the sidelines, I would need to be involved and pursued more education. In September I started my Masters in rehabilitation sciences at the University of BC.

Already, in a short period of time I feel I have gained invaluable tools for critiquing research, finding and utilising evidence for practice and critical thinking skills. These skills need to be fundamental to all health-care professionals.

Changes are necessary for us to evolve: National Standards For Massage Therapists

The profession of massage therapy in Canada (particularly in British Columbia), has a long history of being leaders in its curriculum, standards of education and licensure that can exceed our colleagues in other parts of the world.

There is a strong desire among our membership in BC to increase our education to that of a baccalaureate program. Our professional association, the RMTBC has completed great work in attempting to make this happen. Ideally, it would be great if all education for massage therapists was standardised regardless of what province or state you were educated in, much like it is for physical therapists, nurses, pharmacists, opticians, and medical doctors.

Currently in Canada the regulated provinces are working on a national standard of competencies.

I applaud their attempts in pioneering this endeavour as it could provide a framework that other massage therapy regulatory bodies throughout the world could follow.

However, the lack of quality research used to support the development of the competencies is embarrassingly evident.

As a regulated health-care profession,

the educational curriculum and practice standards of massage therapy need to be based on strong scientific principles and good quality relevant research. In order to make informed practice decisions and incorporate an evidence-based approach to treatment planning the educational standards of RMT's must be recreated.

As it currently stands, the Interjurisdictional Competency Document and its companion, the Guidelines for Foundational Knowledge in Massage Therapy Educational Programs, which together form the framework of what is taught in the massage therapy colleges and creates the material for what is required to pass board exams, are both regrettably unacceptable as documents around which an entire profession's competencies are created.

CREATING A GREATER UNDERSTANDING OF MASSAGE THERAPY

The primary faults I see is the research on the actual mechanisms of manual therapy are ignored and an inadequate understanding of pain and its bio-psycho-social components are missing.

Unfortunately, manual therapy professions base their treatment models and understanding of pain and dysfunction through out-dated biomedical beliefs, structuralism and connective tissues modalities. There is a better direction to go, we simply need to follow the science.

Manual techniques exhibit the majority of their effects based on mechanoreceptor input from the skin, not the muscles or fascia.

The words we use, how we interact with our patients and the explanations we give are more important than any miraculous technique that we learn. This short article provides a great discussion of the need to move beyond our techniques

http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3172949/ .

All positive or negative changes our patients have in their pain perception or movements are from alterations in their nervous system. Nervous tissue is the only tissue in the body that can adapt and change quickly within the confines of a treatment session.

Photo by: BU Interactive News

Once a therapist realises that every effect we have is through the nervous system, primarily the brain, massage therapy becomes much more simplified, more powerful as a therapeutic tool and prevents unnecessary and unrealistic treatment plans that do not serve the best interests of the patient.

Research has shown that connective tissue cannot be altered for any length of time through manual techniques, and we shouldn't want to alter it anyway. Here are a couple great articles worth the read that refutes fascia's importance, https://www.painscience.com/articles/does-fascia-matter.php and http://www.bettermovement.org/blog/2011/fascia-pixels-picture-pinker. I could post numerous links to all the research, but these two sum it up succinctly.

Trigger points, another sacred doctrine of massage therapy are likely not a problem in muscle tissue, more plausibly it is referred pain from peripheral nerves. Posture and biomechanics are not always as important as we think they are either, A free full text pdf available worth the read is available at http://www.ncbi.nlm.nih.gov/pubmed/21419349.

These links are not meant to completely invalidate other ways of thinking.

They are to identify the science and other opinions in the manual therapy field. As a profession we need to be more open-minded and become science-based clinicians, and not continue to base our curriculum and practices on historical beliefs. This is still possible while not forgetting the art of what it is we do.

THREE PILLARS OF MASSAGE THERAPY IN CANADA: SAFETY, EFFECTIVE, ETHICAL

By purposely neglecting the wealth of evidence on manual therapy mechanisms we are failing on all three pillars. This purposeful neglect is unforgivable with the wealth of modern science on pain, fascia, biomechanics and the mechanisms of manual therapy.

By focusing on out-dated beliefs and a biomedical structuralist approach to care, and furthering the pseudoscientific beliefs about fascia, trigger points, cranio-sacral therapy, visceral manipulation, postural asymmetries and adhesions to name a few, we are supporting unsafe, unethical and ineffective practices.

Our profession needs to move towards an evidence-based model that includes plausible scientific principles of manual therapy.

We do not need to make up stories to explain what we are doing. Touch is therapeutic, massage and movement is analgesic. These effects occur because

of our interaction with another person's nervous system.

By adopting a curriculum that includes biopsychosocial approaches to pain management, peripheral and central mechanisms of pain, understanding nonspecific treatment effects, motor control, graded exposure to movement, principles of patient centred care and the pillars of an evidence based practice, we would be much better suited to provide safe, effective and ethical care.

Those approaches are much more supported by science and encourage a feeling of security, robustness and self-efficacy that can elicit more consistent results and better patient outcomes.

The problem with overcoming this dilemma is the belief systems are so ingrained in the profession. Too much of what we do is based on faith and not on fact. Changing the profession will require great force of will and continuous efforts, because it is an entire culture that will need to adapt and change.

From the top down, national massage therapy organizations, provincial regulatory Colleges', massage therapy educator's, current RMT's, and students will need to adjust.

CHANGING MASSAGE THERAPIST FOCUS

We are so focused on our modalities and learning new techniques to add to our toolbox, that we lose focus on what really matters.

Our profession has made the care we provide more complex than it needs to be.

If we could focus on having a solid foundation in the core sciences, learn how to interpret research, critically think, and learn advanced skills to more effectively interact and educate patients we would be significantly farther in our progression as a useful component of the health care system.

Patient centred care and evidence-based practices should be the foundation of what we learn in our education. Assessment and manual skills are important and these skills will always be central to our profession.

RMT's can still historically do what we have always done, but the time is here for us to adapt and reinvent ourselves. The regulatory Colleges, professional associations, all the private colleges and most importantly the massage therapists have roles to play in this process and a desire from each organisation or individual to implement change is needed for our profession to become leaders in manual therapy education.

Change is constant, it is not to be feared, and it needs to be embraced, as change is necessary for the long-term survival and relevancy of our profession.

Visit Somasimple.com, Body in Mind at http://www.bodyinmind.org, the NOI Group at http://noijam.com, www.greglehman.ca, or go on Facebook and interact with clinicians from Skeptical Massage Therapists, Biopsychosocial therapists, Explaining Pain Science or Dermoneuromodualtion among many others and you will find great debate, discussion and heaps of research to sift through that will quickly get you questioning your current practice and belief

Eric Purves has been a practising massage therapist for 11 years, on the education faculty for Pain BC (a organisation providing education and resources for people in chronic pain), on the executive for our professional association's (RMTBC) pain management professional practice group and currently completing a Masters in Rehabilitation at the University of British Columbia.

Printed with permission from Eric Purves, originally from www.themtdc.com

USEFUL LINKS...

https://resources.office.com/ww-landing-what-I-wish-I-knew-ebook.html?LCID=NZ&wt.mc_id=AID555661_OLA_11087210549569_11087210550359

1. Free ebook on small business

http://www.cfauckland.org.nz/wp-content/uploads/2011/07/Unravelling-Medical-Jargon-Booklet-Write-Group.pdf

2. Free e book on "Medical Jargon"

March 2017

Welcome to Massage Therapy Research Update. It is my pleasure to bring you synopses and commentary on current, important massage therapy research publications. I hope you will let me know what topics or articles are especially interesting for you for future discussions.

For my first contribution to this publication I have chosen a recent article that reports on a project that failed in its original intent, but that yielded data that was useful in a different way.

In the interest of full disclosure I will share that I participated in the Best Practices Symposium that is referenced in this paper. It is very exciting to see some of that work, which began in 2010, begin to bear fruit.

Kind Regards,

Ruth Werner, BCTMB

www.ruthwerner.com
rthwrnr@gmail.com

CLARIFYING DEFINITIONS FOR THE MASSAGE THERAPY PROFESSION: THE RESULTS OF THE BEST PRACTICES SYMPOSIUM.

Reference: Kennedy AB, Cambron JA, Sharpe PA, Travillian RS, Saunders RP. Clarifying Definitions for the Massage Therapy Profession: the Results of the Best Practices Symposium. International Journal of Therapeutic Massage & Bodywork. 2016;9(3):15-26.

The original article can be found at http://ijtmb.org/index.php/ijtmb/article/view/312/370.

Abstract

Background: Massage therapists are at times unclear about the definition of massage therapy, which creates challenges for the profession. It is important to investigate the current definitions and to consider the field as a whole in order to move toward clarity on what constitutes the constructs within the profession.

Purpose: To determine how a sample of experts understand and describe the field of massage therapy as a step toward clarifying definitions for massage and massage therapy, and framing the process of massage therapy practice.

Setting: A two-day symposium held in 2010 with the purpose of gathering knowledge to inform and aid in the creation of massage therapy best practice guidelines for stress and low back pain.

Participants: Thirty-two experts in the field of massage therapy from the United States, Europe, and Canada.

Design: Qualitative analysis of secondary cross-sectional data using a grounded theory approach.

Results: Three over-arching themes were identified: 1) What is massage?; 2) The multidimensional nature of massage therapy; and 3) The influencing factors on massage therapy practice.

Discussion: The data offered clarifying definitions for massage and massage therapy, as well as a framework for the context for massage therapy practice. These clarifications can serve as initial steps toward the ultimate goal of creating new theory for the field of massage therapy, which can then be applied in practice, education, research, and policy.

Conclusions: Foundational research into how experts in the profession understand and describe the field of massage therapy is limited. Understanding the potential differences between the terms massage and massage therapy could contribute to a transformation in the profession in the areas of education, practice, research, policy and/or regulation. Additionally, framing the context for massage therapy practice invites future discussions to further clarify practice issues.

This contribution to Massage New Zealand Magazine begins with two questions:

- What is massage?
- What is massage therapy?

The paper we are discussing here describes an ambitious project that failed—because those questions couldn't be answered.

The original idea was that the Massage Therapy Foundation, a charitable foundation dedicated advancing the knowledge and practice of massage therapy through supporting scientific research, education and community service, would convene a meeting of subject matter experts to find consensus on recommended approaches for massage in the context of two conditions: stress and low back pain. The Foundation hoped this would provide the beginning of a collection of evidence-informed best

practice guidelines, similar to those found in other health care professions.

What happened instead was two days of intense, sometimes heated, conversations that unexpectedly veered away from the topics of low back pain and stress, and focused instead on the foundations of the identity of the massage therapy profession. Ultimately it became clear that unless some kind of consensus on what "massage" could be reached, it would be impossible to make recommendations for how to apply it in specific circumstances.

The original goals of the symposium were not achieved: no best practice guidelines about massage for low back pain or stress were published. But almost 45 hours of conversations were recorded from 32 participants seated at several tables over the course of 2 days. Then Dr. Kennedy and her team undertook to transcribe all that conversation and, using a grounded theory approach , they performed a qualitative analysis of the data.

They found three over-riding themes, along with several subthemes, as follows:

Theme 1. What is massage?

We have multiple definitions for massage, and many of them appear to link specifically to the practitioner's intent, patterns of practice, and purpose.

Theme 2. The multidimensional nature of massage therapy

Subthemes to this included....

- The role of health promotion and education messaging
- The influence of therapeutic relationships and communication between massage therapists and their clients, and between massage therapists and other health care providers
- The influence of the experience, education, and skill of the practitioner
- The therapeutic setting

Theme 3. Influencing factors on massage therapy practice

Subthemes to this included...

- The sense of safety that must be created for clients, with an emphasis on proper boundaries for practitioners
- Holistic practice of treating clients within their social structure, family system and community
- Isolation of practice, and how this can negatively affect massage therapists' emotional state
- Whether massage is a personal service or part of health care

In the discussion section of the paper the authors coalesced these themes to offer the following possible definitions for massage and massage therapy:

Massage: Massage is a patterned and purposeful soft-tissue manipulation accomplished by the use of digits, hands, forearms, elbows, knees and/or feet, with or without the use of emollients, liniments, heat and cold, hand-held tools or other external apparatus, for the intent of therapeutic change.

Massage Therapy: Massage Therapy consists of the application of massage and non hands-on components, including health promotion and education messages, for self-care and health maintenance; therapy, as well as outcomes, can be influenced by: therapeutic relationships and communication; the therapist's education, skill level, and experience; and the therapeutic setting.

The layers of these concepts and themes for the definition of massage therapy are captured in Figure 1:

Commentary: As an educator and a writer, I am very sensitive to the use of language. When we use language carelessly, or when we don't agree on a common nomenclature—especially when we don't even know that we aren't using words in the same way—then meaning is lost and communications fail. I have worked on several projects that would have benefitted from concise, widely-accepted definitions of massage and massage therapy—from defining parameters for a large-scale systematic review about massage therapy and pain, to working with massage legislation considerations that vary from one region to another. Massage therapists everywhere have a vested interest in the development of some widely accepted ways of describing our work. As the authors put it:

It is necessary to investigate how massage and/or massage therapy are defined and operationalized in practice in order to teach, practice, and research massage therapy accurately, effectively, and ethically. [emphasis mine]

This project had some limitations, and one of the greatest was the preponderance of North Americans among the Symposium participants: only one attendee represented a country other than the United States or Canada. I chose to bring this to Massage New Zealand Magazine readers to see if it might spark some conversation about definitions of massage and massage therapy in your country. Do you have varying ways of understanding and describing your work, your settings, and your relationships with your clients? Do you find common ground with these definitions, or have they missed the mark for your practice? I will look forward to hearing from interested readers about your reactions to this attempt to define our work.

Ruth Werner, BCTMB is an educator, writer, and retired massage therapist with a passionate interest in massage therapy research and the role of bodywork for people who struggle with health.

Her groundbreaking textbook, A Massage Therapist's Guide to Pathology was first published in 1998, and is now in its 6th edition and used all over the globe. She writes a column for Massage and Bodywork magazine, serves on several national and international volunteer committees, and teaches national and international continuing education workshops in research and pathology.

Ruth was honored with the AMTA Council of Schools Teacher of the Year Award for 2005. She was also proud to serve as President of the Massage Therapy Foundation from 2010-2014, and she retains a seat as an MTF Trustee.

Ruth Werner
Massage Therapist
author ~ educator ~ artist

MNZ MEMBERSHIP RENEWALS

From April 2017 all members are required to have their membership renewed and CPD documents submitted within a month of the 31st March expiry date.

If you leave it later than this, your membership will expire and you will not be a current MNZ member.

This means you won't be able to access the members only area of the website to see the forum, job and course opportunities and events. You won't receive our new online MNZ magazine, be able to take advantage of advertising discounts for members, or access any other membership benefits of which there will be more to come in the coming year!

Please help us to help you by not delaying your membership renewal or CPD submission. Your renewals help to keep our organisation going.

BREAKING NEWS! BREAKING NEWS! BREAKING NEWS!

NEW MEMBERSHIP RATES

From 1st April 2017 membership fees for MNZ Registered Massage Therapist (previously called CMT and RMT members) will reduce to $195.00. That's a saving of $50 per year on your membership!

massage new zealand

LOGGING YOUR CPD

Are you on our new CPD hours cycle 2016-2018? Remember to log your hours online on our website as you go rather than leave it till the end of the membership year, easier for you and easier for admin staff too, thanks.

You may be on the last year of our CPD points 2015-2017, you will need to fill in the paper copy this time round. If you have already logged some hours online, that's ok, we can figure it out but please don't double up.

The Wellington School of Massage Therapy

Inspiring leaders in Health Education, More Effective Skills, Better Choices

What's on Your Wish List for Training in 2017? We have a wide range of courses that will enrich your clinical practice and get you amazing results!

- Clinical NeuroMuscular Therapy
- Trigger Point Release
- Touch for Health Kinesiology
- Kinergetics
- Bach Remedies
- Ortho-Bionomy®

www.radianthealth.co.nz

jane@radianthealth.co.nz | 04 473 8788 | FB

OM

ONCOLOGYMASSAGE

Are you turning away clients with cancer?

Don't refer on, improve your skills.

Get the confidence you need to improve client wellbeing.

Contact
info@oncologymassagetraining.com.au
Enrol NOW!
0416 004 616
www.oncologymassagetraining.com.au

'Children Massaging Children' Programme

For Massage/Health Professionals

Massage professionals can deliver this programme at:

- Primary Schools
- Early Childhood Centres
- Holiday Programmes
- Home-Based Care Centres
- Other Events for Children

Award winning & **scientifically proven** programme...
...resulting in children becoming **calmer**, **happier** and **friendlier** towards each other.

When: 16th. April (Easter Sunday) 2017 10am - 4pm
Where: Kawai Purapura –Wellness Retreat Centre - 14 Mills Lane, Albany
Cost: $450; Early bird $350 before 18th. March 2017

Number of students limited to 12.
Pay by direct debit: Child Connection Trust Kiwibank 38-9014-0592546-00

Child Connection

eva@evascherer.com
09 442 5799
021 288 33 44
www.childconnection.org.nz

Introduction to Cupping Therapy

Using Chinese Medicine holistic principles as a foundation, this one day workshop offers safe & clear instruction to help you confidently add cupping techniques to Muscular Skeletal & MFR based treatment.

with
Nicci Blain BHSc.Acu (4yrs), NDA, M.AcuNZ

CPD Hours approved: MNZ & Acupuncture NZ

Cost: $200 **Early Bird - $150** (if deposit received at least 1 month before start date)

Register & pay online: https://acupuncturespecialist.gettimely.com/book

Christchurch: 6th May 2017
Auckland: 16th September 2017
Wellington: 4th November 2017

See attached flyer or webpage for more details:

http://www.acu-specialist.co.nz/index_files/Page434.htm

Cupping Therapy - One day workshops

with Nicci Blain BHSc.Acu (4yrs), NDA, m.AcuNZ

Christchurch: 6th May 2017
Auckland: 16th Sept 2017
Wellington: 4th Nov 2017

Cost: $220. **Early Bird - $180**

Registration & info: www.acu-specialist.co.nz or email: nicciblain@gmail.com