PROVIDING NEWS AND INFORMATION TO MASSAGE THERAPY PROFESSIONALS IN NEW ZEALAND

MNZ MAGAZINE

3RD QUARTER 2018

massage new zealand

RESEARCH – DELVING UNDER THE SURFACE

MAKING SENSE OF RESEARCH • INTERVIEW WITH PHILLIP COTTINGHAM • EVOLUTION OF A MASSAGE THERAPIST INTO RESEARCH AND BEYOND • ELEVEN STEPS TO READ A PRIMARY RESEARCH ARTICLE • SIX TIPS TO ACCESSING ACADEMIC RESEARCH FOR FREE • BLOGGING SCIENCE AND RESEARCH WITHOUT BORING YOUR AUDIENCE • ADAPTATION OF THE CARE GUIDELINES FOR THERAPEUTIC MASSAGE • A DECONSTRUCTION OF BELIEFS • FERTILITY MASSAGE – AN UNETHICAL PRACTICE?

massage
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OCT 21ST – 27TH
MNZ MASSAGE AWARENESS WEEK

www.massagenewzealand.org.nz

MNZ MAGAZINE **Q3 2018** CONTENTS

REGULAR

FEATURES

CONFERENCE INFORMATION

EDITORIAL Q3 2018

We love to bring you such a packed magazine, our biggest issue yet! This issue focuses on research, helping massage therapists experienced and new, to delve under the surface and enjoy what it has to offer us. The iceberg image reflects a number of aspects pertaining to research - what is known (via scientific discovery) is only a small portion of what is still unknown; papers with clinical applications are only a small proportion of the pool of available research; quality research is (still) only a small proportion of the growing amount of Massage Therapy research; and, what is visible above the water (the finished paper) is only a small portion of what is actually seen (the work that goes into it). We try to help you **make sense of research** with our article looking at types of research and levels and hierarchy of evidence. We interview Phillip Cottingham who has been published in the latest issue of the International Journal of Therapeutic Massage and Bodywork with his article looking into the **characteristics, experiences and perceptions of New Zealand registered massage therapists.** Christchurch Massage Therapist Tina George writes about her **journey and evolution from Massage Therapy in to Sports Science and research** in this area (a wonderfully inspiring read!). Plus there are loads more research-focused articles to pour over. We have three fantastic guest writers in this issue as well – Nick Ng from Massage & Fitness Magazine gives some tips on how to **blog about science and research**; Walt Fritz, Physical Therapist and Educator shares the story of the **deconstruction of his beliefs** regarding MFR (honest and insightful); and LMT Heather Thuesen writes on the challenges of **elevating and evolving the massage profession** in these current times. In light of our Case Report Contest, Ruth Werner shares

her **favourite case reports** and we have all of our other regular features which help make this magazine such a great read!

On a side note, we noticed that many massage therapists visited the "Body Worlds" Exhibition in Auckland over this last quarter. It truly was a wonderfully staged exhibit that literally brought anatomy to life. We hope you had a chance to treat yourself and use it as a way to further inform yourself (via some visual research!) about the human body.

Finally, this magazine can be kept at your fingertips, it is up to date with current research thinking and we hope it will enable you to truly make sense, no matter what level you have studied at. There is something for everyone.

We look forward to meeting with MNZ members at the Tauranga Conference and AGM in September. Till then,

Carol Wilson & Odette Wood

ADVERTISING RATES AND INFORMATION

ADVERTISING RATES

Valid from Feb 2017. All rates are GST inclusive.

MNZ Magazine: Now ONLINE only

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

All adverts are in full colour

Casual advertising rates:

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

Package deals (in 4 publications over 12 months):

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

MNZ Website:

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

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

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

MNZ Magazine and Website Annual Bulk Advertising Packages:

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

Package 1 includes:

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

Package 2 includes:

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

Email Advert to MNZ Members:

Provides a one–off mass email blast to membership.

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

SUBMISSION DEADLINES

The MNZ Magazine will be published:

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

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

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

Requirements of advertisements:

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

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

ADVERTISING BOOKING AND SPECIFICATIONS

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

Emailed advertising forms are no longer accepted.

Magazine Page Sizes

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

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

PAYMENT

FULL PAYMENT MUST ACCOMPANY EACH ADVERTISEMENT

Methods of Payment:

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

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

ARTICLE SUBMISSION GUIDELINES

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

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PRESIDENT & EXECUTIVE REPORTS

PRESIDENT

By the time you read this I will be coming to the end of my two year stint as President. This has been the most exciting role I have ever undertaken and I can honestly say that the role has given as much to me as I hope you feel I have given to it. The role of President of MNZ has allowed me to mature and develop leadership qualities and implement projects and see them to completion.

I seem to have developed a penchant for developing policy documents and I'm proud of formulating our Criminal Convictions Policy and our Standards of Practice document. The article and survey into Government or Self-Regulation and gathering all the documents and information required to become full members of AHANZ are other projects worked on over this time.

As I write – my one disappointment is not having been able to break down the barriers to ACC registration. Hopefully by September I will have some progress to report as I give it one last push.

I have really enjoyed working with my fellow Executive Committee members and feel we have developed a really good team. I will be staying on the Committee to enable a good transfer of knowledge and to help the new President into the role as well as the opportunity for me to expand my knowledge on the financial side of things.

Look forward to meeting old friends at Conference and meeting new ones.

Helen Smith

VICE PRESIDENT

Wow what a busy time it has been for MNZ across the board. Aside from the day-to-day running of our clinics and treating clients, a lot is going on in our profession.

The key subject of course being regulation. Do we stay self-regulated or push for government regulation? Helen has done an amazing job in becoming fully informed on the implications of both and has opened this up to massage therapists for input. There is a lot to consider – as with anything, it is never as straight forward or simple as it seems. There are factors such as an increase in membership fees for government regulation, which need to be well thought out as this will shape the massage industry going forward.

It's great to see the relationship-building we are doing with the education providers and the increase in student members, who are really understanding the importance of being registered. These are our RMT's of the future!

Together with Luke and Tania, I have been helping out with driving Massage Awareness Week, which is in October. At the moment we are working on a fantastic "brand" for this year's theme "Are you in Safe Hands". Personally, I love this. At the end of the day all clients need to feel that they are. Watch this space!

Hopefully everyone is getting to some fantastic meetings around the country where possible too.

Teresa Karam

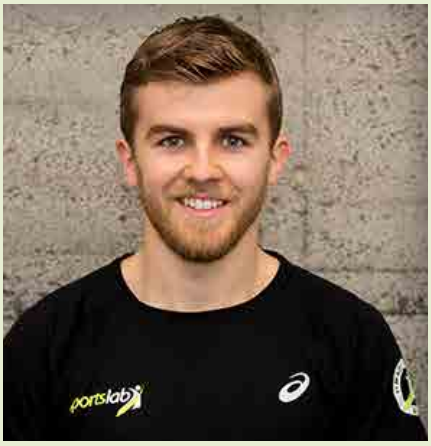
TREASURER

The Treasurer's role has reduced a lot in time spent per week, now that we have Sarah Duckworth doing the day to day financial administration and preparing the monthly reports. As the Treasurer I oversee the reports, co-authorise payments and provide support. However, around this time of year it is a different story. Getting the accounts ready for the auditors involved, going through them with a fine-tooth comb and still the auditor found things to question. It was a very involved process this year as there were quite a few issues that needed ironing out. It was a good exercise, telling me as a Treasurer there needs to be a bit more checking and not just overseeing. Otherwise there is a lot of time spent at the end of the financial year sorting it out. The auditor also provided a list of control questions about how we run MNZ, which can get quite in-depth and which I had to answer. The auditing process is done every year as per our constitution.

Also, this time of year I have done some work on the budget. Generally, this would have been done at the beginning of the calendar year, ready for the new financial year starting 1 April. However, with private overcommitments I was not able to get to it. But if it was not for the last minute, nothing would get done! At this present time a preliminary budget has been prepared for the Executive Committee to check and provide feedback on.

This will be my last Treasurer's report as Treasurer for Massage New Zealand. It has been a pleasure working with Sarah and being part of a very motivated Executive Committee.

Reina Reilly



PUBLICITY OFFICER

As we gear up towards Massage Awareness week on the 22nd to 27th of October we are looking at building on the theme 'Are you in Safe Hands' and building the awareness within the public, other health modalities and within the massage profession.

We are wanting to create initiatives within our membership to get out into their communities to spread the word about Massage New Zealand and what it means to receive a massage by a registered massage therapist. We encourage you to create your own events and marketing campaigns throughout this week to further educate your clients about Massage Awareness Week! We will be sending out some more information about this week very shortly.

To further get awareness out to the public we are looking at getting the media involved as much as possible, if anyone has any contacts within the journalism industry throughout the regions, please feel free to make contact at publicity@massagenewzealand.org.nz and MNZ will work with you to help gain exposure in your region.

We have started to gain more traction on our Massage New Zealand Instagram page so make sure you head over to @massagenewzealand to check it out!

Cheers!

Luke McCallum

EDUCATION OFFICER

As part of the conference this year we are proposing to facilitate an Educators Summit on Friday the 21st September (the pre-conference day). This will be open to all massage educators and is an ideal opportunity to get together to network and brainstorm. It is also an opportunity to discuss the new qualifications in the post TRoQ arena. A highly successful workshop of this nature was held two years ago at the conference in Tauranga. Looking ahead, we feel that a summit of this nature will become an integral part of the conference in the years ahead.

As always, the Education Committee is kept busy dealing with the RPLs from overseas therapists wanting to work in New Zealand. Many business owners require their therapists to be members of MNZ before they will employ them so it is important we ensure standards are maintained. We are introducing Treaty of Waitangi and Understanding of New Zealand Laws components into to this process. Working through these applications show that our new qualifications are one of the highest levels of training for massage in the world.

Rosie Greene

REGIONAL LIAISON CO-ORDINATOR

Hello and happy Spring everyone!

Firstly, I would like to acknowledge all the fabulous work that Iselde de Boam has put in over her years as the Lower North Island Rep. Iselde's dedication, drive and passion is incredible. Secondly, I would like to now welcome Shannon Gardener to the role of Lower North Island Rep. Shannon has hit the ground running taking over as the new membership year has ticked over and her enthusiasm, and knowledge of what's happening in the region is outstanding.

On that note, each and everyone of us as MNZ members are incredibly lucky to have a team of such passionate people who are our meeting Area Coordinators and Regional Reps. Putting their time and effort in each and every week/month.

The thought of organising a meeting can be daunting - where to have it, who is going to turn up, what topic to choose? That is what your Regional Reps are for, they are just a phone call or email away. Ask for advice, they are more than happy to give you tips and help you make something happen in your area.

And lastly to all students, I urge you to go along and attend one of the meetings happening in your area. These meetings are a chance for you to meet other therapists

and to discover a little bit more about our profession. Make the most of the opportunity to pick the brains of these "old hands", most of us like a bit of a chit chat.

Looking forward to seeing your friendly faces at the AGM in September.

Tania Kahika-Foote

ADMINISTRATION REPORT

Wow, it's hard to believe that by the time this magazine is published it will be spring and winter would have been and gone!

Hopefully you have all seen and completed the Survey – Govt. Regulation or Self-Regulation. If you have not yet completed it, please do so as soon as possible as we would like to collate the information to feedback to you at the AGM.

Thanks to all who have renewed their memberships on time and completed the required CPD hours and current first aid courses, this helps save time and money for MNZ. There is still a steady stream of new and renewing members coming on board all the time, which is fantastic to see and long

may it continue. If you are a student member, please encourage your fellow students to sign up for a MNZ Student membership. Let them know that it is a free membership and once they graduate they are able to get a graduate membership fee of $100 for their first year as an RMT instead of $195. Don't forget to mention all the other benefits that go along with an MNZ membership.

Updating your CPD as you go is a great way for you to keep track of your hours as you go and it also really does help administration to spread the time spent approving CPD throughout the year and

take the pressure of the busy renewal period.

Both Nicole and Melissa are really looking forward to seeing many of you at the AGM and Conference in Tauranga. Nicole will finish up in the role of EA after the AGM.

Take care!

Nicole Hedges &
Melissa Orchard

Executive Administrator &
General Administrator

REGIONAL ROUNDUP

UPPER NORTH ISLAND

I hope everyone is making it through the winter warm and healthy. I'm looking forward to the conference in Tauranga this September and I look forward to I seeing many of you Upper North Island region members there too!

The Northland MNZ group had 6 attendees at their May meeting (5 members and a husband). It was an informative and capturing talk from two Contact C.A.R.E practitioners, Nicole Whitehead and Jamie Matthews. They explained what they do with such enthusiasm and detail. The group listened intrigued to a few interesting case studies, especially around concussion, head injuries and impact trauma. They demonstrated how to feel a pressure lock and everyone ended the evening with a new appreciation for the skeletal system and just what our bodies go through when it experiences any type of shock or trauma.

Northland didn't have a June meeting with it falling on Queens Birthday but they did have a July meeting.

Kristina Driller, Clinical Exercise Physiologist was the speaker at the June Hamilton meeting. Kristina does a full musculoskeletal assessment including RoM tests and so forth, and then creates an exercise prescription for each individual, incorporating strength, balance, flexibility, cardio and physical conditioning. As MTs we come across many people needing to get back into exercise after surgery or injury, elderly clients who need to keep moving and high performance or very driven individuals who may need help with their training to keep niggles and old injuries at bay. From a Clinical Exercise Physiologist point of view Kristina mentioned

the benefit that MTs can provide by helping to identify problems areas, muscle weakness and tension along with the other benefits of a regular massage routine.

The Auckland meeting in May had a great turnout of 19. Lynne McKay with her 30 years of experience talked about how through movement we can explore our restrictions and stiffness accumulated from injury, surgery, familial and occupational patterning. Movement helps with energy, increases blood flow, and assists our breathing. Everyone tried some simple movement techniques. As Mark said there is 'nothing like some movement to get the body feeling grounded, balanced and just all round great.' The July meeting was smaller with just 11 but there were a few new members amongst the group which is great to see. Chris Toal was the speaker doing a great job explaining the various uses for his magnetic massage tool the Mustang Magnetic Massager®

After an initial meeting last year Thames/ Coromandel region are still trying to organise another get-together. Dawn Burke has offered her clinic in Paeroa for a meeting point for the next meeting. We just need to settle on a date and time that suits a few of you. If you are interested please get in touch with me.

Tauranga is trying to get back into the swing of meetings again with 8 members getting together on the 24th of July at Melissa Orchard's. Jo Douglas from The Natural Therapy Clinic went along to do a stretch class followed by meditation. Everyone got a lot out of it. There were limited numbers for this meeting however all Tauranga members were emailed and will be again when the date for another meeting is set.

The Whakatane region are keen to organise a network group too. So far, we have three people interested so if you would like to become a part of this and are in the Whakatane region then please get in touch with me.

I'm also trying to phone around many of you who are new members to see how you are getting on. In the meantime if there is anything I can help with please don't hesitate to get in touch with me!

Annika Bishell

LOWER NORTH ISLAND

Hi everyone,

My name is Shannon Gardener, I have recently taken over this role and I look forward to bringing a social interactive aspect to the Lower North Island.

A little bit about me: I completed the NZCM Bachelor of Health Studies in 2016 and since then have been working in a couple of physio clinics and working with local and international sports teams. I have recently taken on a tutor role at NZCM Wellington Campus as well.

I have enjoyed immersing myself in the massage profession and meeting new massage therapists. This is why taking on this role is important to me, to connect more therapists together. Not only within Wellington where I am based, but to assist the surrounding regions to come together and therapists get to know each other. I believe we are stronger in numbers and need a safe environment to discuss serious and/or fun matters that we come across in our clinics every day.

As of the 1st August, I am running a fortnightly local Wellington meet up at NZCM Wellington campus for anyone who is interested to meet other therapists. I have set up a Facebook page "MNZ Networking Group Wellington" for any massage therapist to join and see updated material or changes for these meetings.

I will be reaching out to other areas to see if anyone is interested in starting up their own local meet ups. These don't need to be as regular and could be monthly. If you already have meetups happening in your area, let me know what you are up to so I can help to promote it to other MNZ members in the regions. It would also be wonderful to get together to discuss how I can assist you.

Just on a personal note, I like the idea of reducing the isolation we might find ourselves in, in our line of work and personally I find the social aspect to bounce ideas off someone else in the same profession quite rewarding in my own life and practice. Please feel free to get in touch with me with any questions or ideas you may have.

Shannon Gardener

MEMBERSHIP UPDATE

Figures for this quarter show a total of 451 members, made up of 370 RMTs (33 of these are new graduate members), 60 students and 21 Affiliates. Great to see the members are higher than last year and last year was a record year compared to previous! There is still a steady stream of renewals and new members coming on board throughout the year so far. Keep getting the word out there to other non-member Massage Therapists, encourage them to come along to local MNZ Massage Group meetings and let's get them to sign up to Massage New Zealand too. If you are a student member, please encourage your classmates to apply for their free student membership to help them along with their new career path.

WHAT'S ON...

DATE	WHAT/WHERE/HOW TO REGISTER
Northland MNZ Networking Group	**3 September at 6.30pm** Meetings held on the first Monday of every month (except public holidays). **Contact:** Tania Kahika-Foote liaisoncoord@massagenewzealand.org.nz
Coromandel MNZ Networking Group	**Contact:** Lisa Stent, stentfamily@xtra.co.nz
Whakatane MNZ Networking Group	**Contact:** Annika Leadley uppernirep@massagenewzealand.org.nz
Auckland MNZ Networking Meeting	**13 September 7pm** **Contact:** Mark Fewtrell, mark3massage@gmail.com
Hamilton & Surrounds MNZ Networking Meeting	**Tue 16 October, Thu 6 December** **Contact:** Annika Leadley uppernirep@massagenewzealand.org.nz
Tauranga MNZ Massage Group	**Contact:** Georgia Meichtry georgia@willowtherapeutic.co.nz
Wellington MNZ Networking Meeting	**12 September 6pm (fortnightly)** Meetings at NZCM, Manners St **Contact:** Shannon Gardener lowernirep@massagenewzealand.org.nz Jump on the facebook page "MNZ Networking Group Wellington" to keep up to date with local speakers.
Lower Hutt MNZ Networking Meeting	**Contact:** Iselde De Boam iselde_dreamer@hotmail.com
Kapiti MNZ Networking Meeting	Held at Functional Bodyworks in Kapiti **Contact:** Iselde De Boam iselde_dreamer@hotmail.com
Christchurch MNZ Massage Group	**Contact:** Volunteer required.
Dunedin MNZ Massage Group	**Contact:** Volunteer required.
MNZ Conference and AGM	**September 21 – 23, Tauranga** https://www.massagenewzealand.org.nz/Site/conference/2018/registration.aspx
Listening Techniques 1 Visceral Manipulation 4	**October 29th–31st, November 2-5, Christchurch** **Contact:** Rosie Greene, Upledger and Barral Institutes NZ www.upledger.co.nz/courses See advert.
MFR Workshops	**Contact:** Beth Beauchamp www.mfrworkshops.com
Well Mother: UK Pregnancy Massage Course	**September 6-9, Wellington** Contact: jane@radianthealth.co.nz 04 473 8788. See advert.

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

GRADUATE ILLUMINATE

Welcome to our column where we put the focus on new graduates from our education provider partners across the country. Being one of our featured graduates in this column can be a great way of connecting with other therapists throughout New Zealand, getting some publicity for yourself and it's a fantastic way to promote the benefits of undertaking formal training in Massage Therapy and what it can lead to.

If you are a new graduate we would love to hear from you! We aim to feature 1-2 graduates in each issue of MNZ Magazine. Please note that in order to be featured in this section, you must be a member of MNZ, either as new graduate or in the process of upgrading from student to new graduate member.

JENNIFER HOPE

About Jennifer

Jennifer owns and operates The Good Massage Company located at 71 Tennyson Street, Napier. Her special interests are in sports massage, injury rehabilitation and pregnancy massage.

Training

Graduated with a Diploma in Therapeutic and Sports Massage in 2016, from Eastern Institute of Technology (EIT).

When did you join MNZ?

I joined Massage New Zealand as a student, then upgraded to a graduate member, now a full member.

What motivated you to decide to train in Massage Therapy?

I was sitting at my desk at work feeling uninspired by the pile of work awaiting my attention, when a quote from C.S. Lewis

popped up on my e-mail: "You are never too old to set another goal or to dream a new dream". This really hit home, and I had an epiphany. I had studied massage part-time through the New Zealand College of Massage in Auckland back in the early 2000's, which I loved and always thought it would be something I would go back to one day. I decided there and then to go back and study for my Diploma in Therapeutic and Sports Massage at EIT in Hawkes Bay. I could have cross-credited a lot of my papers, but I decided to start from scratch. The course was one-year full time, so quite a commitment with a family to look after.

What do you enjoy and what you are finding challenging about working as a massage therapist?

I was anxious about going back to study. I was the oldest in my class, with the other students mostly half my age. I was the classic "mature" student, sitting at the front of the class, asking lots of questions. I soon found my place and found the work interesting. It wasn't a chore to do all the reading and I absolutely loved the hands-on practical work we did in class.

At the end of my study I was lucky enough to secure a room in an established clinic. I set up my own business, "The Good Massage Company", and lease a room in a massage and health collaborative in Hawkes Bay. The beauty is we can be completely independent, but know we have the support of the other therapists if we need it. It really is the ideal scenario for me and my business.

Since starting The Good Massage Company, the most important thing I have learnt is that you never stop learning. Each and every client is unique and brings their own rewards and challenges. I have a wide variety of clients and have been lucky to work with some elite athletes (including professional rugby players, cricketers and elite cyclists) who know the value of using massage on a regular basis to help counter the physical, mental and emotional demands of training and competition.

Another very important lesson learnt (the hard way) has been self-care and building up to becoming "massage fit". It is so important to build up slowly and do stretches, listen to your body and alter your techniques where necessary. I used to get pain in my wrist, but through stretching, icing and adjusting my techniques slightly it has made the world of difference. It is also wonderful having the ability to do "swap massages" with my colleagues, not only from a physical point of view, but in learning different massage styles and ways to treat different areas of the body.

Where do you see yourself going in the profession?

At the moment I am focusing on building my business and reputation as a Therapeutic and Sports Massage Therapist. I have also been exploring my passion of working with pregnant clients and have invested in a special "belly pillow" for these clients.

I am now my own boss, have the flexibility to work the hours I want, can still be a Mum and I'm doing a job I absolutely love, while making people's lives better.

What advice would you give to someone starting study in the field?

Make sure you know your muscles and what they do. This is so important. I talk about the functions of muscles with my clients every day. Thinking about your client's perpetuating factors (job, posture, lifestyle etc) that could be causing muscle tension is vital. Having this knowledge definitely makes you more credible as a massage therapist.

What do you feel that you get out of being a MNZ member?

Being a member of Massage New Zealand has been invaluable. I often have clients asking me about my framed certificate on the wall that is hanging alongside my diploma and what it means. I think it makes us more credible as therapists being part of a professional body, especially when the industry is not regulated. I have a number of clients who initially found me through the Massage New Zealand website and it has been great linking in with Southern Cross to offer subsidised massages which I wouldn't be able to do without my Massage New Zealand membership.

MAREE SANDBROOK, RMT

BHS (MASSAGE & NEUROMUSCULAR THERAPY) NZCM

About Maree

Hey there, my name is Maree Sandbrook and I'm a massage therapist in Wellington. I have the privilege of working with the Wellington Phoenix, Hutt Physio, and ONI gym. Working in different places keeps me on my toes and engaged with ongoing development. When I graduated from NZCM with a Bachelor in Health Studies in 2017 the goal was to continue learning. ONI has been the perfect place to be in this regard, as it is a multidisciplinary studio gym focused on movement. We have regular upskill classes on a variety of different topics. It's great having all the knowledge

of physiotherapists, movement coaches, and personal trainers there to tap into. Currently on the upskill bucket list are: dry needling and visceral manipulation. I believe integrating these into treatment sessions will maximise time efficiency and improve treatment outcome. My strategies to stay fit, healthy, and grounded are karate, cycling, and trail running. It's great to experience movement, something we massage therapist strive so hard to give to our clients, and it's amazing the amount of clinical dilemmas solved on a long trail run.

Training

I was awarded with academic achievement by NZ College of Massage for Certificate in Relaxation Massage 2015, Diploma in Therapeutic Massage 2016, Diploma in Health Sciences (Massage and Sports Therapy) 2016, and Bachelor in Health Studies, 2017.

When did you join MNZ?

I joined MNZ as a student halfway through my final year of study in 2017, after I had been officially in business for a year. I received an upgraded MNZ registration in 2018 as a prize for top massage student at Wellington NZCM in 2017.

What do you feel that you get out of being a MNZ member?

I really appreciate the job MNZ does in unifying massage therapists, providing useful information, and opportunities for community involvement. For myself I feel MNZ furthers the legitimacy of massage therapy with the public and the medical community by providing a standard code of ethics and registration requirements across the industry.

What motivated you to decide to train in Massage Therapy?

The decision to train as a massage therapist came about while working as a truck driver. I injured my back and physical therapy took me from crippling pain to full recovery, enabling me to get back on the road again. I was absolutely fascinated by the process of rehabilitation, injury prevention, and the fact that even small changes in movement patterns have massive consequences. The experience of bouncing out of treatment, feeling relieved and energised, inspired me to switch careers to help others on their journey to optimum health.

Massage therapy to me stood apart from other manual therapy modalities in the area of injury prevention, and wholistic health care. It allows for the influence of mental, spiritual, and social factors on health with the positivity of looking to increase wellbeing, and achieve goals, rather than defining health as not being ill.

What do you enjoy and what you are finding challenging about working as a massage therapist?

As a massage therapist I enjoy the teamwork and problem-solving aspects of working with a client to discover how they can progress their wellbeing. Although currently I am finding time-management and note-taking a challenge to get filed.

Where do you see yourself going in the profession?

Where I see myself going in the profession, is gaining general experience, specialising in the area of head and neck pain, and taking part in massage research projects.

What advice would you give to someone starting study in the field?

If I could travel back in time to when I started out as a student I would tell myself: Be curious, ask lots of questions, even ones you feel silly sticking your hand up for, you'll never know if you don't ask. Be creative in applying practical techniques and gain as much hands-on experience while still studying. Be courageous, don't be afraid to challenge the status quo, exciting times are afoot as the massage profession is constantly learning and old myths are being overturned with smarter treatment methods.

STUDENT CORNER

IVONE TAVARES

About Ivone

My name is Ivone Tavares and I live in Raglan where I am a Pilates teacher but work in both Raglan and Hamilton. I studied at Waikato University and Wintec before setting up my own Business – Raglan Pilates and Massage Therapy.

My interests are: Surfing, Meditation, Pilates, Permaculture, Dancing, Music and Poetry. You can find more about me and contact me here: https://www.facebook.com/raglanpilates/

Raglanpilates@gmail.com, 0221217818

Training

I am currently a fulltime 2nd year student studying at the Waikato University - a double major in Human Health Performance Sport Science and Psychology and at Wintec. I am completing Level 5 Diploma in Wellness & Relaxation Massage. I intend to go further with my studies.

I joined MNZ as a student member in the beginning of the year 2018

What motivated you to train in massage therapy?

I was influenced strongly by intrinsic values relating to helping and working with people as I see massage therapy as a caring profession and I am interested in the integrative model of health care.

My previous background and experience involved working on a variety of projects and jobs in the marketing and creative industry as a Marketing Consultant and Web designer. Most of my experience has

been about generating marketing material for the sales team, working closer with teams in the sense of pulling together campaigns to ensure analysis is used well, plus branding and corporate design. It required a lot of self-direction and motivation. I thrived on the whole experience - the discipline, the planning and the deadlines but it was a pressure cooker.

What are you enjoying most in you massage studies and what are you finding challenging?

I think in the beginning was learning anatomy, all the muscles and bones but now I just want to learn more and more. What I enjoy more is the ongoing research and wide variety of massage benefits that I can see day-to-day with my clients. My aim is to be able to apply clinical reasoning with in-depth knowledge of anatomy and physiology.

Where do you see yourself working in the profession?

Having my own business and being mobile. I would like to travel and share knowledge and be able to help communities abroad. Its important in this profession to work cooperatively with therapists of other modalities.

What motivated you to join MNZ?

Basically, before I become a massage therapist it was important to me to make sure the therapist had the adequate massage training so MNZ was a website where I would visit as a client.

It is very important for me to belong to this organisation that has focused their efforts on the education of massage therapists and the standard of Massage Therapy across New Zealand. The annual conferences are a great way of networking with all your colleagues.

It's an organisation that fosters ongoing training, development and mentoring of massage therapists.

MNZ connects people and businesses and clients, so they can trust the massage therapists.

I was motivated to join MNZ because this organisation is the only regulating body for massage in New Zealand. It shows to the public that the member is well-qualified and has received adequate training in massage and undertakes continuing professional education. I firmly believe in the value of client-centered care and continually providing a safe, nurturing, healing space for each of our clients to fully relax and restore.

If you are a current massage therapy student studying at one of the NZQA accredited providers listed on our NZQA Accredited Providers page and would like to have your profile in MNZ Magazine, please get in touch with Odette at coeditor@massagenewzealand.org.nz. Please note that to be included in this section, you must be a current student member of MNZ.

MAKING SENSE OF RESEARCH – TYPES OF RESEARCH, LEVELS OF EVIDENCE AND ALL THAT...

By Odette Wood

Depending on how long ago, where you trained and what other study you may have done, learning about research may not have been part of your training and development as a massage therapist. While this article doesn't cover everything there is to know about research (there's plenty of books on that!), hopefully it will give you a basic introduction or refresher to the different types of research, how to distinguish between them and how evidence differs in quality.

QUALITATIVE AND QUANTITATIVE RESEARCH – WHAT'S THE DIFFERENCE?

When it comes to research, there are two main types – quantitative and qualitative. Quantitative research refers to research that involves experiments, measurement, numerical data and statistical analysis. It generally involves a rigorous and controlled design and aims to generalise results to a larger population (Polit & Beck, 2014). If you see the term quantitative, think quantity – numbers, data. An example of a quantitative study is this study done by Elder et al. (2017) – Real-World Massage Therapy Produces Meaningful Effectiveness Signal for Primary Care Patients with Chronic Low Back Pain: Results of a Repeated Measures Cohort Study. https://academic.oup.com/painmedicine/article/18/7/1394/3069964

Qualitative research on the other hand is more about in-depth, exploratory research. It is more interested in patterns and themes. It involves collecting narrative information via interviews and focus groups to gather stories, opinions, attitudes and beliefs (Polit & Beck, 2014). If you see the term qualitative, think quality – rich, descriptive information. An example of a qualitative study is this study done by Smith, Sullivan and Baxter (2009) - The culture of massage therapy: Valued elements and the role of comfort, contact, connection and caring. https://www.ncbi.nlm.nih.gov/pubmed/19632544

There is a third type of research that combines the two. This is called Mixed Methods research. The point of this is that it allows both types of data – numerical and narrative, to be collected and examined in order to obtain a broader and more in-depth understanding of a topic (Polit & Beck, 2014). An example of a mixed methods study is this study done by Kania-Richmond, Reece, Suter and Verhoef (2015) - The professional role of massage therapists in patient care in Canadian urban hospitals – a mixed methods study. https://bmccomplementalternmed.biomedcentral.com/articles/10.1186/s12906-015-0536-4

LEVELS OF EVIDENCE

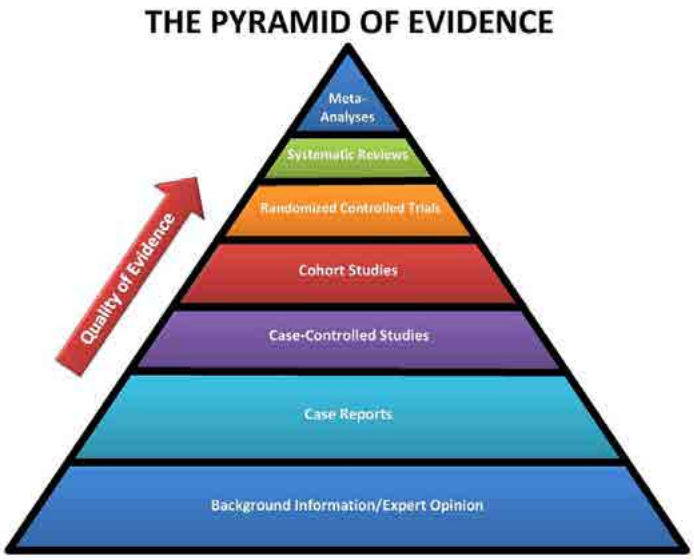
There are seven recognised levels of evidence and the main types of studies fit into a particular level based on the type of study and the strength and quality of that particular type of research. This table nicely shows the levels and the types of studies within (we will explore these more soon). As you can see, level I is the first and this contains the types of evidence that are considered to be the highest quality. As you move down the levels, the strength of the research (in terms of proving cause and effect) decreases. This is not to say that level six single qualitative studies are not well done or do not carry any weight, they have less strength than a large scale study because they represent just one study, as opposed to many, as with Meta-Analyses and Systematic Reviews.

Level of evidence (LOE)	Description
Level I	Evidence from a systematic review or meta-analysis of all relevant RCTs (randomized controlled trial) or evidence-based clinical practice guidelines based on systematic reviews of RCTs or three or more RCTs of good quality that have similar results.
Level II	Evidence obtained from at least one well-designed RCT (e.g. large multi-site RCT).
Level III	Evidence obtained from well-designed controlled trials without randomization (i.e. quasi-experimental).
Level IV	Evidence from well-designed case-control or cohort studies.
Level V	Evidence from systematic reviews of descriptive and qualitative studies (meta-synthesis).
Level VI	Evidence from a single descriptive or qualitative study.
Level VII	Evidence from the opinion of authorities and/or reports of expert committees.

Source: Retrieved from https://libguides.winona.edu/c.php?g=11614&p=61584

HIERARCHY OF EVIDENCE

You might have seen this diagram before. Often referred to as the Hierarchy of Evidence Pyramid, it depicts the main types of research and the order in which they are recognised in terms of quality of evidence.



Source: Retrieved from: https://www.ellismedlibrary.org/evidence.html

1. META-ANALYSES AND SYSTEMATIC REVIEWS

At the top, and considered as the gold standard of evidence, is the Meta-Analysis. This is a technique that uses quantitative methods to combine and summarise results from many studies that have looked at the same or similar research question. It treats the results of a study as a single bit of information, so instead of the individual subject or participant in the study representing a single piece of information, it is the individual study that is the single piece of information. All the findings from many studies on the same topic are pooled and all the information is then analysed together, as it might be in a single study (Polit & Beck, 2014; Winona State Library, n.d.) . An example of a meta-analysis is this study by Lee, Kim, Yeo, Kim and Lim (2015) – Meta-Analysis of Massage Therapy on Cancer Pain. http://journals.sagepub.com/doi/abs/10.1177/1534735415572885

A Systematic Review is a blending of research literature on a particular research question. It is very thorough and accurate. It involves systematically searching, sampling, collecting and summarising data on a large number of studies on a particular topic (Polit & Beck, 2014; Winona State Library, n.d.). A meta-analysis is actually a type of systematic review. An example of a systematic review is this study done by Bervoets, Luijsterburg, Alessie, Buijs and Verhagen (2015) – Massage therapy has short-term benefits for people with common musculoskeletal disorders compared to no treatment: a systematic review. https://www.sciencedirect.com/science/article/pii/S1836955315000582

The benefits of both meta-analyses and systematic reviews are that they are studies of studies and because of the number of studies that are brought together, they represent both a larger number of participants and this increases the reliability and of the evidence.

2. RANDOMISED CONTROLLED TRIAL (RCT)

This is probably the type of study that we most often associate with research. When you hear about studies like drug trials, this is the type of study used. An RCT involves a group of subjects (people in the study) who are randomly assigned to (generally) one of two groups – an experimental group who receive the intervention treatment e.g. massage therapy, and a control group who do not receive the intervention. They may get no treatment, usual care, a sham (fake) treatment, a different treatment, such as lying on a table listening to relaxation music, or a placebo. The control group serves as a comparison and provide a baseline against which the effects of the intervention treatment can be measured (Polit & Beck, 2014). A number of variables are measured in both groups before, during and after the intervention. After the experiment results from the two groups are analysed and compared to see if there were any differences between them and if any cause and effect can be established from the intervention (Polit & Beck, 2014). RCTs are useful when wanting to find out if a particular treatment works. An example of an RCT is this study done by Moraska, Schmiege, Mann, Butryn and Krutsch (2017) – Responsiveness of Myofascial Trigger Points to Single and Multiple Trigger Point Release Massages: A Randomized, Placebo Controlled Trial. https://journals.lww.com/ajpmr/Abstract/2017/09000/Responsiveness_of_Myofascial_Trigger_Points_to.7.aspx

There has been quite a bit of recent discussion as to whether RCTs are a suitable type of study for Massage Therapy with one key issue being that it is very difficult to have a proper control group. If you want to read more on this issue, this article – A Commentary on the Role of Randomized Controlled Trials in Massage Therapy, by Baskwell (2017) found here http://www.ijtmb.org/index.php/ijtmb/article/view/375/418 is a good place to start.

3. COHORT STUDY

A Cohort Study is a study that follows a group of people (called a cohort) over time. It measures outcomes for subsets of the people in the cohort to determine differences depending on the treatment they have received (Polit & Beck, 2014; Winona State Library, n.d.). These are usually large, expensive designs rarely used in Massage Therapy. This enables comparisons between the treatment group and the non-treatment group over an extended timeframe A very good example of a cohort study is the Dunedin Longitudinal Study which you can find more information about here https://dunedinstudy.otago.ac.nz/

4. CASE CONTROLLED STUDY

A Case Controlled Study is a non-experimental study that identifies and compares people who have a particular condition (cases) e.g. migraine, against similar people without the same condition e.g. people who don't get migraines. The purpose of case controlled study is to determine if there are differences in outcome for those who have a particular condition, compared to those who don't. An

example of a case control study is this study done by Tali, Menaham, Vered and Kalichman (2014) – Upper cervical mobility, posture and myofascial trigger points in subjects with episodic migraine: Case-control study. https://www.sciencedirect.com/science/article/pii/S1360859214000072

5. CASE REPORT

A Case Report is a single participant study which involves looking at an individual client with a condition, asking a research question .e.g. what effect does regular massage therapy have on someone with depression, formulating and carrying out a treatment plan, then assessing the outcomes of that treatment to see what (if anything) changed. Their value is that they provide an opportunity to document novel (interesting) conditions, test and share clinical reasoning, treatment approaches, outcomes of treatment including side effects (Gopikrishna, 2010; Munk and Boulanger, 2014). They are great learning opportunities for both therapists carrying them out, and the wider community of massage therapists and as Munk & Boulanger (2014) note "Case reports provide the foundation of practice-based evidence for therapeutic massage and bodywork". Ruth Werner mentions a number of good quality and interesting Massage Therapy case reports in her column later on in this issue so I won't mention any specific ones here. Ruth's column is well worth the read.

6. BACKGROUND INFORMATION/EXPERT OPINION

This type of evidence is the weakest in terms of quality. It includes things like textbooks and manuals which provides generalised information about a condition or treatment approach. While these types of information provide a good background and summary, providing they are written by recognised experts in the field, the information in them may be out of date by the time they are published (Winona State Library, n.d.). Expert opinions have a tendency to be more subjective than objective, which means they cannot be relied on as solid evidence.

For more research literacy information and help, check out the 2006 article on levels of evidence by Menard and Piltch in the Massage Therapy Journal which can be found here https://www.amtamassage.org/uploads/cms/documents/ResearchLiteracy.pdf and the Book Reviews and Useful Sites and Links columns later in this issue.

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NEW ZEALAND MASSAGE THERAPY RESEARCH

INTERVIEW WITH RESEARCHER PHILLIP COTTINGHAM

Odette Wood recently interviewed Phillip Cottingham, Massage Therapy researcher and Principal of Wellpark College of Natural Therapies, about the most recent piece of New Zealand Massage Therapy research to be published in the International Journal of Therapeutic Massage and Bodywork (IJTMB).

Phillip, congratulations on having your research article "The Characteristics, Experiences and Perceptions of Registered Massage Therapists in New Zealand: Results from a National Survey of Practitioners" published in the latest issue of the International Journal of Therapeutic Massage and Bodywork. Thanks for agreeing to be interviewed by MNZ Magazine about your article and findings. Publication of the article is very timely as MNZ is currently discussing and assessing the issues around self-regulation vs government regulation and asking massage therapists across the country for input into this discussion. MNZ has also launched its first Case Report Contest, in an effort to promote and encourage a climate of critical thinking and evidence-informed practice among New Zealand massage therapists, as case reports have potential to have a positive influence in advancing the profession by helping to gain acceptance of massage therapy within the mainstream health sector.

Firstly, could you tell us a bit about yourself and your background in the massage therapy profession?

I am a naturopath who graduated in the early eighties. In those days naturopaths were trained in massage and many naturopaths were massage therapists. I went on to train in several body therapies including: postural release; articular mobilisation and craniosacral therapy.

In the early nineties I sat the pre-requisite examinations for NZATMP for a diploma in Massage and for some time was on their examining board for the practical examinations for new entrants to that organisation (that eventually became MNZ).

What question did you set out to ask when you formulated your research hypothesis?

The research was conducted over a wide range of complementary therapists, with the main respondents being: massage therapists; naturopaths and herbalists, and homeopaths. The paper reports on the results for massage therapy. Previous papers have reported on results for naturopaths and herbalists, and homeopaths. The main research question was:

What are the perceptions, characteristics and practices of complementary therapists in relation to:

a. Research and evidence-based practice;
b. Integration with conventional medicine, including referrals;
c. Regulation and funding;
d. Contribution to national health objectives (as outlined in the NZ Health Strategy 2000).

The questions that arise from the main question are:

i. Are referral methods aiding or hindering good care in Integrative Medicine (IM)?
ii. Would the sharing of medical records assist communication and better patient care?
iii. What other factors influence communication and (possibly) better patient care arising from communication?
iv. Would better communication assist the process of legitimation of CAM practitioners in New Zealand, potentially leading to better patient care?

Your research was an independent survey of 400 MNZ members back in 2011. What process did you use to go about liaising with MNZ to access and utilise the membership database?

MNZ were contacted and requested to distribute information and codes (for confidentiality) to all members, who were invited to complete an on-line 65 question survey. We used the Association to distribute the codes to ensure that we could not identify any respondents.

You had a response rate of 29%. Were you satisfied with this and what if any questions or challenges did it pose for you?

Researchers always like a large response, which means that we can generalise from the data to the larger population. Surveys of practitioners generally elicit low response rates, and the rate of 29% response from massage practitioners and a 32% overall response was fairly typical. This was enough to draw some conclusions from the data, but more in-depth investigation of several aspects that we were researching would be helpful to understand the perceptions of practitioners.

You note that 95% of MTs responding acknowledge that research has value in their work, with a significant proportion (88%) indicating that it has a moderate to high impact on their practice. Did you expect to find this and what did it reveal to you?

To be honest, we were not sure what response we would get to the questions about research from massage practitioners. This was an interesting finding and it would require some more in-depth investigation to unpack what research means to massage practitioners. Internationally, most of the researched information for massage

therapists is transmitted via their professional association. We found that NZ massage therapists gain most of their information from association journals, with only 21% getting research information directly from peer-reviewed journals.

You found that MTs who consider research to be valuable to their practice spent an average of 17.9 hours in clinical practice, while those who considered it has no value for their practice spent on average more time (28.8 hours) in clinical practice. Why do you think this might be the case?

This may be because of time constraints. It is difficult to find a rationale for this result that can be interpreted. Again, more in-depth analysis is required.

On the topic of regulation, your findings revealed that two thirds (67%) of MTs surveyed supported statutory (government) regulation, compared to 31% supporting voluntary regulation (the status quo). What do you believe this indicates about the profession and where it wants to move to in this regard?

The profession is now becoming more professional. This indicates that many see massage therapy as a viable career choice. There are always debates about the merits of statutory registration (through HPCA) and we wanted to explore this with practitioners. Bear in mind the data was gathered in 2011 and we are now in 2018. We would like to conduct the research again to ascertain what the views are in 2018.

You note that respondents to your survey did not perceive research as having much impact on their practice, even though they acknowledged its value and that it provides information that confirms some of their practices. Can you share your thoughts on this finding, the relationship with the level of research literacy among MTs and how this might be improved?

It is difficult to make absolute conclusions from this finding. It may be that massage therapists value researched information but are unsure as to how they might implement this information in practice. The use of Patient Reported Outcome Measures (specific and general health related quality of life questionnaires) could be a useful addition to massage education.

In terms of integration with other health professions through referrals, your results showed low average annual case load referrals both to and from MTs. You also note that most referrals (74%) made by MTs to other health professionals were word of mouth, with much smaller amounts done more formally via referral letter or email. What do you think these findings reveal about the integration and collaboration between MTs and other health professionals and the degree of awareness and competency that MTs have in terms of referral processes.

Referrals are an important aspect of integrative practice. The results for massage therapy were fairly consistent with the results for other practitioners. The referral method is important and complementary therapists need to be educated in referral writing (letters or emails) to other practitioners. To leave it to patients to manage their own referrals could mean that vital information is not clearly transmitted and compromises safety and effectiveness of patient management.

Finally, your research raises some salient points. What do you think it can contribute to ongoing discussions within MNZ and beyond on the issues of regulation of massage therapy, improving research literacy and the clinical application of research by therapists, and further integration of massage therapy within the wider health sector? What then do you see are the key challenges our profession faces, moving forward?

I think that this research is merely a beginning. I note that Southland Institute of Technology has active researchers in massage therapy, which is encouraging for the future of the profession. The more we can understand who we are, the better we can serve the health needs of the NZ population. Research also links us with the rest of the massage profession internationally and this can only be a beneficial to massage therapy in NZ. As far as key challenges, the greatest one is integration with mainstream healthcare. Massage therapy has a lot to offer and when there can be formal arrangements between practitioners that recognise the value of massage therapy in the well-being of the population. This integration needs to be built on good information. Here the role of research comes to the fore to identify the issues and challenges and to ensure that the way forward is based on good evidence and good communication.

THE CHARACTERISTICS, EXPERIENCES AND PERCEPTIONS OF REGISTERED MASSAGE THERAPISTS IN NEW ZEALAND: RESULTS FROM A NATIONAL SURVEY OF PRACTITIONERS

Phillip Cottingham, ND, BHSC, Grad Dip HSC, PG Dip HSc, Jon Adams, PhD, Ram Vempati, PhD, Jill Dunn, MHSC, BHSc (Comp Med); Dip. Natural Therapeutics, Dip. Herb Med, David Sibbritt, PhD

ABSTRACT

Background: Massage therapy is widely recognized as offering many health benefits, with a growing number of studies finding it has value in stress management, pain reduction, and overcoming physical limitations. However, there are few studies of massage therapists practices and perceptions in New Zealand and internationally. This paper reports the findings from the first national survey examining the characteristics, perceptions, and experiences of New Zealand-based massage therapists on a range of aspects related to their role and practices.

Purpose: This study sought to ascertain the characteristics, experiences, and perceptions of massage therapists in New Zealand, particularly in the aspects of: integration of health care; attitudes and practices related to research; and evidence and attitudes to registration.

Setting: Massage practice in New Zealand (nationwide survey).

Participants: Members of Massage New Zealand (a massage practitioners association).

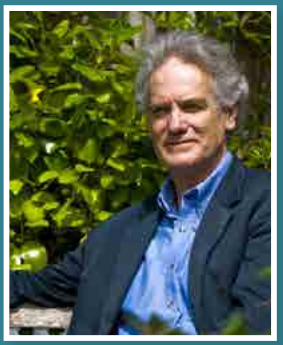
Research Design: Massage practitioners were surveyed online, using a 65-part questionnaire, on a range of characteristics of their practices and their attitudes to research, integration, and registration. Statistical analysis was performed using STATA. Statistical significance was set at 0.05.

Main Outcome Measures: Four hundred massage therapists (MTs) were invited to participate and 115 responded, providing a response rate of 29%. MTs valued research (95%) and perceived that it had an impact for their practices (88%). Significant correlations were found for research value and: mean case-load (p = .009) and level of academic qualification (p = .004). The majority of MTs (79%) supported integration with conventional practitioners, and 83% referred clients to general practitioners, with 75% receiving referrals from general practitioners. Ninety-three percent of MTs supported registration, with 67% of those supporting statutory registration.

Conclusion: Massage practitioners perceive that they make a significant contribution to health care, but area of practice, such as research, and referral and integration into mainstream health care require more in-depth investigation.

The full article is open access and can be found at http://www.ijtmb.org/index.php/ijtmb/article/view/385

INTERVIEWEE BIO



ND/BHSc/Grad Dip HSc.(Herbal Medicine)/PG Dip HSc, Dip Hom/Dip Mass/MNNZ

Phillip is a registered naturopath, herbalist and body therapist with over thirty years in professional practice, with many years of teaching experience in natural therapies, Phillip co-founded Wellpark College in 1990 and has continued to guide the progress of the College to become one of the largest institutions of its kind in Australasia.

Committed to the integration of traditional medicine with modern scientific approaches, Phillip is fostering research capability amongst practitioners and students of natural medicine, with the vision to establish a natural therapies teaching hospital and research centre at Kawai Purapura, Albany for the advancement of integration of natural medicine into mainstream health care.

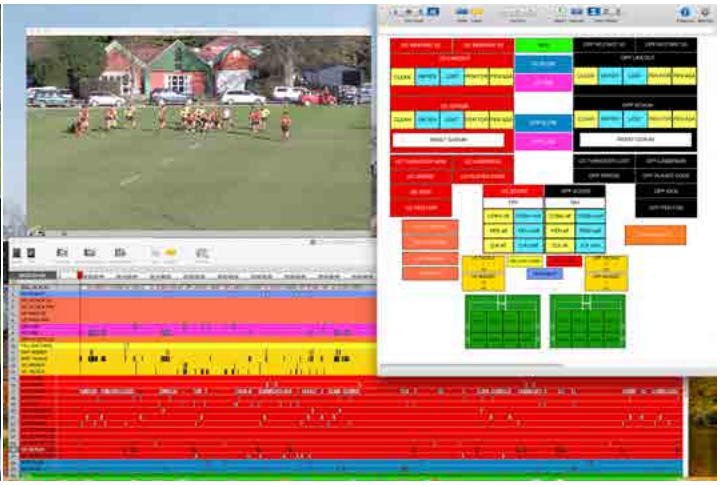
EVOLUTION OF A MASSAGE THERAPIST **INTO RESEARCH AND BEYOND**

by Tina George, RMT

In 2006 I came back to New Zealand after approximately 12 years of working and travelling overseas as a Chef and approaching my mid-thirties, I got to thinking about where I was going from there. I'd been all over the world seeing and living adventures like you would expect to see on National Geographic but I knew there was something more waiting for me here in New Zealand. On my return, I had been having regular massages with a friend to help my wonky shoulders from years of lifting and chopping for hours on end. It is here where my journey as a massage therapist started and my inquisitive mind unveiled. Unbeknownst to me it would develop into an incredible discovery of learning and study.

I decided to enrol at the formally known Canterbury College of Natural Medicine in Christchurch, to do an introductory course on relaxation massage to help my friends and family with general massage, just to give it a go. It all started with the muscles and some strange new words like the endocrine system, capillaries, effleurage, petrissage and the complexities of human anatomy and physiology. The flood gates opened and before I knew it, I was enrolled in a full-time 18 month diploma in Neuromuscular Therapy (NMT), and what a crash-bang-whizz 18 months it was! There were many late nights spent learning origins and insertions, pathophysiology, ethics, aromatherapy, muscles and more muscles and not to forget the ever important "hands on" practical application of NMT massage.

It was a time I will never forget. With my wonderful class mates and teachers who are still friends and in my life today, some of whom are still practicing and some who have gone on to other vocations. After the class of 2008 graduated I got stuck in to work as a massage therapist, developing my hands, taking referrals and lecturing at the college, towards its closure due to the Christchurch earthquakes. This was a fractious time with so much change in our city and also a time of transition, finding out who I was as a therapist and a learner and where would that lead to me to in the future. After practising for a couple of years in different locations and developing a good client base, I wanted to learn more about the human body. Professional development started with weekend courses that stimulated my desire to expand my



knowledge of soft tissue therapy. Myofascial anatomy trains courses, conferences, strapping seminars, tennis ball therapy, K-tape workshops and dry needling courses. These have given me more tools to apply in my practice and help more people.

It was hard to stop there so I kept going with study. I signed up to study Health Science at Massey University, enrolling in a distance course whilst massaging, to see what more was out there. Chemistry, human development, physics, biology, pain management, nutrition and research methodology was the pathway.
I didn't entirely know where this was going but I loved the learning.

Studying extramurally was difficult but achievable and at this point I was able to bring Massage Therapy into my first research proposal at Massey. The subject of enquiry for my proposal was looking at the relationship of anterior pelvic tilt and hip flexor/pelvic girdle imbalances (lower crossed syndrome) and the involvement in chronic lower back pain, in a mix of qualitative and quantitative analysis using neuromuscular techniques specifically. Although this was just to learn the process of a proposal, it set up the platform for understanding the elements of a proposal for research at a later date. This was a complex learning process of reading dozens of research articles relating to chronic lower back pain, which has a multitude of causative factors. Bringing previous and current massage therapy literature into my assignment. The process of writing a proposal is detailed and structured. It involves formulating an introduction, theoretical framework and statement of analysis approach, outlining the purpose of the study, conducting a literature review, formulating research questions and a hypothesis, establishing the research design and methods, collecting data, determining the limitations and significance of the study and describing how the study is to be carried out. Unfortunately due to the earthquakes and my computer being destroyed, the files for my Massey proposal were lost along with the hard copy, but the importance of learning how to write a proposal was integral for further study.

From here, my studies evolved into learning more science (which I was terrible at learning in high school), and with a background of sports, cooking/nutrition and now massage therapy, the pathway of sport science evolved into an applied degree at ARA (then Christchurch Polytechnic Institute of Technology). I was able to cross credit almost a full year of my massage diploma into this programme so time and money were saved. At ARA I was learning more about the human form; biomechanics, technique analysis, applied nutrition, sports psychology, advanced physiology, sports testing methods and strength training. My undergraduate degree filled my mind and it was then that I realised how much I still had to learn and how much I didn't know. In my final year we had to do a research project. With my written proposal practice through Massey I intended to continue with the lower back pain study, until I came across performance analysis and my focus shifted to try something new. It was here that the prior postural analysis learning in my massage diploma and the more recent biomechanics of kinematic and kinetic movement patterns in sport science that the pieces started to come together more holistically.

We had to complete a two year internship of applied science and I was fortunate to get an interview and contract with the Canterbury Crusaders and University of Canterbury for UC Sport (where I work today). Here I learnt what I call the "geeky stuff" of sport. Videoing players and games, coding key instances, data reports, statistics, trends and combining the footage with key performance indicators (KPIs). I really valued my role as an intern at the Canterbury Rugby Football Union and UC. Although I've never played rugby in my life (more of a lean bean), being a Canterbury girl at heart I became fully immersed in the rugby culture and admire the dedication it takes to reach such high levels of sporting excellence, not only the athletes, but support staff and management.

The Super Rugby season was busy with filming every day and I helped the lead analyst in trainings and games where I learned how to use the Sportscode® software. A complex coding analysis tool enabled me to see there was a gap in international research for rugby in team performance. The pathway for my project became bigger than I had expected (a Ben Hur to say the least) and by the end of the year I was nearly on my way to a thesis-sized assignment and was fully immersed. My lecturer mentioned that I was exceeding the word count limit but was pleased to announce they wanted me to continue as planned and I handed in a thorough report.

Hours of data collection and watching rugby meant that I had become a bit of a mini rugby expert, developing a very large spreadsheet of numbers. My project was received very well and reviewed by my lecturers and an associate professor at Lincoln University and was deemed comprehensive enough to go to publication. I was quite blown away and delighted to have this opportunity. We continued to edit and re-edit over an 18 month period, in order to meet the criteria for submission and release in the September 2015 issue of The Journal of Strength and Conditioning Research. A journey to say the least, all down to persistence and support from friends and family. Now the research is out there in cyberspace and to date has had over 500 reads and 5 citations...crickey!

In 2016, a couple of years after my undergraduate degree I began studying for a Masters of Sport Science in Physiology at AUT. Unfortunately life presented a new path for me at this time. With my stepfather dying of pancreatic cancer and Mum having to have extensive heart surgery, my Masters study has been put on hold until I am ready and have time to complete it well. I hope to pick this up again in the near future but am not sure when that will be. I continue to practice part-time as both a massage therapist at Garden City Health and as an analyst at the University of Canterbury. This has enabled me to carry on working as a therapist without doing too much at the expense of my own health and physical capabilities for work-life balance and to continue with my education by coordinating interns and supporting sports club for UC Sport and Recreation.

Learning the process of research from start to finish was a big journey. Research is a complex creative and systematic approach to increase knowledge to devise new applications and confirm facts, reaffirm results of previous work, solve new or existing problems, support theorems or develop new theories. Although there are differences to basic and applied research, the quest for human knowledge in humanities and science will always be hypothesised, tested and re-tested to expand our future potential. What is your potential? How can your research make a difference? Give it a go for you never know where the future will take you.

A Full link to the open access article is available here:

https://www.researchgate.net/publication/303968483_The_effect_of_home_advantage_on_international-level_rugby_union_performance

Since publication there has been a conference article written from the original article which was delivered to the American College of Sports Medicine 63nd Annual Meeting in Boston, USA by Dr J.P Sherman. The effect of home advantage on international-level rugby union performance.

A RETROSPECTIVE STUDY:

THE EFFECT OF ALTITUDE AND TRAVEL ON RUGBY UNION PERFORMANCE: ANALYSIS OF THE 2012 SUPER RUGBY COMPETITION

George, Tina M.1; Olsen, Peter D.1; Kimber, Nick E.1; Shearman, Jeremy P.1; Hamilton, Jamie G.2; Hamlin, Michael J.3

ABSTRACT

The aim of this study was to investigate whether playing rugby at altitude or after travel (domestic and international) disadvantaged teams. In a retrospective longitudinal study, all matches (n=125) played in the 2012 Super Rugby Competition were analysed for key performance indicators (KPI) from coded game data provided by OPTA sports data company. Matches were played in a home-away format in New Zealand, South Africa and Australia. Teams based at sea level but playing at altitude (1271-1753 m) were more likely to miss tackles (1.4 +/- 1.7, mean +/- 90% confidence interval) and score fewer points in the first half compared to games at sea level. In the second half of games, sea level teams at altitude were very likely to make fewer gain lines (-4.0 +/- 2.7) compared to the second half of games at sea level. The decreased ability to break the defensive line, which may be a result of altitude-induced fatigue, could reduce the likelihood of scoring points and winning a game. Travel also had an effect on KPI, where international travel resulted in more missed tackles (1.7 +/- 1.3) and less frequent gain lines (-3.0 +/- 1.9) in the first half relative to matches at home, and overall, away teams (domestic and international) scored four less points in the second half compared to home teams. In conclusion, playing away from home in another country, particularly at altitude can have a detrimental effect on KPI, which may affect overall performance and the chances of winning matches.

AUTHOR BIO

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MNZ kindly acknowledges LaFisioterapia.net for permission to publish, and Dr Jennifer Raff for original content.

11 STEPS TO READ A PRIMARY RESEARCH ARTICLE

info provided by Dr. Jennifer Raff
infographic made by LaFisioterapia.net

1 BEGIN BY READING THE INTRODUCTION, NOT THE ABSTRACT

The abstract is that dense first paragraph at the very beginning of a paper. Always read the abstract last, because it contains a succinct summary of the entire paper, you might inadvertently become biased by the authors' interpretation of the results.

2 IDENTIFY THE "BIG" QUESTION

Not "What is this paper about?" but "What problem is this entire field trying to solve?" This helps you focus on why this research is being done. Look closely for evidence of agenda-motivated research.

3 SUMMARISE THE BACKGROUND IN FIVE SENTENCES OR LESS

What work has been done before in this field to answer the "big" question? What are the limitations of that work? What, according to the authors, needs to be done next? You need to be able to succinctly explain why this research has been done in order to understand it.

4 IDENTIFY THE SPECIFIC QUESTION/S

What exactly are the authors trying to answer with their research? There may be multiple questions, or just one. Write them down. If it's the kind of research that tests one or more null hypotheses, identify it/them.

5 IDENTIFY THE APPROACH

What are the authors going to do to answer the specific question/s?

6 READ THE METHODS SECTION

Draw a diagram for each experiment, showing exactly what the authors did. Include as much detail as you need to fully understand the work.

7 READ THE RESULTS SECTION

Summarise the results for each experiment, each figure and each table (also supplementary online information files). Don't yet try to decide what the results mean; just write down what they are. Pay attention to: The words "significant" and "non-significant". Graphs. Do they have error bars on them? For certain types of studies, a lack of confidence intervals is a major red flag. The sample size. Has the study been conducted on 10 people, or 10,000 people? For some research purposes a sample size of 10 is sufficient, but for most studies larger is better.

8 DETERMINE WHETHER THE RESULTS ANSWER THE SPECIFIC QUESTION/S

What do you think they mean? Don't move on until you have thought about this. It's OK to change your mind in light of the authors' interpretation - in fact, you probably will if you're still a beginner at this kind of analysis - but it's a really good habit to start forming your own interpretations before you read those of others.

9 READ THE CONCLUSION/DISCUSSION/ INTERPRETATION SECTION

What do the authors think the results mean? Do you agree with them? Can you come up with any alternative way of interpreting them? Do the authors identify any weaknesses in their own study? Do you see any that the authors missed? (Don't assume they're infallible!) What do they propose to do as a next step? Do you agree with that?

10 GO BACK TO THE BEGINNING AND READ THE ABSTRACT

Does it match what the authors said in the paper? Does it fit with your interpretation of the paper?

11 FIND OUT WHAT OTHER RESEARCHERS SAY ABOUT THE PAPER

Who are the (acknowledged or self-proclaimed) experts in this particular field? Do they have criticisms of the study that you haven't thought of, or do they generally support it? Don't neglect to do this! Here's a place where I do recommend you use Google! But do it last, so you are better prepared to think critically about what other people say.

@JenniferRaff

@fisioterapianet

SIX TIPS TO ACCESSING ACADEMIC RESEARCH FOR FREE

By Odette Wood

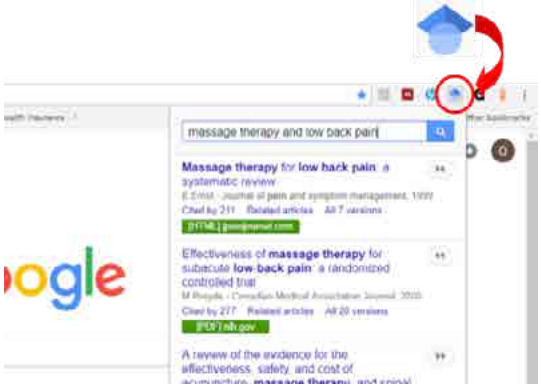
Chances are, that as a massage therapist you won't have paid access to academic journals, unless you are studying at a tertiary institution and have access through the institution (depending on where you are studying at – techincal institutes and polytechs will have access but private training establishments may not); know someone who can access paid journals for you (rare but invaluable!); or you decide to invest in a subsciption to a journal or are happy to purchase individual articles (pricey). The reality is that many of us don't have the ability or means to access journal articles that cost. But there are ways to access a wide range of articles for free, and legally without breaking any copyright rules.

One thing to be aware of is that there is a difference between an academic journal and a periodical. There are plenty of massage publications that are issued monthly but fit more within the "magazine" description. MNZ Magazine is one of these, as is Massage & Fitness Magazine, Massage Today and Massage & Bodywork Magazine. Great professional publications with loads of information without a doubt, but they are not peer-reviewed academic journals. To locate and access academic journals, read on!

GOOGLE SCHOLAR

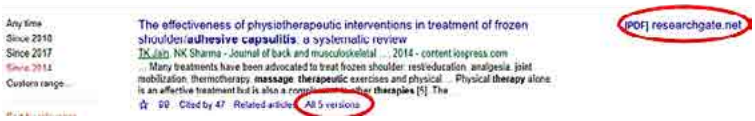
https://scholar.google.com

Google Scholar is the most common and popular way to access academic articles for free. It's easily accessible and all you need to do is go to the search page, type in your search term(s) and hit enter. You can download a Google Scholar button extension, which means you can search from the normal Google page by clicking on the blue mortarboard cap image next to your search bar, without having to open a separate Google Scholar page. The green highlighted text at the bottom of each citation will tell you that an open access of the article is available.



As with any journal database, it's really important to think about what search terms you want use, in order to focus your search. Searching the term "massage therapy" for example, will generate a massive amount of hits that you probably won't really want to scroll through to find the articles of relevance! So, be specific and try several search term combinations. For example, if you are wanting to find out about massage therapy for a specific condition e.g. frozen shoulder, you could try both "massage therapy and frozen shoulder" and "massage therapy and adhesive capsulitis". Then, If you want to dig down to source articles about a specific intervention such as MFR for a condition, then you might search for "myofascial release and frozen shoulder" If you want to limit the age range of the articles, you can choose one of the pre-set ranges e.g. since 2014, or create a custom range. You can sort articles by relevance or date.

If a free version of an article is available in either html or pdf format, a small link to it will appear to the right of each search result in Google Scholar and all the versions available will appear under the main link too.



If you click on the three horizontal lines at the left hand side of the main Google Scholar search page, you can select an option called Alerts. You can then set up your own search terms and you will be emailed alerts from Google Scholar any time articles falling within those search terms are added to Google Scholar. This saves you having to manually search. It won't distinguish between open access and pay to access articles however.

UNPAYWALL

https://unpaywall.org/

Unpaywall is run by a non-profit organisation dedicated to making scholarship more accessible to everyone. It harvests open access articles from over 50,000 publishers and repositories and has close to 19 million free academic articles. To access Unpaywall, all you need to do is download the free extension from their website. You will need to have Chrome or Mozilla Firefox as your web browser. When you find an article you'll see a padlock tab to the right hand side of the article. The colour will indicate if it is open access. Green, gold and bronze indicates it is, grey indicates it's not. Clicking on the green/gold/bronze padlock will take you directly to the pdf of the article, which you can then download. In settings, you can choose the OA Nerd mode which will then colour-code the unlock tab to show whether full text is green (self-archiving - this is where the author has deposited their research papers in online repositories themselves), gold (where the article is free to read immediately upon publication and the open access journal is funded by article processing charges paid by authors or the research sponsor) or bronze open access (where articles are available on websites hosted by their publisher – either immediately or following an embargo – but are not formally licensed for reuse).

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The Open Access Button is another downloadable extension compatible with the Chrome browser, which will help you to find free, legally accessed articles. The extension button appears as red unlocked padlock. You have to already have the article URL, DOI, title or citation. It instantly searches for a freely accessible version of the article or dataset you need by searching through thousands of sources with millions of articles to link you to free, legal and full text articles. It will either take you straight to a free copy of the research article or help you ask the author to freely share the article with you. It is not always as comprehensive as Unpaywall and it feels a bit clunky at times, but it is a worthwhile tool to use in conjunction with the others and may result in getting access to articles through the ability to request it from the author through their system.

DIRECTORY OF OPEN ACCESS JOURNALS

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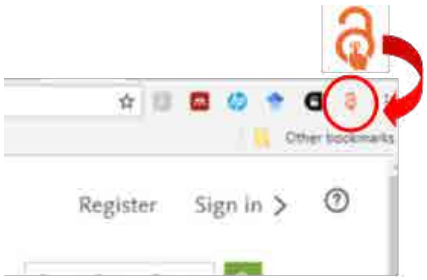

More and more articles are now available as open access, this means that the article is available for free. Some whole journals are now becoming open access as a way of making research publically available. The Directory of Open Access Journals (DOAJ) is a community-curated online directory that indexes and provides access to high quality, open access, peer-reviewed journals. DOAJ is independent. All funding is via donations, 40% of which comes from sponsors and 60% from members and publisher members. All DOAJ services are free of charge including being indexed in DOAJ. All data is freely available. On the main page, type in your search term(s) and click the search button. While it searches a mass of journals, I don't find it as comprehensive as Google Scholar, Unpaywall or the Open Access Button as these have probably superseded it now, but still worth knowing about.

BUILD YOUR OWN LIST OF JOURNALS

As you get more familiar with research and journals, you'll build up a picture of what open access journals you keep returning to. These may be massage-specific ones such as the International Journal of Therapeutic Massage & Bodywork (IJTMB) or ones within other related fields which you are interested in e.g. Physiotherapy, Pain etc. You can often subscribe for free to some journals or stables of journals which means you get emailed when a new issue is out and these may have a proportion of content within an issue which is free. Some journals also make their content open access after a certain time period, so a good thing to be aware of.

CONTACTING THE AUTHOR

If you come across a journal article that you have not been able to access for free via the other avenues, one method of getting a copy of the article is to contact the author directly. Many academic authors are only too happy to share their articles for free if you ask politely and tell them you are a health professional who is interested in accessing their article but do not have academic institution access to it.

You will quite likely find that the author's email address is provided in the abstract online, and sometimes there may even be a link to their email address which you can directly click on to contact them.

If there is no email address but the academic institution they work at

is given, you can use your detective skills to search for them on Google. Chances are you will be able to find an email address for them.

Next time you are wanting to search for articles on a particular topic to find more evidence-based information to help you in your work with clients, try out the above strategies to find current information. You might be pleasantly surprised.

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BLOGGING SCIENCE AND **RESEARCH WITHOUT BORING YOUR AUDIENCE**

By Nick Ng, BA, CMT

Science journalism can make you bite your knuckles for what seems like hours as you stare at the research article on PubMed, and you're just barely making it past the methods section in the abstract! No wonder why accuracy and reliability of science news in the media can be as misleading as most infomercials on television. In addition to the jargon, hieroglyphical statistics, abbreviations, and run-on sentences, journalists also have to deal with deadlines, editors, proofreading, emails to corresponding researchers who don't reply on time, interpreting the press release, and more deadlines. On top of all that, how do you carve a story out of dry data so you may have an advantage over your news competitors?

Fortunately as massage therapists, you don't have to deal with these issues when you blog. Whether it's for your own practice or a company you work for, you have the luxury of setting your own deadlines and being creative. Things that most journalists can only daydream about. However, writing about topics relating to massage therapy—such as physiology, pain, exercise, movement—can still be challenging if you do not have previous writing experience or a remote interest in writing. If you really want to blog to help build up your practice, better inform your clients or patients, or simply because you like to write about research to satiate your curiosity, there are a few points to keep in mind when you read and write.

1. DON'T BORE YOUR AUDIENCE

If you read any news story, you are likely to see the same formula when journalists write. They start with an event (who, what, where, when, how) followed by "data" and facts from an expert or research paper (often in the form of a press release, not the original paper), and then conclude the story by tying it back to the original event.

Let's say if you write about the differences between acute low back pain and its chronic version and how massage therapists might go about addressing it, you could start with an anecdote about one of your clients (with their consent if you use their name) and how you communicated to them about how you would deliver the treatment. Then include a few research papers (with citations) that

examine various aspects of acute and chronic low back pain, such as prevalence within a geographical area or population, possible causes, myths about back pain, plus what works and doesn't really work for back pain treatments.

Don't get hooked up too much on the statistics and jargon, but do include the number of participants, who the subjects were, where the study was performed, and the quality of the evidence. If you cannot get access to the full paper, you can email the corresponding author who will most likely email you the full manuscript–for free.

2. SCIENCE THRIVES ON UNCERTAINTY, AND SO SHOULD SCIENCE BLOGGING

Good science does not strive to "prove" an idea is correct, its purpose is to prove it wrong. When you blog, keep in mind that each piece of good research on a specific topic brings us a little closer to the truth and a little bit "less wrong". And so, it is possible that your blog could be outdated in five to ten years, but that is good thing. Oftentimes, that is the work of good science working. You don't need to update it as frequently as you tweet on Twitter, and it keeps you honest. Which brings to final point...

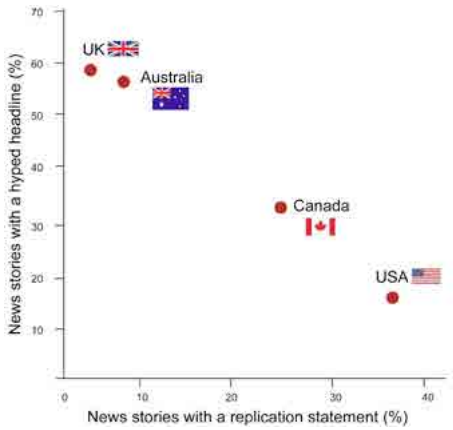
3. KEEPIN' IT HONEST. REPORT UNCERTAINTY

Blogging about research that fits your bias usually makes you feel good, but oftentimes, research papers cite limitations and uncertainties toward the end of the paper, which often get left out in most news stories. In a recent piece of French research led by Dr. Estelle Dumas-Mallet from the French National Center for Scientific Research in Bordeaux, the authors examined 426 newspaper articles covering 40 different medical studies with 12 diseases that were published between 1988 and 2009. Among those studies, only 10 studies did follow-ups with the patients with 111 news articles covering those.[1]

Four hundred of those newspaper stories are from the US (167), the UK (99), Canada (95), and Australia (39) with the remaining 26 from New Zealand, South Korea, Hong Kong, Ireland, and India. The authors ranked 150 of those headlines as hyped (35.2%) with 91 of the total stories mentioning replication (21.4%). The term replication refers to the repetition of a research study, often with different situations and subjects, in order to determine if the basic findings of the original study can reliably be applied to other participants and circumstances. 21.4% is pretty low for this sample. Australia and the UK were ranked as having the most hyped headlines with the least number of replication statements, i.e. reporting on studies that had been repeated. They also found that older news items tend to report more frequently on replication statements.

Lets compare what some of the hyped headlines say with what the "truthful" headlines say.

Hyped headlines	Neutral headlines
Breakthrough claimed for attention disorder	Scan may spot attention deficit disorder
Older mothers "lead to autism"	Autism in children is linked to older mothers
Magic key to breast cancer fight	Scientists pinpoint genes that raise your breast cancer risk



The authors found an inverse (contrary) relationship between hyped headlines and the presence of a replication statement, stating that such statements often discourage editors from exaggerating the headline. Of course, there are limitations to this study that we should consider. The 40 studies that were examined focused only on 12 pathologies and "other biomedical domains," which may not be a true representation if more pathologies and non-biomedical domains are included. And because the review only covered articles from 1988 to 2009, those that are published from January 1, 2010 are not included. Because of the prevalence of "fake news" and social media which filters information to you, the results may likely be different than what the authors had found.

So, as a blogger, take your time to include uncertainty and replication statements because research is an ongoing process, a sign of intellectual humility. It just takes less than five minutes, or better yet, you may quote the authors' statement from their original paper. Your audience will appreciate your honesty and transparency.

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PERSONAL BIO

A former personal trainer of 13 years and a freelance writer for more than six years, Nick is the founder and editor-in-chief of Massage & Fitness Magazine, an online publication dedicated to the science of touch, pain, and exercise for massage therapists worldwide. He earned his B.A. in Graphic Communication from San Diego State University in 2001 and attended IPSB College in San Diego from 2013-2014 for Massage Therapy. Nick has written for various media, including Livestrong.com, AZ Central, Miabella Magazine, and TellUs News Digest.

Originally from Hong Kong and Macau, Nick was a San Diego resident for more than 33 years. He currently lives on Catalina Island. When he's not on call or diving into research papers and blogs, he enjoys salsa dancing, hiking, pumping iron, and exploring Skyrim.

ADAPTATION OF THE CARE (CASE REPORT) GUIDELINES FOR THERAPEUTIC MASSAGE AND BODYWORK PUBLICATIONS: EFFORTS TO IMPROVE THE IMPACT OF CASE REPORTS

By Niki Munk, PhD, LMT,1* and Karen Boulanger, PhD, CMT2

Department of Health Sciences, Indiana University - IUPUI, Indianapolis, IN, 2Department of Anesthesia, Stanford University School of Medicine, Stanford, CA

Case reports provide the foundation of practice- based evidence for therapeutic massage and bodywork (TMB), as well as many other health-related fields. To improve the consistency of information contained in case reports, the CARE (CAse REport) Group developed and published a set of guidelines for the medical com-munity to facilitate systematic data collection (http://www.care-statement.org/#). Because of the differences between the practice of medicine and TMB, modifying some sections of the CARE guidelines is necessary to make them compatible with TMB case reports. Accordingly, the objectives of this article are to present the CARE guidelines, apply each section of the guidelines to TMB practice and reporting with suggested adaptations, and highlight concerns, new ideas, and other resources for potential authors of TMB case reports.

The primary sections of the CARE guidelines adapted for TMB case reports are diagnostic assessment, follow-up and outcomes, and therapeutic intervention. Specifically, because diagnosis falls outside of the scope of most TMB practitioners, suggestions are made as to how diagnoses made by other health care providers should be included in the context of a TMB case report. Additionally, two new aspects of the case presentation section are recommended:

a) assessment measures, which outline and de- scribe the outcome measures on which the case report will focus, and b) a description of the TMB provider (i.e., scope of practice, practice environment, experience level, training, credentialing, and/or expertise) as part of the intervention description.

This article culminates with practical resources for TMB practitioners writing case reports, including a TMB Case Report Template—a single document that TMB practitioners can use to guide his or her process of writing a case report. Once the template is adopted by authors of TMB case reports, future efforts can explore the impact on the quality and quantity of case reports and how

they impact TMB practice, research, education and, ultimately, the clients.

KEY WORDS: case study; massage therapy; manual therapy; evidenced-based practice

INTRODUCTION

Case reports provide the foundation of practice- based evidence for therapeutic massage and body- work (TMB), as well as many other health-related fields including nursing, physical therapy, occupational therapy, chiropractic, and primary care. The reasons to write and publish case reports have been covered extensively in the literature with Green and Johnson[1] providing an excellent summary. Case reports are written to document a novel condition, clinical hypotheses, and adverse consequences of care[1], as well as to share clinical reasoning, treatment approach, and client outcomes. By generating hypotheses

and new research questions, case reports stimulate further research that is relevant to clinical practice. Additionally, multiple well-documented case reports that present similar topics may be combined to provide a bigger "picture" of the condition and outcomes in relation to particular TMB treatment(s). However, the impact of case reports can be attenuated by unsystematic or insufficiently rigorous reporting methods[2].

In efforts to facilitate more uniform reporting across methods of research to enhance the ability to compare and contrast studies on similar topics or with similar methods, several reporting guidelines have been developed and recently reformulated. For example, the CONSORT Statement aids the reporting of randomized controlled trials[3], the STROBE Statement aids reporting observational studies[4], and the PRISMA Statement directs reporting for systematic reviews and metaanalyses[5]. To address the unique components of case reports, a set of guidelines has recently been developed for the medical community[2].

The CARE (CAse REport) guidelines were developed by the CARE Group to address the concern that case reports typically have unsystematic or insufficiently rigorous reporting which poses challenges to the aggregation of such evidence for data analysis, informing research design, or guiding clinical practice[2]. The Group's efforts to develop systematic guidelines for case reports resulted in a 13-item checklist which constitutes the CARE guidelines. Although different from how to write case reports, which has been specifically addressed in TMB text books in the past[6,7], the newly developed and disseminated CARE guidelines offer an opportunity to revisit the subject of effective writing criteria for TMB case reports. The CARE Group advocates for the adoption of these guidelines in all fields that employ case reports in the literature base, and acknowledges that expansion and/or modifications to the guidelines may be necessary to accommodate specific practices or specialties[2,8]. Many differences exist between the practices of medicine and TMB, making modification to the CARE guidelines necessary for compatibility with TMB case reports. Accordingly, the primary objectives of this article are to present the CARE guidelines, apply each item to TMB practice and reporting with suggested adaptations, and highlight concerns and other resources for potential authors of TMB case reports. Ultimately, the purpose of this work is to support and facilitate effective reporting of the data contained in TMB case reports.

CASE REPORT GUIDELINES CHECKLIST WITH COMMENT ON THERAPEUTIC MASSAGE AND BODYWORK APPLICATION, CONSIDERATIONS AND SUGGESTED MODIFICATIONS

Table 1 presents each CARE section and its description, and any suggestions for modifications and additions to the section for application to TMB case reports. Each section of the CARE guidelines are numbered 1–13 in Gagnier and colleagues' work[2]: 1) title, 2) keywords, 3) abstract, 4) introduction, 5) patient information, 6) clinical findings, 7) timeline, 8) diagnostic assessment, 9) therapeutic intervention, 10) follow-up and outcomes, 11) discussion, 12) patient perspective, and 13) informed consent. These items can be placed into two groups: those that precede the manuscript (CARE sections 1–3) and those that constitute the manuscript body (CARE sections 4–13).

Table 2 presents the full set of resulting TMB case report sections, adapted from the CARE guidelines, which we refer to as the TMB Case Report Template. The order of case report sections presented in Table 2 provides the structure for the discussion of our recommendations below, and reflects the order in which the items should appear in a TMB case report.

ITEMS THAT PRECEDE THE MANUSCRIPT BODY

The first three sections of the CARE guidelines checklist (title, keywords, and abstract) address aspects of the case report that precede the body of the manuscript.

Title and keywords

Title and keywords are unchanged from prior discussions of case reports in the TMB field and no modifications for application to TMB case reports are needed.

Abstract

The abstract reflects the body of the report segmented into three sections: an introduction, a case presentation, and a discussion. The aspects of the CARE checklist's case presentation need to be modified for a TMB case report to reflect appropriate scope of practice. The case presentation should include a description of the client (demographics, medical history and diagnosis, and massage assessment findings), treatment approach and application, therapist description, and main outcomes.

Introduction

The case report begins with an Introduction. The brief description provided by the CARE guidelines mirror the recommendations of others in the TMB field(6,9). It is helpful to add an appropriate transition from the Introduction to the next sections of the case report. Specifically, a couple of sentences should conclude the case report's Introduction and state the general objective and some other supporting details. The following is an example template for such a transition that may be used for TMB case reports:

The current manuscript is a retrospective/prospective case report examining the outcomes of a 32-year-old woman with fibromyalgia after a course of massage therapy intended to reduce her pain and improve her ability to participate in life activities. Little evidence exists for massage effects for fibromyalgia and none specifically examines massage therapy combined with craniosacral techniques.

The items of note in this template transition are:

specification is made as to the type of case report, either prospective or retrospective b) the objective for the case report is defined c) the significance of the case report and what it adds to the literature is identified.

† Retrospective case reports use data from treatment notes after the fact that were documented in the course of usual care(10). A prospective case report or study is one in which criteria, measures, and treatment parameters are established first, and then a person or people who meet that criteria is/are included.

Table 1. CARE Guideline Sections and Descriptions[a] and TMB Specialty Specific Adaptations

CARE Section Title	*CARE Guidelines Section Description[2]*	*Proposed Therapeutic Massage and Bodywork Specialty Adaptation of the CARE Guidelines*
Title	The words "case report" and the area of focus should appear in the title	No change
Keywords	2 to 5 key words that identify areas covered in this case report	No change
Abstract	1) Introduction—What is unique about this case? What does it add to the literature? Why is this important? 2) a. The patient's main concerns and important clinical findings b. The main diagnoses, interventions, and outcomes 3) Conclusion—What are the "take-away" lessons?	No change
Introduction	One or two paragraphs summarizing why this case is unique with reference to the relevant medical literature.	No change
Client or Patient Information	Include all of the following details about the client/patient: 1) De-identified patient specific information 2) Main concerns and symptoms of the client/patient 3) Medical, family, and psychosocial history 4) Relevant past interventions and their outcomes	No change
Clinical Findings	Describe the relevant physical examination and other significant clinical findings	No change
Timeline	Relevant data from the patient's history organized as a timeline	No change
Diagnostic Assessment	1) Diagnostic methods (PE, laboratory testing, imaging, surveys) 2) Diagnostic challenges (access, financial, cultural) 3) Diagnostic reasoning including other diagnoses considered 4) Prognostic characteristics when applicable (staging)	Modify this section if diagnosis is beyond the scope of the practitioner; however, include diagnoses made by other medical providers and how such diagnoses were validated by the practitioner
Therapeutic Intervention	1) Types of intervention (pharmacologic, surgical, preventive) 2) Administration of intervention (dosage, strength, duration) 3) Any changes in the interventions (with rationale)	1) Add: Practitioner Descriptors a. scope and setting in which practitioner practices b. experience level c. training and credentialing 2) Modify: TMB techniques and conceptual approaches utilized 3) Modify: Intervention administration description should include: a. number of treatments b. length of treatments (e.g., 30 minutes, 60 minutes) c. frequency of treatments (e.g., weekly) d. duration of treatment (e.g., for three weeks, 1 month, 3 months) 4) Any changes in the interventions (with rationale) 5) Add: Other recommendations or referrals to other providers
Follow-up and Outcomes	1) Clinician and patient-assessed outcomes (when appropriate) 2) Follow-up diagnostic and other test results 3) Intervention adherence and tolerability (how was this assessed) 4) Adverse and unanticipated events	No change
Discussion	1) Strengths and limitations in your approach to this case 2) Discussion of the relevant medical literature 3) The rationale for your conclusions (a causality assessment) 4) The primary "take-away" lessons from this case report	1) Strengths and limitations in your approach to this case 2) Discussion of the relevant medical literature 3) The rationale for your conclusions (a causality assessment) 4) The primary "take-away" lessons from this case report 5) Add: implications for practice, education, and research
Client or Patient Perspective	When appropriate the client/patient should share his/her perspective on the treatments received.	No change

Informed Consent	Did the patient give informed consent?	No change

[a]CARE guideline section descriptions for Table 1 were drafted and approved by David Riley, Chair of the CARE Steering Committee.

Table 2. Therapeutic Massage and Bodywork Case Report Template

Manuscript Headings	*Manuscript Subheadings*	*Section Description*
(Prior to the Manuscript Body)	Title	Include the phrase "case report", the intervention, and the condition of interest
	Keywords	List 2-5 words identifying the key elements of the case
	Abstract	1) Introduction—what new knowledge does the case add? 2) a. client descriptors (demographics, medical history & diagnosis, massage assessment findings) b. measures used c. treatment approach & application, practitioner descriptors d. main outcomes 3) Conclusion - "take away" lesson
Introduction		Summarise the case referencing relevant literature from massage, medicine, and other applicable fields a. type of case report b. objective of the case report/treatment c. contribution to the literature
Case Presentation	Client or Patient Information	Include all of the following details about the client/patient: 1) Demographics (e.g., age, gender, occupation) 2) Chief complaints/symptoms 3) History—medical, family & psychosocial (includes past interventions and outcomes, lifestyle, and relevant comorbidities) 4) Timeline of important dates and times associated with the case in a table or figure 5) Diagnostic Assessment (describe how diagnosis was verified) 6) Clinical Findings (describe relevant findings from physical assessment)
	Assessment Measures	Present the plan to evaluate client progress, including details of each measure that will be used
	Practitioner Descriptors	1) Scope and setting in which practitioner practices 2) Experience level 3) Training and Credentialing
	Therapeutic Intervention	Describe the intervention in detail, including: 1) Massage techniques and conceptual approaches utilized 2) Intervention administration description should include: a. number of treatments b. length of treatments (e.g., 30 minutes, 60 minutes) c. frequency of treatments (e.g., weekly) d. duration of treatment (e.g., for 3 weeks, 1 month, 3 months) 3) Changes made to the intervention (include rationale) 4) Other recommendations or referrals to other providers 5) Informed consent
Results		1) Report the results of all of the measures that were assessed (in the same order as presented in Assessment Measures) 2) Describe how the client/patient adhered to and tolerated the intervention (including self-care recommendations and referrals to other providers if known) 3) State whether there were any adverse or unexpected events
Discussion		1) Report the strengths and limitations of the intervention provided 2) Compare and integrate case findings with the relevant health care literature 3) Patient perspective (include comments that the client/patient shared regarding their experience with the intervention) 4) Suggest a rationale for why the outcomes observed occurred 5) Provide "take-away" lessons related to the case report 6) Discuss implications for practice, education, and research

CASE PRESENTATION

Patient/client information

The beginning of what could be considered the "Methods" section of a TMB case report starts with patient/client information. The only modification we suggest is to adjust the title of the section accordingly, to reflect the nomenclature of the case report's setting. Specifically, the term "patient" or "client" should be used depending on which is most customary from the author of the report's perspective and used consistently throughout the manuscript.

Timeline

A detailed timeline presented in a table or figure could be an effective way to illustrate the duration of the condition, while placing the TMB treatment in relation to the condition's progression and current and/or previous treatment strategies. Although the CARE Group lists this as an inclusion item, we consider a timeline in a TMB case report optional, most appropriate for case reports where the information is known, and it helps place the TMB treatment in context.

Diagnostic assessment

Modification may be required for the diagnostic assessment section for applicability to TMB case reports. Keeping in mind that diagnosis is outside of most TMB practitioners' scope of practice in North America and in other parts of the world, this section of the TMB case report should include diagnostic assessments that have been made by other medical providers. While those who provide TMB under another field's scope of practice (Doctors of Osteopathy, Doctors of Chinese Medicine, physical therapists, etc.) may use specific diagnostic assessments, the way this guideline is described by the CARE Group does not apply to most TMB practitioners. Therefore, we suggest a more appropriate inclusion of this CARE guideline for a TMB case report and for it to be included as part of the patient information presentation. It is important to note here that client self-diagnosis would not be appropriate for inclusion as part of the diagnosis assessment. It is important for the TMB practitioner to verify diagnoses either through contact with the health care provider (with appropriate HIPAA compliance) or through materials provided by the client (e.g., test results, physician orders, etc.) because clients are sometimes poor historians. For example, a client may report a herniated disc in their lower back, while a physician report identifies a fracture of two vertebras, the presence of arthritis, and degenerative disc disease—all of which would alter the treatment plan of a TMB practitioner.

Clinical findings

Changing the order presented by the CARE Group, the next section is clinical findings, defined as information relevant and derived from a physical assessment. TMB practitioners may document their assessment of the client in relation to the condition from within their scope of practice. This may include visual observations from a postural and/or gait analysis, or information gathered during palpation and active or passive range of motion. It is also appropriate to provide clinical reasoning for speculations the practitioner may have in regard to the information gathered during the assessment.

Assessment measures

Addressed later in the CARE guidelines as part of follow-up and outcomes is the reporting of the measures and/or methods used to gather primary or secondary outcomes. We suggest the introduction of these measures comprises its own section and should be titled assessment measures. For TMB case reports, the case report outcome measures and methods should be described after the clinical findings section. Accordingly, this information would be collected during the interview and physical examination prior to the commencement of treatment application. Organizing the assessment measures section is important. For each assessment, state what was measured, why that measure was chosen, as well as how, where, and when it was measured. Psychometric properties and clinically meaningful change, especially in the context of TMB, should also be included, if available. These sorts of details allow for better replication in future work, and a more pertinent and contextual discussion of the case report's results.

Therapeutic intervention

We suggest several additions to the CARE guideline therapeutic intervention for adaptation to TMB case reports. This section should begin with a description of the TMB practitioner, in addition to the environment in which treatments are provided (e.g., hospital, private practice, spa, gym). Unlike most health care-related fields, entry-level standard education and practice guidelines for TMB do not exist. Therefore, practitioner descriptions become very important when seeking to understand the context and/or generalizability of a particular case report to clinical practice, education, or other research activities. Specifically, the TMB practitioner's scope of practice, experience level, training, credentialing, and/or expertise would provide pertinent context to the treatment results and implications[11]. In addition, other professionals (e.g., physical therapists and chiropractors) may provide TMB within their scope, but from an overall different approach. TMB interventions that are applied by professionals from other fields need to be clearly reported as such for accountability and utility in methodology.

Practitioners/authors should next report the conceptual approach within which the actual intervention techniques were applied. While techniques such as skin rolling, effleurage, petrissage or gentle rocking are used in many different TMB modalities, nuance as to their application may be different, if applied, for example, from the Barnes Myofascial Release or Trager approaches. Clarifying such conceptual approaches, if applicable, may assist in case report applicability and utilization in practice, research, and education settings. Additionally, the number, length, and frequency of treatment applications, in addition to the techniques applied (with description), to which body regions, and for approximately how long, are required[6]. Peirson[12] provides an excellent example of a "treatment plan outline" in the form of a table, saving space in the body of the case report for substantive discussion (case reports are often limited in word counts from 1,500–3,000 words). The therapeutic intervention section should end with any recommendations for self-care (e.g., stretches, exercise, stress management) or referrals to other providers (e.g., medical specialist, chiropractor, acupuncturist).

Informed consent

We recommend including the informed consent at the end of the case presentation section for TMB case reports. In order to meet ethical obligations in reporting and publishing client personal information (never including names, contact information, unmasked images, and the like), all efforts to secure informed consent should be made for case reports.

Results

The items included in the CARE guidelines for the Results section of a manuscript (titled by the CARE Group as Follow-Up and Outcomes) are all applicable to TMB case reports and need no specific modifications. For clarity, results should be reported in the order in which the measures used were presented in the assessment measures section. As a reminder, the Results section is not the place for results interpretation, and care must be taken to simply present the information without commentary. Presenting the results by way of tables, figures, and photographs can be very effective and is used effectively in many previously published TMB case reports[13,14]. It is notable that client adherence to and/or compliance with self-care tasks and referrals to other providers made by the TMB practitioner should be reported in the Results section of the TMB case report, if the information is known.

Discussion

The CARE Group gives a brief description of the discussion item in four points to which we add a fifth: "take-away" lessons should include suggestions for interpreting the findings in light of TMB practice, education, and research. As a reminder, it is essential that statements made in the Discussion of all case reports are objective and free of unsubstantiated claims[1]. Case reports do not prove anything or establish cause–effect relationships between an intervention and outcome. While findings from a single case report are not generalisable to other clients or similar populations, they do provide practice-based evidence for clinical consideration and application for various practitioners in fields with TMB that fall within their scope of practice.

Patient/client perspective

Inclusion of the patient (or client) perspective in the discussion gives an opportunity for the client to "voice" his or her perspective on the experience.

TMB CASE Report Template

The previous aspects of this article introduce the CARE guidelines to TMB practitioners, while suggesting modifications and additions to better reflect TMB practices and enhance their applicability and utility for TMB case reports. We present our suggestions of TMB case report sections in a logical order to mirror the order in which such details would appear in a TMB case report manuscript. We have also framed these sections within the main paper headings for a TMB case report: Introduction, Case Presentation, Results, and Discussion. Table 1 is composed in such a way as to clearly highlight the intellectual content presented by the CARE guidelines, by having a column solely dedicated to its section description and a separate column highlighting our suggestions for adaptability needs for TMB case reports. However, TMB practitioners may find a single and concise re- source for guidance during the composition of a case report more helpful. Furthermore, clear subheadings expected in a TMB case report are difficult to clearly identify with the presentation of Table 1.

The TMB Case Report Template (Table 2) is a single document that a TMB practitioner can use to guide his or her writing process of a case report. With this resource, we have compiled all of the TMB case report sections (adapted from the CARE guidelines) and presented them within the headings and subheadings that will clearly identify these aspects in the TMB case report and appropriately frame the overall manu- script. We hope that TMB practitioners, regardless of the field from which they practice, find the TMB Case Report Template a valuable resource, along with our detailed explanations of CARE guideline modifications and additions and practical writing advice.

Additional Resources

There are other resources which would likely benefit a potential author of a TMB case report. The first category includes educational efforts to assist with case report writing. Volunteers from the Massage Therapy Foundation, in collaboration with Associated Bodywork and Massage Professionals, created a five-part case report webinar series covering the various aspects of writing a TMB case report[9]. The recordings are available free of charge at http://massagetherapyfoundation.org/writing-case-reports-free-five-part-webinar-series/

Writing-Case-Reports-Free-Five-Part-Webinar- Series.

In addition, TMB practitioner and case report author Michael Hamm contributed a book chapter on case report development and completion to Dryden and Moyer's text Massage Therapy: Integrating Research and Practice[6]. TMB practitioner and re- searcher Glenn Hymel also provides discussion on the writing of case reports in his book, Research Methods for Massage and Holistic Therapies[7].

The second category of resources relate to the value of reading previously prepared and/or published case reports when preparing to write your own. CaseRe3 is a searchable online open access repository for case reports in integrative health care https://casere3.dspacedirect.org/[15]. (Ed note – not so current, but good for examples) TMB case reports published in peer reviewed journals are also an excellent resource for use as examples when preparing a TMB case report. In the past decade, TMB case reports have been published on ankylosing spondylitis[16], cervical degenerative disc disease[17], erythromelalgia[18], lumbar fusion[19], Lyme disease[20], Morton's neuroma[21], narcolepsy[13], patellofemoral pain syndrome[14], rheumatoid arthritis[22], spinal cord injury[23], and temporomandibular joint dysfunction[12] in the International Journal of Therapeutic Massage and Bodywork (IJTMB), and on abdominal pain[24], diabetic neuropathy[25], dwarfism[26], fibular hemimelia[27], low back pain[28], lumbar spondylolisthesis[29], and scoliosis[30] in *The Journal of Movement and Bodywork Therapies*. New case reports are published periodically in both of these Journals and both consider the publication of case reports as valuable contributions to their Journal and the TMB field[31-33]. While published TMB case reports may be challenging to

access for the typical TMB practitioner due to subscription cost and/or inexperience with peer-review publication retrieval, some applicable journals are open access. Open access allows case reports published in IJTMB (www.ijtmb.org), for example, available free of charge.

Finally, writing in isolation for any author is challenging. This challenge is all the more intense for individuals with little experience or training in scientific and/or academic writing, and few TMB practitioners have such training. Seeking a writing partner or mentor to share authorship in no way diminishes the value or contribution of the TMB practitioner, especially if such a pairing strengthens the overall writing, thereby improving the report's chances for successful publication and dissemination. For TMB practitioners who feel intimidated by, or are less confident with, the challenges posed by writing for publication, we strongly encourage you to find a writer with whom to collaborate. Suggestions as to how such collaborative partnerships can develop are available in the current TMB literature[32,36].

SUMMARY & CONCLUSION

This article and the TMB Case Report Template are the result of our work to make the CARE guidelines accessible and applicable to TMB practitioners who wish to write case reports. While we have sought and considered feedback from others in the TMB field (gratefully thanked in the Acknowledgments), we acknowledge the inherent limitations of these suggestions being made primarily by the consensus of two people. However, we are in a unique position to offer such insight because each of us has been a TMB practitioner, researcher, educator, and journal editor, as well as a mentor to TMB practitioner authors of case reports. In addition, our experience with TMB case reports, specifically as journal editors working with TMB practitioners from diverse education and specialisation backgrounds, has given us insight into the information that TMB practitioners need to successfully write and publish meaningful case reports. The CARE guidelines presented by Gagnier and colleagues[2] are a timely and much-needed resource for clinical practitioners seeking to inform their field and contribute to the foundations of patient/ client care research. Similar to medical case reports, nonstandardized and inconsistent reporting of TMB case reports challenge the impact of these contributions on the field and in the research literature. Due to the unique qualities of TMB practice, modifications and additions to the medical case report guidelines presented by the CARE Group are needed for complete applicability. In response to this, we considered the CARE guidelines in light of TMB practice and adjusted the specific sections accordingly resulting in our TMB Case Report Template. Once the template is adopted by authors of TMB case reports, future efforts can explore the impact on the quality and quantity of case reports and how they impact TMB practice, research, education and, ultimately, the clients. We welcome discussion with us and among all TMB practitioners, educators, and researchers as to how the CARE guidelines and our TMB Case Report Template can improve the TMB field overall and allow more practitioners the opportunity to contribute to the research foundation of our field through the writing and publishing of high-quality case reports.

ACKNOWLEDGMENTS

Thanks and acknowledgement is extended to David Riley, Chair of the CARE Steering Committee, in his support and contribution to the manuscript, specifically in creating the CARE guideline section description used in Table 1. The authors would also like to thank and acknowledge the support and feedback received from two groups in the drafting and revising of this manuscript. Members of the Massage Therapy Foundation Board of Trustees: John Balletto, Jerrilyn Cambron, Ann Blair Kennedy, and Michael Hamm. Indian University's Department of Occupational Therapy Writing Group: CJ Liu, Fengyi Kuo, Patricia Scott, and Sharon Pape. We thank you each for your thoughtful feedback and suggested considerations regarding our recommendations for CARE guideline adaptability for TMB case reports.

CONFLICT OF INTEREST NOTIFICATION

The authors declare there are no conflicts of interest.

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Originally published in International Journal of Therapeutic Massage and Bodywork–Volume 7, number 3, September 2014

A DECONSTRUCTION OF BELIEFS: A FIRST-PERSON ACCOUNT

By Walt Fritz, PT

"Lightly contact the fascia with relaxed hands. Slowly stretch the fascia until reaching a barrier/restriction...."

Up until quite recently, Wikipedia's page on Myofascial Release[1] would have listed that exact phrase when describing how indirect myofascial release (MFR) works. Being a dynamic document, changeable at any time by anyone, this quote no longer exists on Wikipedia, but historical remnants may be found across the graveyard of the Internet[2]. Beginning in 1992, this phrase, and similar ones formed the basis of my MFR education. Many of you might look at those words and not quite understand my point, as I too would have wondered for most of my early career as an MFR-based physical therapist. They may sound quite logical and accurate, similar to what you've been taught and believe. For many years I took little interest in deconstructing ideas such as those, as the work, MFR that is, was so compelling and more than adequate for helping with pain and disorders of movement I faced in my practice. Why question what works?

Please note that by writing this I do not mean to impugn the pioneering founders, contemporary teachers, or practitioners of MFR, but instead I am encouraging you to use their successes and teachings to look deeper and grow. There is a saying that goes something to the effect of, "one cannot expect change from someone who profits from the status quo," which will often hold back change. While an entire approach was not based solely upon those two sentences posted above, MFR, as I was taught, it did sum up many of my beliefs. MFR was presented in ways that made it seem simple but full of secrets. The simplicity involved the gentle engaging of the so-called fascial barriers and allowing change to happen. The secret involved fascia's reported unknown importance in medicine and therapy and how it was the missing piece with regards to pain and function. The entire profession of health had ignored fascia's relevance, except for practitioners of a specific style and training. The approach I learned was supported by disparate factoids that were pieced together to form a ragged science-sounding narrative, one that is presented in an environment that was open to discussion and debate which a skeptic could quickly see the flaws in, but it was one that often stood up in the closed doors of a continuing education seminar room. Some people can sell water to fish. I was a fish and quite thirsty.

Deconstructing one's beliefs can be painful; at least it was for me. My ideas were thoroughly demolished in 2005 on the forum site, SomaSimple.com[3] in the thread, "Myofascial Release: The Great Conversation". At the time of that conversation, I was still firmly entrenched in my previous MFR beliefs and camp, and a strong advocate for the work and its founder. As such, when I heard that the neuro-nuts (my slightly pejorative term for those who felt everything was explainable from nervous system explanation and who demonstrated apparent disdain for fascia fans such as myself, whom I will term fascists) on SomaSimple were doing what they called a deconstruction of MFR, I jumped at the opportunity to call them on their errors and defend my work. When ensued was 34 forum pages of bad behavior, at least on my part. Not ready for, nor interested in, the rigors of scientific debate, and as such poorly prepared to do a decent job defending what I believed to be hard scientific proof of just how and why MFR works, I was soundly thrashed on every point. I even invited some of my fascist friends, to help me in the street fight, but it mattered little. After being kicked off of the website on numerous occasions for bad behavior and then let back on, based on my promises of good behavior that I could not keep, the thread finally was closed. Like my

mind, closed. Nothing was resolved, and no minds were changed, but I felt like I had gone to the rescue of my mentor and my MFR family. (If you take the time to read the very long and, at times, embarrassing thread to its completion, please don't omit reading my postscript[4], where I apologised for my bad behavior.

Relationships are tricky, especially if both sides are not interested in compromise. My relationship with my MFR family and mentor of 14 years ended in 2006 over what were seemingly trivial matters, but they were ones that neither side was willing to compromise on. Offered a choice of submissively backing down from authoritarian attempts at control or to leave, I chose to go. With my choice, I was put on a course that has brought me here today. Bloodied and a bit bruised, but a better-rounded person from a scientific understanding perspective, I embarked on a journey to find a better explanation for the work I did and would soon begin teaching. Shortly after my divorce from the MFR community, I returned to SomaSimple and started reading the articles and references that the neuro-nuts there had supplied. During the Great Debate, I never took the time to read the articles provided, as I was too busy trying

to prop up my MFR argument. Little of the new information made sense to me, as it was mostly written from neurological, behavioral, and pain science perspectives, rather than fascial perspectives. It was akin to learning a new language. However, I persevered and in the process reached out to some of my former adversaries on SomaSimple, though few had an interest in conversing with me. In hindsight I understand why, (haven't you read the thread yet?), but I needed some questions answered.

Diane Jacobs, PT, was one of the few there who took the time to guide me as I waded through the information. (My university education in physical therapy did require research literacy, but laziness had dulled my critical thinking skills, as had my MFR indoctrination.) Diane pioneered the concept of DermoNeuroModulation (DNM[5], a form of manual therapy that relies on skin-based neurological narratives to explain the effects of manual therapy, and I was fortunate enough to participate in one of Diane's workshops. That workshop added layers of confusion but taught me many things. The confusion stemmed from how similar in appearance DNM was when compared to MFR. Similar not in the explanations, which were completely different, but similar in how the body was touched. She and I utilized nearly identical actions with our hands but were thinking quite different thoughts while treating. In MFR, I was taught that when one gently grabs hold, so to speak, we were engaging the fascia. However, in Diane's rather logical explanation, the only tissue we can have the certainty of impacting is skin, and she explained our outcomes based solely upon the neurology of skin (receptors, cutaneous nerve tunnel syndromes, and more). While deeper tissues MAY be impacted, she put forth; we can only be sure we are affecting skin. That, my friends, was a game changer. I began looking at these two sentences over and over, as well as the supposed more in-depth MFR model behind them, wondering how I had missed the omission of the skin. While a skin-based model may not satisfy everyone's needs for the explanation, it does potentially supply quite a bit.

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Explanations and exceptions get messy and blurred, as one can argue that skin is immediately and wholly connected to the fascia, so by stretching skin, we will directly impact fascia. However, I see these as apologist explanations, as everything is connected (how many times have you heard that one?). How can one have a reasonable level of certainty that they are contacting fascia, or any other tissue/structure beneath the skin, to the exclusion of all other tissues? Can we isolate iliopsoas for treatment, not impacting surrounding structure, when the muscle is buried beneath inches of tissue, structure, and a robust nervous system, both somatic and autonomic, all potentially ripe for impact? Therapists speak of individual muscles, pointing to them as the responsible offenders for creating pain or movement dysfunction, and how their work impacts that particular muscle. Others talk of trigger points, energy cysts, dural tube restrictions, subluxation of joints, and hundreds of other tissues and pathologies (real or metaphoric) that they believe they can detect with certainty and work to resolve those problems, all through the thick protective coating of the skin. How can one isolate one tissue/structure, to the exclusion of all other tissues, to blame as the cause of pain or movement dysfunction? Thoughts such as these were initially troubling to me, as I had never looked at MFR from this perspective, and they made me quite uncomfortable. I had just ignored all of that other stuff as less important, focusing on what I believed were fascial restrictions and their primary effects. I am guessing most other manual therapists can relate to the troubling aspects of these views, though few may look unless forced.

A cursory look at the published research done with and on MFR allows fascial enthusiasts to cite evidence that supports their claims that fascia can be manipulated with stretching. However, a more in-depth examination of that evidence shows that most is outcome-based research, demonstrating that when an MFR style of engagement is used with various disorders, the person improves. On the research page of my website[6] I've posted dozens of such published journal articles that repeat this theme. The problem is defined, the solution is proposed, the study is done, hopefully with both a control group and a test group, and the results are discussed. When MFR is used on the test group, the authors will, at times, describe the actual hands-on sequences, while other times the intervention is vague. Most of the studies listed on my website describe positive outcomes with an MFR style of intervention. However, when defining the problem and the work, nearly all of the authors of those papers restate the historical narrative of MFR, both rehashing the older but untested views on how fascia gets restricted and how we impact it via our hands-on techniques. Few, if any, of those studies, call into question whether that historical narrative is accurate. It is true that when we put our hands on someone and act in a manner taught to us in MFR training, people feel better. But the same is true for nearly all forms of hands-on intervention. Are the hand actions of MFR that dissimilar

than the dozens of other branded forms of massage and manual therapy? I don't believe they are. Is MFR more effective than different styles of intervention? Probably not. Little has been published to support the claims made in continuing education settings and even less has been published that challenges the historical narrative of MFR, as well as massage and manual therapy in general. However, I believe that this is where our professions will grow; by looking at the evidence and working to improve the WHY of our work.

Challenging the historical narrative of MFR, both the thought that shortened/restricted fascia can be seen to be the primary problem and that it is actually possible to singularly and selectively impact fascia, to the exclusion of all other tissues, should be questioned. These statements are in no way meant to cast shadows on the excellent research that is currently being done on fascia, and that at a point in the future there may be groundbreaking studies that confirm all that has been speculated, but at this moment, it is mostly conjecture. Fascia enthusiasts, especially those from my old MFR group, take my words as personal insults or as attempts to demean their mentor, but in truth, I have enormous gratitude for what I was taught as well as the work of my MFR peers. But gratitude does not necessitate adherence to silence. The narratives that are used to explain MFR has been critiqued, criticised, and questioned by many in the therapy and science community for decades, including my professional organisation, the American Physical Therapy Association, and with good cause. The foundational science used to support MFR is lacking, as is the science that most of us use to explain our work.

Sitting through many manual therapy continuing education workshops would make one disbelieve that previous sentence. I believe that most of us were taught in models that guide us down rabbit holes. The more workshops we take in a particular modality or from a specific educator causes us to be drawn further down into rabbit holes of thought and peer support. Look no farther than Facebook, where you will see the dozens, if not hundreds, of groups providing support and camaraderie for therapists who have trained in a specific model. Some go so far as to require a litmus test or loyalty oath before allowing entry (yes, they do exist.). Others are less rigid, but in nearly all of the groups the members speak in a coded manner of speech, using rabbit hole-specific words, phrasing, and thought patterns native and unique to that group and modality. The hardest aspect of allowing critical thinking to flourish and possible deconstruction to occur is to separate oneself from outcomes as being proof of the narrative supplied, which is often openly discouraged in rabbit hole groups. In my original MFR family of origin I was taught that restricted fascia was to blame for the pain and that when we put our hands on someone and act in a precise fashion, we are releasing fascia. We, as budding MFR rabbit hole therapists, applied the work as taught and experience good outcomes, which seemed to fully validate the narrative, as you might do with your modality of preference. My peer group continually reinforced the narrative, and dissenting opinion was seldom heard (or allowed). This behavior allows us to fall into the post hoc fallacy, or more correctly, the logical fallacy known as the post hoc ergo propter hoc [7]. Not until one pops their head out of their existing modality rabbit hole, seeing how others are working, how they are using their hands, noticing the marked similarities in how each works but with a different explanation, will one can begin to see that our work is not so different.

Substituting certain words, many of you may recognise principle statements of your modality in the sentences at the top of the page. Is there conflicting opinion on the effects of your work that you tend to ignore? Are there alternate explanations on how your work can be explained? Is your rabbit hole peer group defensive against alternative views or questioning of the historical narrative? If so, they do so for a good reason; questioning authority often strips power and acts as the great equaliser. Educators in manual therapy continuing education have much to teach us, but most have a rabbit hole (and the income that it generates) to protect.

Becoming skeptical can cause cynicism. My apologies for what may seem to be a dark tone used in this article, and if I sound like I am disrespecting the effects or followers of myofascial release, or manual therapy/massage in general, I am not. We know our work is good, but it is reasonable to be blinded by our biases. Such biases are not failings but are what keep us bound to our clan. Clan kinships are strong, not just in manual therapy rabbit holes, and we tend to defend our work and teachers fiercely. However, gratitude and clan behavior should not prevent one from questioning. My suggestions? Learn what you can from everyone you come in contact with, but question what is stated, including their evidence. Try not to fall into the post hoc fallacy. Learn competing theories, and work for blended narratives, incorporating all aspects of known fact. Is there a more straightforward explanation to explain your work? Don't be afraid of narratives that seem to contradict what you have been taught, as there is learning to be had in every explanation. How can one decide what is truth and what is lacking? That is not an easy answer, but a casual adherence to Occam's Razor is a start. "Of two competing theories, the simpler explanation of an entity is to be preferred" [8].

Why do I continue to call my work myofascial release? Here is how I explain that:

"Myofascial release (MFR) is one style of manual therapy that uses slow, still, prolonged stretching through clothing or directly on the skin to facilitate change in the patient. Whether having its primary effects on fascia, as historically believed, or on skin, muscle, other tissues, or the nervous system in general, it is realistically a more complex direct and indirect interrelationship of overlapping systems and effects."

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His audiences include massage therapists, speech-language pathologists, voice professionals, physical therapists, and occupational therapists.

You can learn more at:

www.FoundationsinMFR.com

and his accompanying blog,

http://www.waltfritzseminars.com/blog/

ELEVATE AND EVOLVE: THE CHALLENGE OF CHANGING THE MASSAGE INDUSTRY AMIDST THE WEIGHT OF SOCIAL CULTURE NOTORIETY

By Heather Thuesen, LMT

When I first started practicing massage therapy in the United States, I was bright-eyed with the confidence I had an entire arsenal of knowledge about how to "heal" the human body with touch. Over time, being exposed to critical thinking, research forums and reviewing current evidence pointed very strongly to the key idea that nearly everything I knew regarding massage was wrong. It became painfully obvious I was misinformed about how massage therapy did and did not work in the body. Further still, it became clear that the profession as a whole was failing to reject the myths and fallacies of our education as new information became available in the scientific realm.

I have spent the better part of a year reading the thoughts and concerns of therapists in other countries, such as Canada, Australia and New Zealand, to see how they are faring in elevating the profession with everything coming to light with research, pain education, clinical biopsychosocial approaches and the push for critical thinking. There seem to be similar issues with clinging to holistic myths across the board, in some form or another.

We are at the cusp of an incredible time to be in massage therapy. The focus of attention on the mechanisms of pain and the increased inclusion of massage in hospital systems is a tremendous transformation for the better, but therapists are being hindered by reliance on the intuitive nature of the job. By rejecting new evidence that offers facts instead of using what we "feel" should be true, our profession is holding itself back from reaching its full potential of easing the pain of so many clients. Many of the professional forums are rife with discussions that all-too-often end at an aggressive standstill of traditional standards taking swings at contrary research conclusions.

Research funding for massage therapy in the US is tough to acquire, which creates issues with producing quality studies. Popular influences don't help, when the whisper of a celebrity "secret" explodes into pseudoscientific, cringe-worthy trends. With concerns about the opioid crisis, the prevalence of sex trafficking, and ever-shifting political dynamics, massage therapy has many obstacles in elevating its reputation in healthcare. But quitting

a belief in the face of contrary evidence isn't as simple as excising one glaringly malignant idea from a nice and neat system of linear thinking.

The history of massage therapy is intertwined in human social culture. Therapeutic touch has been documented in some form or another since 15,000 BCE, starting with cave depictions and moving forward throughout the ages, being woven into various medical and scientific discoveries. However, massage practice has never really been separated from its initial development from superstitious touch traditions, despite walking right alongside scientific and medical discoveries.

In trying to make sense of this conundrum, it is necessary to cultivate a deeper understanding of the roots of massage therapy, and where many of its beliefs and customs stem from. As a culture, it appears difficult to get away from the ideas that massage is more than 'well-intentioned touch with pressure," as Steve Capellini expounded on in his book Touchy Subjects. As a profession, some of our claims are relevant, but others are so steeped in falsehoods and lack of humility that it is not only embarrassing, but ethically dangerous.

It appears some feel only the intuition of massage is what makes it special, and embracing scientific goals in the profession will cease to make it unique. However, by adding an evidence-based lens to the profession, there is a far greater chance of impacting a larger population of people, including the potential of extending beyond the socio-economic barriers that prevent many from enjoying the benefits of massage.

If we examine one relatively common belief, that massaging the ankles of a pregnant woman will induce either miscarriage or labour, we can get an idea of the complexity of the influence that belief and social culture have on our receptivity of evidence. It is commonly taught as a contraindication for pregnant women; all areas around the ankles should be avoided "just in case." After all, no one wants the liability of interfering with a pregnancy.

The bulk of this myth seems based in both reflexology acupressure points and Traditional Chinese Medicine (TCM) meridian lines, the origins of which are ancient Egypt (~2500 BCE) and ancient China (~2700 BCE), respectively. In historical context, both ancient China and Egypt are pretty heavy-hitters in the development of the use of massage as a way to treat various ailments in humans. Reflexology principles are based on the idea that the body has many reflexes that come from the feet and that these reflexes mirror every organ in the body. TCM theory focuses on meridian lines in the body that follow yin and yang principles and movement of chi "energy." Both concepts are widely touted as strong modalities in the massage world.

> "WE ARE AT THE CUSP OF AN INCREDIBLE TIME TO BE IN MASSAGE THERAPY."

In 2014, Acupuncture in post-date pregnancy: a pilot study was published, and it explored the attempts to induce labour in 221 post-due date pregnant women by applying acupuncture to the meridian points used for inducing labour. Turns out, none of the findings of the study supported the reflexology and TCM claims. The conclusion? "The present study demonstrated that acupuncture applied every odd day for one week seems ineffective in reducing the rate of labour induction performed for prolonged pregnancy at 41 + 5 weeks. Previous reports reached similar conclusions, independently of the different timing, duration and mode of stimuli application." In sum, the study failed to prove acupuncture's claims to induce labour.

In looking at this study and considering how many pregnant women cannot get their swollen, tired and aching feet and legs touched during a massage service, relying on unsubstantiated myth seems to be a terrible travesty. Yet, even when presented with this and other studies, many therapists refuse to give up false claims, but why?

In the article "Facts Don't Change People's Minds. Here's What Does," author Ozan Voral brings out many key ideas about why people tend to blatantly ignore proven facts contrary to their opinions. He discusses in depth the influence of confirmation bias and explores why we seek out only the facts that reaffirm our existing beliefs. One of the more interesting points brought out was this: "When your beliefs are entwined with your identity, changing your mind means changing your identity. That's a really hard sell."

Much of our identity as massage therapists is entwined with the "healer" belief that we have a lot more power with massage than we really do. For many of us who got into the profession because we wanted to help and influence wellness, debunking myths with evidence flies in the face of our purpose. If those myths have the potential of a therapist getting sued, endangerment of livelihood is very real.

Cohesive belief systems often develop to alleviate fear and uncertainty and promote a sense of well-being about the world. This is much the same with massage therapy. People gravitate to working in the profession because it offers a sense of purpose, a bit of mystery, and with deft skill a good income. Everyone seems to choose the mas-sage story that resonates with them most, and this often sets the tone for their niche markets. It is a hard pill to swallow, but to move our profession forward, we really need to be ready with a large glass of water. That being said, it is unreasonable to expect that we will instantaneously turn the boat around in regard to longstanding beliefs.

In the United States there is difficulty changing the standards of education. Fifty states with autonomy to choose whether to require licensure, amidst the challenges of how professions are regulated by state are just a few of the issues slowing us down.

It is not merely a matter of changing a few questions on a certification exam, or requiring ethics and critical thinking in a curriculum.

So the question remains, how do we move forward with presenting evidence to our peers without making fierce enemies and creating confirmation bias shutdown? Often the response to contrary evidence in any forum incites the sentiment that many beliefs will have to be pried from therapists' cold, dead hands. This ranges from pregnancy massage myths, detoxing, and the always fun topic of fascia.

If massage therapy wants, and in my opinion needs, to be considered a viable part of healthcare, then it is imperative that it gets up to speed with modern research, and evidence-based methods. The expectation in healthcare is that there is transparency and truthfulness about treatments, which means massage therapists should also adhere to this principle in practice.

However, facts will not be enough to change our profession for the better. Much like evolution, steering our profession in the right direction is a slow process. We would do well to strengthen our contextual empathy for colleagues and help each other challenge the identity of massage therapy in a way that will not incite the fear of losing job security or personal purpose in our peers.

We can start by finding common ground to create a united front for massage therapists in shifting the profession past unsubstantiated myths. Part of the vision for many massage therapists involves being taken seriously within the healthcare setting, and being at the top of the list as effective additions to medical treatment protocols and plans. How wonderful would it be to be endorsed by healthcare practitioners as a critical piece to their patient's recovery and well-being?

With the public becoming more comfortable in self-education, there is more demand for massage therapy. This would create potential for increased funding for research, greater first-line inclusion in healthcare, and ability for massage therapists to advance their postsecondary education goals. For myself, considering a future with the opportunity for health benefits or paid holiday time would be enough to let go of bunk mythos.

Ours is not the first profession to deal with a clinical understanding gap. Perhaps if we observe how other professions have moved themselves forward, we could get fresh ideas on how to promote the importance of research-backed information to the public and medical professionals. Like it or not, we are all in this together. We have the power to make the necessary changes to the profession with research and fact-based professional standards while still holding on to the intuitive parts and deep history that make massage great.

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FERTILITY MASSAGE: AN UNETHICAL PRACTICE?

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INTRODUCTION

Infertility is defined as not being able to get pregnant after one year of unprotected intercourse (or six months if a woman is 35 or older).[1-3] Women who can get pregnant but are unable to stay pregnant may also be infertile.[1-3] Reported prevalence of infertility rates vary, but most are around 15% of couples after one year of unprotected intercourse.[2,3] Fertility decreases with age for both men and women, declining around 35 years.[3] For women, by the age of 40 their fertility has decreased significantly and some report this as falling by half.[3] Pregnancy success rates (or conception rates) can be reported by cycle (e.g., the rate per month) or cumulatively (chances of conceiving over a period of time). These rates are very different, and care needs to be taken to ensure clear reporting of rates so that confusion does not occur. Rates are also different for natural conceptions and assisted reproductive conceptions (e.g., in vitro fertilization (IVF)). Reported cumulative natural conception rates are used less in the literature and are based on having vaginal intercourse each month over a 12-month period. Both forms of reporting for natural and assisted conceptions show a similar trend, whereby younger women have a greater chance of conceiving and older women have less chance.[1,2] Infertility can affect the couples' psychological well-being and sexual relationship[4] and cause significant personal anguish.[2] The overwhelming desire to conceive and the psychological stress that accompanies infertility mean that these couples/individuals are a vulnerable group and, as such, there is an ethical, moral, and legal requirement for professional, open, and truthful promotion, marketing, and advertising about the benefits of infertility treatments. This includes the potential role of massage for the treatment of infertility.

Massage specialisation seems to be increasing as massage therapists hone their skills in a particular area and as they distinguish themselves from their competitors. One area of specialisation is infertility massage. The aim of this commentary is to discuss the evidence, or lack thereof, for infertility massage, the implications for treatment, and the risks and ethical issues associated with the promotion, advertising, and treatment of fertility massage.

MASSAGE AND PSYCHOLOGICAL STRESS- INDUCED INFERTILITY

There is good evidence showing that stress can affect the reproductive system and thus the ability to conceive. Research has found that psychological stress can affect both men and women, with psychological stress leading to lower serum total testosterone levels with secondary rises in serum luteinizing hormone and follicle-stimulating hormone levels altering seminal quality in men.[5] In women, stress can increase the level of cortisol (a stress hormone)

which inhibits estradiol production/ biosynthesis by "affecting the granulosa cell functions within the follicle"[6] which leads to a deterioration of the quality of the oocyte and, in IVF, a reduction in the number of retrieved oocytes.[6] Stress can also affect the hypothalamic-pituitary-ovarian axis by reducing hypothalamic gonadotropin-releasing hormone secretion, in turn reducing pituitary secretion of luteinizing hormone and follicle-stimulating hormone, thereby reducing ovarian hormone synthesis and, in some cases, ovulation.[7] Psychological stress increases the concentration of glucocorticoids and catecholamines[8] which can excite catecholamines alpha receptors and cause vasoconstriction, thereby reducing uterus blood flow[7] which may reduce endometrial and sub-endometrial blood flow and thus pregnancy outcomes (both in IVF and non-IVF pregnancy attempts).[7] In addition, research has shown that psychological stress can trigger embryonic death.[9-11] The exact mechanism for this loss is unknown, but a decrease in pregnancy- protective cytokines, a reduction in progesterone and prolactin, and elevated glucocorticoids are all thought to contribute to stress-triggered pregnancy loss such as miscarriage.[9,10,12] It is clear that psychological stress can impact the quality of the semen, the quality and quantity of oocytes, ovulation, uterine blood flow, and the mechanisms and processes needed to convince and carry a fetus full-term; however, many individuals endure psychological stress and encounter no problems conceiving or carrying to term. Therefore, the ability to identify individuals who are susceptible to stress-induced reproductive issues is imperative so that these individuals can receive appropriate treatment.

MASSAGE AND STRESS

There are a number of studies that show that massage appears to decrease psychological stress, including studies showing moderate pressure mas-sage reduces stress hormones such as cortisol and catecholamine, increases vagal tone, suggestive of a heightened parasympathetic state, and decreases sympathetic nervous activity;[13-17] however, other studies show that massage does not reduce cortisol levels.[18,19] It is noted that light massage does not appear to have the same above-mentioned biochemical effects.[13,14]

A 2015 study found that andullation therapy (30- min, deep relaxation massage) on an oscillating (vibrating device) prior to blastocyst transfer in a cryocycle (frozen cycle) improved embryo implantation.[20] A frozen cycle (cryocycle) is a cycle that involves the transfer of a thawed, previously frozen embryo to uteri that have been hormonally prepared. The authors hypothesised this was due to a reduction in stress, a reduction in uterine contractions, and an enhancement of blood flow in the abdominal area.[20] The intervention used in the this study is not the traditional 'massage' involving touch; however, this type of massage may activate the body's pressure receptors and thus produce the same type of effect as moderate 'massage' using touch (e.g., hands or feet). Therefore, while the above-mentioned links between the effects of massage for stress and the correlation for its use in stress-related infertility/fertility issues is promising, more evidence is needed.

THE ETHICS OF COMMERCE IN THE PROMOTION OF FERTILITY MASSAGE

There is an obligation on all massage therapists to ensure that the promotion of any massage service is not unethical. It is important to recognise that ethics encompasses both the act of prescribing or administering an intervention and also the ethics of the selling of health care products and services. The ethical obligations of massage therapists cover both of these aspects as they are providing a service (massage) for sale and administering an intervention. Two of the principles of ethics involved in marketing and selling services of health care are that the product offered "works" (in the language of commercial law, it is "merchantable") and that the product or services are only sold to people who are capable of understanding whether the product will meet their needs.[21] A massage therapist's belief that fertility massage works is not enough to ensure that the promotion of the service being sold is ethical.[21] The foundations of what 'works' in health care is a mixture of clinical experience and judgment, a thorough understanding of human physiology, and a sound understanding of the relevant research evidence. As there is no research available on massage and infertility, and only one paper on improving implantation with vibrational massage,[20] it is difficult to ascertain that fertility massage works. Any promotion of fertility massage that involves an objective effect (i.e., improves fertility, removes scar tissue, or improves egg quality) must be supported by evidence. Any massage therapist offering fertility massage and listing objective benefits of this type of massage will be behaving unethically unless they can provide robust evidence that massage can do these things.

IMPLICATIONS FOR PRACTICE BASED ON THE MASSAGE AND STRESS EVIDENCE

The moderate pressure massage applied to produce the biochemical and parasympathetic effects for reducing the effects of stress is what would be considered a mainstream, normal massage technique. Therefore, there are no special massage techniques that need to be taught (outside of normal massage therapy training) for psychological stress-related 'fertility' massage.

Evidence is needed for the efficacy of massage for infertility-related stress reduction and more research on how to identify the individuals that psychological stress-reduction massage may be of benefit to. Massage treatment for the purpose of decreasing psychological stress has limitations, with treatment only being able to address the effects of stress not other causes of infertility such as oxidative stress issues, polycystic ovarian syndrome, or primary ovarian insufficiency. Any linkage of benefit to these conditions from massage may be deceptive and misleading. As there is no specific research on the effect of massage for psychological stress-induced infertility, the dosage (e.g., the number of treatments needed to produce an effect) is not known. The evidence for the reduction in cortisol levels after a massage is mixed,[13,14,16,18,19] and it is not known how long it may take for a drop in cortisol levels to impact and improve reproductive stress-related pathology. How long the effects of massage last are also not known, nor is the most

efficacious time in a women's cycle to have massage, nor how long it takes for massage to alter seminal quality in men. Further research is needed to help answer these questions.

How do massage therapists know when stress is related to infertility/fertility issues and which patients may benefit from massage? Fertility issues may involve multiple factors of which stress is just one aspect. To complicate the situation, infertility is stressful and stress might be an outcome from the in- fertility, not one of the primary causative factors. It is recommended that massage therapists have a referral network in place to help ensure that massage therapy is not used as a primary treatment option for infer- tile couples. A good working relationship with local gynecologists/ obstetricians will ensure that a clearer picture of the etiology of the infertility is known and, therefore, the role that massage can play in treatment will also be better defined. There is no research on the role of massage as a prophylactic treatment for reducing the effects of psychological stress-induced infertility. Thus, ethically there is evidence that massage may help with psychological stress and therefore may be of benefit to a stressed individual with fertility issues; however, there is no evidence to use massage prophylactically.

Gynecologists and obstetricians are part of the more traditional health care community where there is a strong ethical and rigorous scientific methodology, which can lead to a gulf between providers of massage and obstetric and gynecological health care providers. Therefore, more rigorous evidence is needed on the effects of massage and stress-related psychological infertility beginning with the presentation of measurable objectives in the form of well-written and strong methodological case studies, case series, and finally a larger controlled trial.

THE DANGERS AND RISKS ASSOCIATED WITH THE PROMOTION AND ADVERTISING OF FERTILITY MASSAGE

Fertility Massage as a Specialty

By advertising or promoting or identifying 'fertility' massage as a separate type of massage, the industry is indicating that fertility massage is different to what can be treated in a 'normal' massage consultation. Specialisation implies that only a specific type of massage will improve fertility, yet there is no evidence-based research to support this and the 2015 article that found that "massage" improves embryo implantation in a frozen IVF cycle did not use a specialised massage technique.[20] The evidence for how massage may improve fertility is limited to physiological stress[13,14,17,20] and does not include specialised massage techniques to induce benefits. Advertising or promoting fertility massage as a separate type of massage implies to both consumers and other health care professionals that there are no fertility benefits from an 'ordinary/regular' massage treatment and/or that there are more benefits from having a 'fertility massage' than a 'regular massage'.

ENSURING THAT STATEMENTS ABOUT THE EFFECTS AND BENEFITS OF FERTILITY MASSAGE ARE NOT MISLEADING OR DECEPTIVE

Statements made about fertility massage to treat particular conditions and its benefits need to be backed up by acceptable evidence. When promoting or advertising massage to improve fertility, it needs to be really clear what the evidence is saying. This includes for what condition it may provide benefit, for whom it may benefit, and where it will not provide benefit. For example, to say that fertility massage promotes the production and quality of the egg and sperm is misleading. There is some evidence that suggests that deep relaxation vibrational massage may improve embryo implantation[20] and some evidence that mas- sage may aid in decreasing cortisol levels[14,20] in women who are suffering from psychological stress who have increased cortisol levels that lead to a deterioration of the quality of the oocyte and, in IVF, a reduction in the number of retrieved oocytes.[6] There is, however, no evidence that massage can improve egg quality or quantity in women with low ovarian reserves or premature ovarian failure or in women with damaged eggs from smoking, radiation therapy or chemotherapy.

UNREASONABLE EXPECTATIONS OF BENEFICIAL

Treatment

As there is no direct evidence of efficacy of mas-sage for infertility, any advertisement or promotion of fertility massage needs to ensure that no statements are used that give an unreasonable expectation of the treatment. Therefore, no advertisement or promotion of fertility massage should imply that it was the massage that led to the conception and/or a live birth. Furthermore, it would also be unethical to cite pregnancy success rates associated with massage. There is no evidence linking massage to increased conception and, as pregnancy success rates vary by age, decreasing as the couple ages,[3] it is very easy for an advertisement citing pregnancy success rates to confer unreasonable expectations of benefit. Any promotion or advertising of massage's success in helping couples conceive is indicating unreasonable expectations of benefit, as there is no evidence that massage is a significant contributory factor in conceiving and it is much more likely that the conception success was due to time as cumulative conception rates show, the more that a couple tries to conceive, the more likely they are to succeed.[2]

CONCLUSION

Couples suffering from infertility are a vulnerable group and, as such, must be protected from unethical, misleading, and deceptive advertising and promotion of the benefits of fertility massage. To date, there is no evidence that fertility massage is beneficial and, therefore, any promotion of objective fertility outcomes that would be gained from receiving a fertility massage would be deemed unethical. Any treatment and advertising or promotion of massage must be evidence-based, and practitioners must ensure that the information provided does not mislead, deceive or overstate the benefits of massages. In particular, the linking of massage to pregnancy success should be avoided. Massage industry stakeholders, such as massage associations, massage therapists, and researchers, need to develop guidelines and codes of practice around fertility massage, and provide support and education on the ethical and professional promotion of fertility massage.

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Originally published in the International Journal of Therapeutic Massage and Bodywork—Volume 11, Number 1, March 2018

Published with Permission from Dr Sarah Fogarty and Ann Blair Kennedy, LMT, BCTMB, DrPH, Executive Editor

International Journal of Therapeutic Massage and Bodywork

www.IJTMB.org

www.twitter.com/IJTMB_org

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MASSAGE NEW ZEALAND 2018 CONFERENCE – TAURANGA, MT MAUNGANUI

REMINDER

Pre-conference on the Friday, full conference on Saturday and Sunday with the AGM on the Saturday afternoon. There will be one stream for the two-day conference with plenty to entice everyone.

COSTS

Pre-conference -
Friday 21st September – Members $210

2-day conference -
Saturday 22nd and Sunday 23rd –
Members $300

AGM - Free

VENUE

The conference will be held at the ASB Baypark Stadium, 81 Truman Lane, Mount Maunganui, Tauranga (same venue as 2015 Tauranga conference). Put the dates in your diary and book your airfares and accommodation now!

TICKETS

Online registration will be available at:
www.massagenewzealand.org.nz

CPD HOURS

All workshops will be open to all members.
Pre-conference 7 hrs, Conference 14 hrs, AGM 2 hrs.

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

FRIDAY 21ST SEPTEMBER (PRE-CONFERENCE)	
9.00-10.30	Roger Gooch, Common Pathologies of the Hip Region
10.30-11.00	MORNING TEA
11.00-12.30	Roger Gooch, continued
12.30-1.30	LUNCH
1.30-3.00	Joe Rowley, Analysing functional movement
3.00-3.30	AFTERNOON TEA
3.30-5.00	Joe Rowley, continued
SATURDAY 22ND SEPTEMBER (CONFERENCE)	
8.00-8.30	**CONFERENCE REGISTRATION**
8.30-10.00	Deb Robinson, Sports Medicine Updates for Massage Therapists
10.00-10.30	MORNING TEA
10.30-11.30	Shaun McCann, Foot mobilisation Therapy
11.30-12.30	LUNCH
12.30-3.30	Roger Gooch, Post-Operative Frozen Shoulder Treatment
3.30-4.00	AFTERNOON TEA
4.00-6.00	**MNZ AGM**
SUNDAY 23RD SEPTEMBER (CONFERENCE)	
9.00-1.00	John Fletcher, Mindfulness for Massage Therapists
11.00-11.30	MORNING TEA
11.30-12.30	Dr Melanie Johns, Is Professional Supervision relevant to the Massage profession?
12.30-1.30	LUNCH
1.30-3.00	Joe Rowley, Enhancing functional movement
3.00-3.30	AFTERNOON TEA
3.30-5.00	Joe Rowley, continued
5.00	**FAREWELL AND CLOSE**

MASSAGE EDUCATORS SUMMIT

FRIDAY 21ST SEPTEMBER, TAURANGA.

As part of the conference this year MNZ will be facilitating an Educators Summit on Friday 21st September (the pre-conference day).

This is open to all massage educators and is an ideal opportunity to get together to network and brainstorm.

TIME: 9.30AM - 5.00PM

SUMMIT OUTLINE

The day will be a mix of presentations and discussions which will include:

- Discussion lead by Guyon Neutze, an ex-NZQA external evaluator and Senior Lecturer at Massey talking about professional development for educators;
- Short provider-lead presentations on topics designed to stimulate thought and discussion. It is also an ideal opportunity to discuss the new qualifications in the post TRoQ arena - looking forward to consistent syllabus arrangements;
- Discussion on how different providers are interpreting the "wellness" component of the qualification;
- First Aid and the Diploma in Wellness and Relaxation Massage programme;
- Consistency arrangements;
- Refining Scope of Practice within MNZ RMT levels.

Cost: $36.50 + GST which will cover the food (morning and afternoon tea and lunch).

Attendance at the Sat/Sun conference itself will be over and above this cost.

2018 MNZ ANNUAL **GENERAL MEETING**

massage new zealand

DATE AND TIME:

Saturday 22nd September at 4.00 pm

VENUE AND LOCATION:

ASB Baypark Stadium, Mt Maunganui, Tauranga

FOR ANY ENQUIRIES, PLEASE CONTACT:

Nicole Hedges, Executive Administrator
admin@massagenewzealand.org.nz

MNZ CASE REPORT CONTEST – A CHANCE TO EXTEND YOURSELF!

By Odette Wood

In June MNZ announced the launch of its very first Case Report Contest. This is an exciting step for MNZ as it is a way for the organisation to fulfil two of its objectives:

- Encourage high standards of knowledge and competency amongst members;
- Encourage the dissemination of research in massage therapy.

So Why a Case Report Contest?

Case reports play an important part in helping massage therapists develop and apply critical thinking skills, cultivate research and academic writing skills, and gain a greater understanding and appreciation of evidence-informed practice as it applies to clinical work with clients. Case reports can contribute to growing the range of scientific literature in the field of massage therapy by providing data which may be the foundation for higher level research.

The contest is an opportunity for the exceptional massage therapists we have in New Zealand to showcase their clinical work, analytical thought processes and actively participate in the profession, helping to increase awareness of the profession's value in modern, evidence-informed health care.

Prizes up for grabs!

Thanks to the wonderful support of some of our key preferred suppliers, we have some fantastic prize packages for the top three case reports. There may also be the opportunity for some or all of the winning contestants to present their case reports at the 2019 MNZ National Conference and submit their report to an academic peer reviewed international journal such as the International Journal of Therapeutic Massage & Bodywork (IJTMB).

1ST PRIZE WINNER - GOLD SPONSOR: BIZCOVER

- Receive a voucher to the value of $600 from sponsor, equating to two years premium for the MNZ professional liability scheme;
- Awarded a one year RMT Membership, valued at $195;
- Receive a certificate as proof of the award;
- Have their achievement announced via MNZ social media, website and MNZ Magazine;
- Have their case report published in MNZ Magazine and on the M NZ website.

2ND PRIZE WINNER - SILVER SPONSOR: PERFORMANCE LINEN

- Receive a voucher to the value of $200 from sponsor, redeemable for Performance Linen products;
- Receive a certificate as proof of the award;
- Have their achievement announced via MNZ social media, website and MNZ Magazine;
- Have their case report published in MNZ Magazine and on the MNZ website.

3RD PRIZE WINNER - BRONZE SPONSOR: TUI BALMS

- Receive a voucher to the value of $100 from sponsor, redeemable for Tui Balm products;
- Receive a certificate as proof of the award;
- Have their achievement announced via MNZ social media, website and MNZ Magazine;
- Have their case report published in MNZ Magazine and on the MNZ website.

Who is the contest open to?

The contest is open to current MNZ RMT, new graduate and student members, non-MNZ member massage therapists and non-MNZ student members studying massage therapy in New Zealand at one of the NZQA accredited providers.

Contestants must meet the following criteria:

- Be a massage therapist working in New Zealand with either New Zealand citizenship, residency or a current valid work visa;
- Hold a NZQA accredited qualification in Massage Therapy (Level 5-7), or equivalent (must have proof of recognised prior learning (RPL) from MNZ if the qualification was gained overseas); OR
- Be actively enrolled and attending a massage therapy program (Level 5-7) at one of the NZQA accredited providers in New Zealand, as listed on the MNZ website.

Judging

Winners will be selected by a panel of three independent judges which includes MNZ Magazine Research Update columnist Ruth Werner, an experienced international judge, author and past President of the Massage Therapy Foundation. To ensure independence and impartiality of the panel, none of the judges will be current tutors, or have monetary or other affiliations with any of the training institutions teaching Massage Therapy in New Zealand.

Further information

Further detailed information can be found in the document Case Report Contest Information & Guidelines. This and other documents (Marking Rubric, Contestant Declaration Form, Client Informed Consent for Publication of Case Report Form, Case Report Cover Sheet and a Case Report Checklist) are all available on the MNZ website, https://www.massagenewzealand.org.nz/Site/news/case-report-competition.aspx

Additional information can be obtained from: Executive Administrator admin@massagenewzeland.org.nz

Closing date

Case report submissions are due by 5pm 30 November 2018, with the winners announced in Q1 of MNZ Magazine 2019.

massage new zealand

THE CONTEST IS OPEN TO:
- CURRENT MNZ RMTS, STUDENT MEMBERS
- NON-MNZ MEMBER MASSAGE THERAPISTS
- NON-MNZ STUDENT MEMBERS STUDYING MASSAGE AT NZQA ACCREDITED PROVIDERS

MORE DETAILS AVAILABLE ON WEBSITE
WWW.MASSAGENEWZEALAND.ORG.NZ

ANNOUNCING
New MNZ Case Report Contest

Great prize packages for TOP 3 CASE REPORTS!

GOLD SPONSOR Bizcover

SILVER SPONSOR Performance Linen

BRONZE SPONSOR Tui Balms

BizCover

PERFORMANCE LINEN

MNZ CASE REPORT CONTEST

3 MONTHS LEFT, STILL TIME TO DO A REPORT!

ENTRIES CLOSE NOV 30 2018

BOOK REVIEWS – OLDIES BUT GOODIES

MASSAGE THERAPY – INTEGRATING RESEARCH AND PRACTICE

TRISH DRYDEN & CHRISTOPHER MOYER - EDITORS

Human Kinetics. 2012

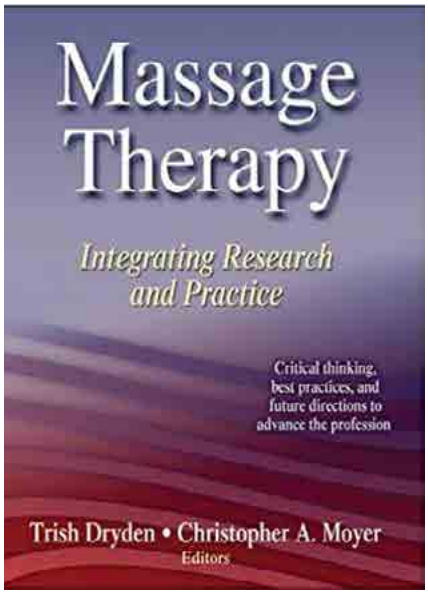
RRP $74 USD

Authored by experts carefully selected for their specific knowledge, experience, and research acumen, Massage Therapy: Integrating Research and Practice will assist both students and practitioners Massage therapy: Integrating research and practice

in these areas:

- Learning the benefits of evidence-based massage therapy practice
- Understanding various research methods
- Developing research skills by learning guidelines for writing case reports and journal articles
- Understanding how to integrate massage therapy research into education and clinical practice

This text presents a seamless integration of research and practice in four parts, providing readers first with a background to the field of massage therapy followed by discussion of research methods. Next is an evidence-based presentation of the efficacy of massage therapy for conditions and populations often encountered in massage therapy practice. This clinicial section presents three patient populations (paediatric, athletic, and elderly); three pain-related types (headache, neck and shoulder pain, and low back pain); and six conditions that massage therapists may encounter: pregnancy and labour, scar treatment, cancer, fibromyalgia, anxiety and depression, and clients who have experienced sexual trauma. Recommendations and evidence-based treatment guidelines are clearly defined for each condition. Case reports developed from real-life cases are included in this



section, offering readers a real-world context for the clinical content presented.

The final section illustrates specific ways to integrate research into the educational and professional development of current and future massage therapists. It provides readers with the fundamental tools for a research-based approach in clinical practice, especially as it relates to special populations.

Retrieved from https://www.amazon.com/Massage-Therapy-Integrating-Research-Practice/dp/0736085653

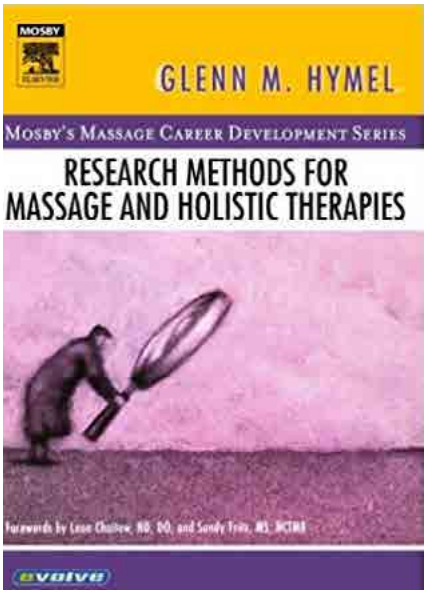
RESEARCH METHODS FOR MASSAGE AND HOLISTIC THERAPIES

GLENN M. HYMEL

Mosby 2006

RRP $55 USD

This comprehensive resource covers a broad array of research strategies available to massage therapists to give them the tools they need to be knowledgeable readers of research literature, as well as active researchers. The primary focus of the book is on the quantitative aspect of research that



encompasses the principal types of studies most extensively used in the various health care professions, specifically massage therapy. Extensive coverage is also given to the qualitative and integrative research categories that are used among researchers in various health science disciplines and professions.

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INTERNATIONAL JOURNAL OF THERAPEUTIC MASSAGE AND BODYWORK (IJTMB)

The IJTMB is the official journal of the Massage Therapy Foundation and the Registered Massage Therapists Association of British Columbia. http://www.ijtmb.org/index.php/ijtmb/index

Open Access Journal http://www.ijtmb.org/index.php/ijtmb/index

Overview

The IJTMB is a peer-reviewed journal focusing on the research (methodological, physiological, and clinical) and professional development of therapeutic massage and bodywork and its providers, encompassing all allied health providers whose services include manually applied therapeutic massage and bodywork. The Journal provides a professional forum for editorial input; scientifically-based articles of a research, educational, and practice-oriented nature; readers' commentaries on journal content and related professional matters; and pertinent news and announcements.

Research

The journal may include research from the range of quantitative, qualitative, and integrative studies of manually applied therapeutic massage and bodywork. This is intended to accommodate the continually expanding research methodology options available, in the various health science areas. For example, in the quantitative research category, several representative research methodologies among many are the following: randomized controlled trial, quasi-experimental, single-case experimental, nonexperimental comparative groups, correlational, predictive, single-case quantitative analysis, survey, naturalistic/structured observational, and case report. In the qualitative research category, well-developed investigative options such as case study, phenomenological, grounded theory, and ethnographic methods are preferred; any qualitative method should be grounded in clear and established theory and practice. And in the integrative research category, possible study options include the traditional narrative review, critical systematic review, meta-analytic systematic review, best-evidence synthesis, qualitative systematic review, and properly developed mixed methods.

Read a recent 2018 article on:

From Skeptic to Vital Partner in Massage Therapy Research: an Interview with Mark Hyman Rapaport, MD by Editor Ann Blair Kennedy, LMT, BCTMB, DrPH

http://www.ijtmb.org/index.php/ijtmb/article/view/411/428

JOURNAL OF BODYWORK AND MOVEMENT THERAPIES

Journal of Bodywork and Movement Therapies is published by Elsevier for Association of Neuromuscular Physical Therapists, Australian Pilates Method Association, the National Association of Myofascial Trigger Point Therapists, The Pilates Foundation (UK), Hands On Seminars, USA, the Fascia Research Society, and International College of Applied Kinesiology.

LEON CHAITOW – EDITOR

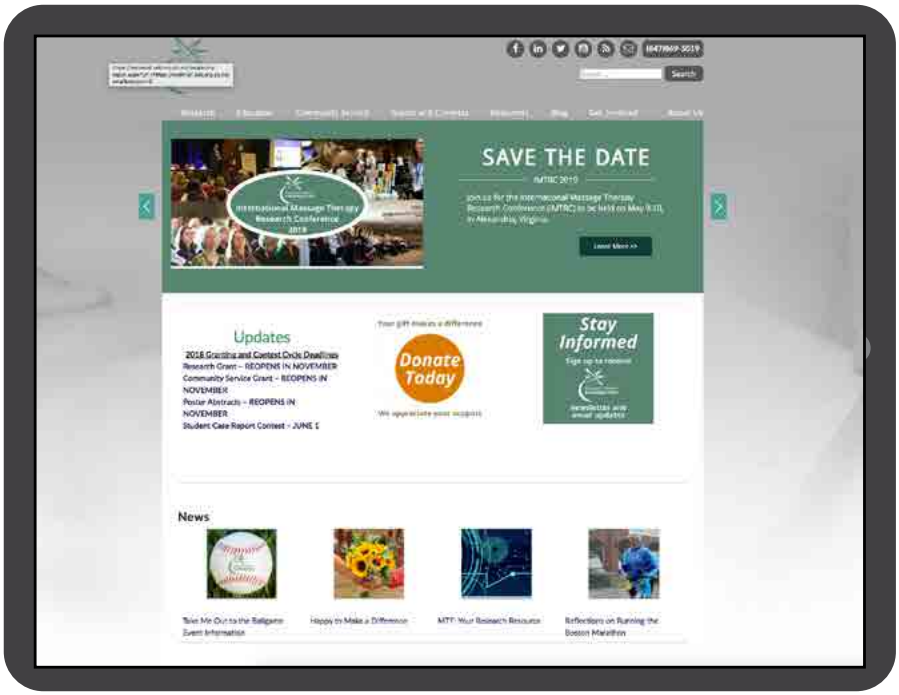
1 Year subscription - $146.00 USD

The Journal of Bodywork and Movement Therapies brings you the latest therapeutic techniques and current professional debate. Publishing highly illustrated articles on a wide range of subjects this journal is immediately relevant to everyday clinical practice in private, community and primary health care settings.

Retrieved from https://www.bodyworkmovementtherapies.com/

USEFUL SITES AND LINKS

The purpose of this column is to provide readers with a list of useful websites, facebook groups and other forums, podcasts, youtube videos and webinars that are of interest to massage therapists. We aim to cast the net wider than just massage therapy – to other manual therapy disciplines, other fields of health and wellbeing from neuroscience and psychology to nutrition and movement, and other areas such business, marketing and more. Anything we find that we believe will be of relevance to massage therapists can be found here, with a brief description. We invite readers to send us links to useful sites they come across, so that other members can access a wider range of information and tools.



WEBSITES

Massage Therapy Foundation
http://massagetherapyfoundation.org/

A US organisation, the MTF aims to advance the knowledge and practice of massage therapy by supporting scientific research, education, and community service. The site has loads of free resources including e-books, podcasts, webinars, research tools and courses, infographics and is the home of the International Journal of Therapeutic Massage & Bodywork: Research, Education, & Practice (IJTMB).

CASP (Critical Appraisal Skills Programme)
https://casp-uk.net/

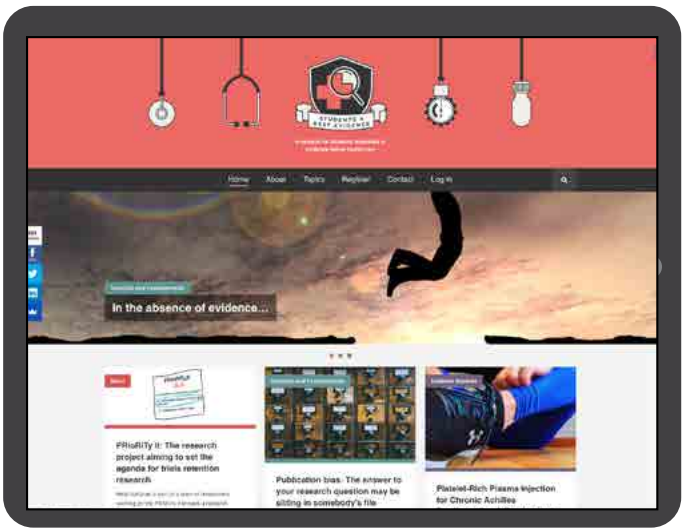
A US organisation, the MTF aims to advance the knowledge and practice of massage therapy by supporting scientific research, education, and community service. The site has loads of free resources including e-books, podcasts, webinars, research tools and courses, infographics and is the home of the International Journal of Therapeutic Massage & Bodywork: Research, Education, & Practice (IJTMB).

Students 4 Best Evidence

https://www.students4bestevidence.net/

Students 4 Best Evidence is an online network for students interested in evidence-based health care in the broader sense. The site provides:

- Reviews written by students of evidence-based resources; including slideshows, lectures, websites, online courses and databases;
- Other blog posts written by students;
- The facility to comment on and share posts.



BLOGS

Violent Metaphors

https://violentmetaphors.com/2013/08/25/how-to-read-and-understand-a-scientific-paper-2/

Brilliant guide for non-scientists on how to read and understand a scientific paper. A must read.

FACEBOOK GROUPS

Massage Therapist Peer Groups in NZ

https://www.facebook.com/groups/1713264898730611/

A Facebook group created and run by Massage Therapist, Anj Young of Top Notch Massage Therapy in West Auckland. The group is a closed discussion forum and support group or "hub" for New Zealand Massage Therapists. Members can ask questions and get advice relevant to Massage Therapy on topics such as recommendations for CPD courses, massage equipment and supplies advice on doing taxes, recommendations on insurance providers and lots more. It's a great way of connecting with other therapists around the country and pooling knowledge to help and support each other.

VIDEOS

Critical Evaluation of Scientific Articles

https://www.youtube.com/watch?v=_X8Ys2qALqs

An overview of the general structure of a scientific paper and what kind of information each section is supposed to present. It goes through an example comparing information presented by a scientific article in comparison to the media, cautioning the audience to think critically.

Qualitative vs Quantitative Research

https://www.youtube.com/watch?v=RvU-dMZnj7A

A good introduction to the differences between qualitative and quantitative research.

MY FAVOURITE CASE REPORTS – SO FAR

By Ruth Werner, BCTMB
September 2018

I make no secret of the fact that I am not a researcher. My introduction into the world of research began some 15 years ago, when I was invited to be a reviewer for the Massage Therapy Foundation's Case Report Contest. At that time I didn't know what a case report was, but I knew the Foundation—a nonprofit dedicated to advancing the massage therapy profession through supporting research, education, and community service. So when they asked, "Would you sit on this committee?" I didn't think twice: *I was all in.*

I have recently been invited to participate in Massage New Zealand's first Case Report Contest, and you can guess what I said: I am all in. I have had the privilege of watching how writing, revising, and publishing case reports can change the course of a person's career. I am thrilled to be part of that process for massage therapists from New Zealand.

Side note: it was my role on the Foundation's Case Report Contest Review Committee that brought me to this publication. The 2013 winner, Mary Wakefield, is from New Zealand, and in the process of announcing her award and making some connections in your country, I met the people who eventually recruited me to become involved with Massage New Zealand.

WHAT ARE CASE REPORTS?

Case reports are, in their essence, glorified, codified, carefully analysed "I have a client who" stories. Every well-educated, curious, ambitious massage therapist—I hope that describes every reader of this publication—has the capacity to write a case report. The process is not simple or quick, but it is an important skill, and I hope it will speak to some of you.

WHAT ARE CASE REPORTS NOT?

Case reports are not technically-speaking research, because they are not experiments. They are by definition observational and descriptive. They are meant to represent real-life practice. That means they have more room for variation than higher-level research. If you're doing something with a client and it doesn't yield results, you change your strategies. You're allowed to do that in a case report, but you can't do that in a clinical trial. Your client may have something come up that seriously disrupts your findings—a fall or unexpected surgery, or something that interrupts their treatment schedule. Case reports allow you to accommodate for that, and explain how it might have impacted your findings.

WHAT ARE CASE REPORTS FOR?

In my opinion and experience, case reports serve three different functions for three different stakeholders.

1. **Case reports are a way for massage therapists to learn from each other. Massage therapists have very limited ways to share their successes or their frustrations.** In a case report you get to tell your story in a way that allows other therapists to trust your judgment and build on your experiences. Not all of those experiences have to be wonderful outcomes, by the way. One of the most rigorous and useful case reports I ever read had a null finding: the client did not respond in the way the therapist had expected or hoped. But it still had value, because other people could read it and choose another strategy to achieve the same goals. They didn't have to recreate that particular wheel.
2. **Case reports allow massage therapists to show what kind of work they do to other health care providers.** If a primary care physician is interested in making a referral for massage therapy, it is important to have a clear idea of what that intervention entails. Case reports provide people outside our profession with information about the kind of work we do, its proposed mechanisms, our ability to measure results, and to speak the same language—the language of research—that every other health care provider speaks.

3. **Case reports create an opportunity for the author to become an authority on the topic.** If you go through the steps of writing a case report, submitting it for peer review, revising it to meet strict standards of rigor, and publishing it in an academic journal, you will have done something only a handful of people in your field have done—and you will be, hands-down, the published expert on the interaction between your style of massage therapy or bodywork and whatever challenges or goals your client brought to you.

Are you intrigued? Massage New Zealand and the Massage Therapy Foundation can provide you with some outstanding resources for how to write case reports. In the meantime, a great way to get started is to read some really good examples. To pique your interest, here are the abstracts of three of my favourite case reports, along with some comments about why I like these articles so much.

MCKAY, EMILIE. "ASSESSING THE EFFECTIVENESS OF MASSAGE THERAPY FOR BILATERAL CLEFT LIP RECONSTRUCTION SCARS." INTERNATIONAL JOURNAL OF THERAPEUTIC MASSAGE & BODYWORK 7, NO. 2 (JUNE 4, 2014): 3–9. URL: HTTPS://WWW.NCBI.NLM.NIH.GOV/PMC/ARTICLES/PMC4051807/

Abstract (edited for length)

Background and Objective

Bilateral cleft lips occur when the bones that form the upper lip fail to fuse at birth. Surgical reconstruction creates scars, which may lead to the following impairments: adhesions, decreased oral range of motion, decreased strength of orbicularis oris muscle, and asymmetry of oral region leading to poor self-esteem. The purpose of this case study is to determine the effectiveness of massage therapy in its ability to improve these impairments.

Methods

A five-week treatment plan consisting of fascial release, kneading, and intraoral techniques. Subjective information was assessed on two scales: restriction of scar and clients attitudes and acceptance of scar. Objective information was cataloged through photographs, a palpatory chart, and a self-created "Pen Test".

Results

Results included increase range of motion and strength, decrease restrictions (palpable and subjective), and increase of symmetry. Client's perceived confidence of scar and its appearance increased.

Conclusions

The evidence suggests that massage therapy helped with the impairments associated with scars formed by bilateral cleft lip reconstruction.

There are a few important points to make about this project. One of them is that it was entirely client-driven. The client, a young man with scar tissue from a childhood surgery on his cleft lip, was eager to see if massage therapy might improve his appearance and the mobility of his mouth—and his therapist said, in essence, "Let's give it a try." She looked into what existing research says about manual therapies, fascial release, and scar tissue. She built a strategy based on what others had done, along with her client's goals. In the absence of other validated measuring tools, she devised the "Pen Test" along with taking photographs (appropriately altered to preserve confidentiality) and using a palpatory chart to track changes in the quality of the client's tissues. And the result is a satisfied client, plus a compelling, compassionate, completely engaging case report that I think everybody should read.

SANDRA L. GUSTAFSON, M. H. S. "BOWENWORK FOR MIGRAINE RELIEF: A CASE REPORT." INTERNATIONAL JOURNAL OF THERAPEUTIC MASSAGE & BODYWORK: RESEARCH, EDUCATION, & PRACTICE 9, NO. 1 (DECEMBER 15, 2015): 19–28. URL: HTTPS://WWW.NCBI.NLM.NIH.GOV/PMC/ARTICLES/PMC4771487/

Abstract (edited for length)

Introduction

Migraine is a complex neurological disorder characterized by episodic, neurogenic, cerebrovascular inflammation and hypersensitization of brain tissues and the central nervous system, causing severe pain and debility. This prospective case report describes one migraineur's response to Bowenwork (a soft-tissue bodywork technique).

Methods

The client received 14 Bowenwork sessions over a four-month period using the self-reporting Measure Yourself Medical Outcome Profile version 2 (MYMOP2). Baseline MYMOP2 data were recorded prior to the first and subsequent Bowenwork sessions to track changes in migraine and neck pain occurrences, other symptoms, medication use, functional ability and sense of well-being. Specific Bowenwork procedures were applied in each session to address various symptoms. The client did not receive other migraine treatment during this study.

Results

The client progressively reported decreased migraine and neck pain until acquiring a respiratory infection with prolonged coughing spells causing symptoms to recur (session 11). Prior to session 12, she experienced an allergic reaction to ingesting an unknown food allergen, requiring three days of prednisone and Benadryl treatment, exacerbating neck pain, but not migraine. At session 14, her MYMOP2 data showed no migraine, neck pain or medication use, improved activity function, and sense of well-being. Symptoms in her right arm and thumb persisted to a lesser extent.

Conclusion

Bowenwork progressively offered migraine and neck pain relief for one chronic migraineur, with multiple somatic symptoms. Extenuating factors (jaw tension, TOS, respiratory infection, and allergic reaction) added complexity in monitoring progress and selecting appropriate Bowenwork procedures. Further research on Bowenwork's efficacy for migraine treatment on larger populations is needed.

One important factor in this study is that

during the treatment series the client had a disruption in her health, and that affected her outcomes. Case reports allow us to accommodate for those real-life circumstances in ways that higher-level experimental research does not. I also love the MYMOP2 measuring tool—it is designed so that clients can decide what their priorities are, and their therapists can track changes accordingly.

SYLVIA L. BURNS, M. ED. "CONCUSSION TREATMENT USING MASSAGE TECHNIQUES: A CASE STUDY." INTERNATIONAL JOURNAL OF THERAPEUTIC MASSAGE & BODYWORK: RESEARCH, EDUCATION, & PRACTICE 8, NO. 2 (MARCH 30, 2015): 12–17. URL: HTTPS://WWW.NCBI.NLM.NIH.GOV/PMC/ARTICLES/PMC4455610/

Abstract (edited for length)

Background

Concussion, its recognition, diagnosis, and treatment is a growing public health issue. Massage practitioners who specialise in rehabilitation deal with a variety of injury cases that involve concussion, including those incurred by falls, motor vehicle incidents, and sports injuries.

Purpose

This case study presents a unique massage therapy approach to concussion trauma treatment.

Participant

Male 23-year-old intramural soccer player diagnosed with postconcussion syndrome resulting from a fall.

Intervention

Assessment and treatment were completed in two sessions of 45 minutes spaced two days apart.

Results

Using the Balance Error Scoring System (BESS) and self-report, the outcome measures showed diminished concussion symptoms and regained ease in range of motion in the cervical area.

Conclusion

Positive results for this case highlight the potential importance of massage therapy work to reduce headache, dizziness, and nausea in concussion recovery. In the presence of such outcomes, massage therapy may also have a supportive role in a person's return to function after concussion.

I like this case report for several reasons that are not obvious in the abstract. Firstly, it's a retrospective report: this author wrote it long after concluding treatment with the client. This is not typical, and it's great to have an example of how retrospective case reports can work. Also, this was a very short interaction: only two sessions were conducted. She was able to do a follow up assessment with this client long after his treatments, though. And finally, I love the way this author presents her methods section, where she describes her work and rationales. She worked hard with her editor to create a format that is both succinct and adequately detailed: this is a very tricky balance! I often point new writers to this article to show how a good methods section can be written.

To conclude, case reports—those crucial "I have a client who..." stories—form the base of our research pyramid, and they influence higher-level experimental research. The people best situated to write case reports are active clinicians—that's you. Case reports allow you to share your work in a credible, rigorous way, with your colleagues, clients, and other health care providers. The massage therapy profession needs more case reports.

I hope that in the near future I will add some reports generated by the Massage New Zealand Case Report Contest to my list of favourites.

BIO

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 a Massage Therapy Foundation Trustee from 2007-2018, and she was the President of the Massage Therapy Foundation from 2010-2014,

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WHAKATAUĀKĪ – MĀORI PROVERB

"Whaowhia te kete mātauranga"

or "Fill the basket of knowledge", refers to the importance of lifelong learning.

by Stanley Williams (Iwi Officer)

A man calls a plumber to his house to fix the water heater.

"It won't heat the water," he says.

The plumber shows up, looks at the heater carefully, and places his ear on it. He runs his fingers lightly on the side of the heater and then taps it with a small hammer. The heater starts right up, the man is happy, and the plumber goes away.

Two days later, the bill shows up from the plumber. "Water Heater Repair: $500," it says.

The business owner calls up the plumber angry. "$500? All you did was tap the heater, and you charged me $500?! I need to see an itemized version of your bill to see why you thought that was worth $500."

Two days later, the new bill arrives in the mail.

- Tapping the heater with a hammer: $1.
- Knowing where to tap: $499.

Similarly, your hourly rate as a massage therapist is not solely dependent on the hour or so that you spend with a client. Its value depends on how much knowledge, research, preparation, and experience you have poured into your kete mātauranga or basket of knowledge. Massage therapists, who opt to learn more about research, can help to shed light on issues we didn't even know existed, and can raise questions we hadn't realised even needed asking. Every class, every student, every educator, every employer - we all have daily opportunities to nudge, prod, even demand students and massage therapists to step up their game. It starts by us modelling the desired behaviours and attitudes, and then showing them how it's done. If we want the industry in New Zealand to move towards higher wages and better working conditions, then we have got to earn them by being better educated, more prepared to meet specialised demands, and extremely professional.

Along my own journey of self-actualisation, I've witnessed dozens of amazing people – friends, course students, whānau/family, etc – discover their own paths to happiness and self-fulfilment, and I've noticed many common themes emerge. In all cases, the happiness they discover and gradually develop internally is seeded by the realisation of certain hard yet fundamental truths about the nature of their lives in the present day. Growth can be painful. Change can be painful. But in the end, nothing is as painful as staying stuck on old ideas from somewhere in the past. In the famous words of Ralph Waldo Emerson, "The creation of a thousand forests is in one acorn."

Tomorrow's all about getting started with your acorn - and what you will do with. Karawhiua! Give it heaps!

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"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 is 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."

Videos Available

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Discover Visceral Manipulation or "organ specific fascial mobilisation", the work of renowned French osteopath JP Barral, who has suggested that "over 90% of musculoskeletal issues have a visceral component".

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